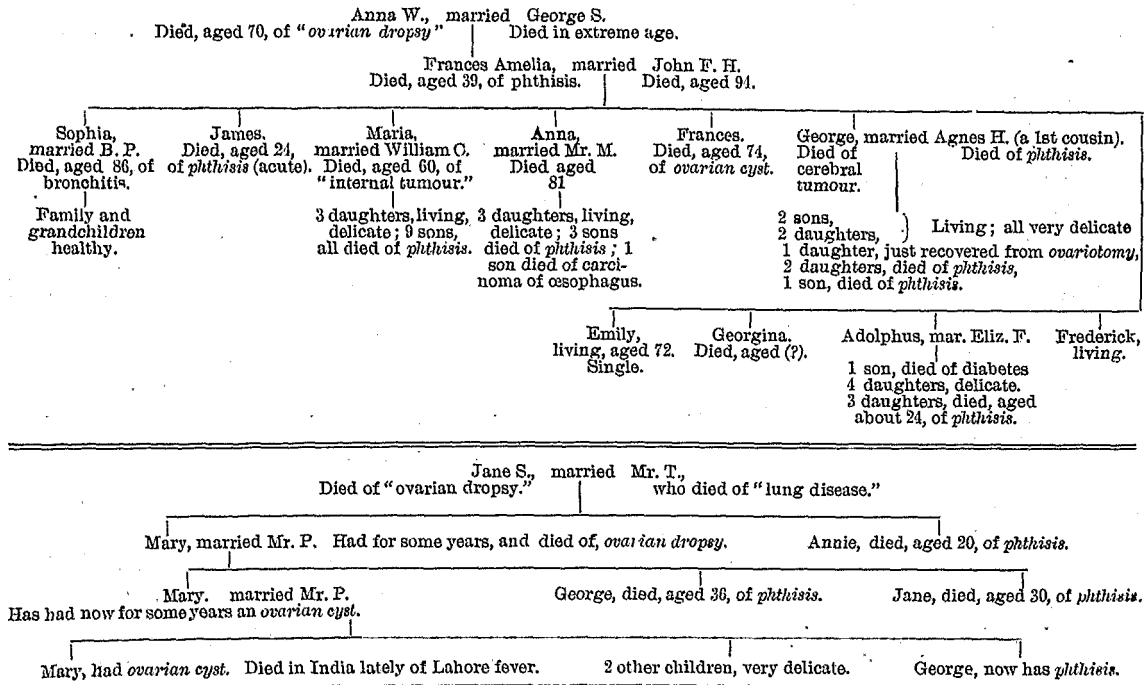


FAMILY CHARTS, SHOWING MARKED LIABILITY TO PHTHISIS AND OVARIAN DISEASE.



the utmost importance to many thousands of women. If, for example, ovarian disease occurs most frequently in families, many members of which suffer from some other disease, it can fairly be argued that there must be a more or less close connection between the two diseases; and the changes which are common to both diseases will probably furnish an explanation of what that connection is. It is well recognised that phthisis descends from generation to generation—a fact which I have suggested elsewhere may be explained by the child possessing a general tendency to early degeneration of its tissues, and added to this a local tendency to disease of the lungs. Cancer, gout, and other so-called hereditary diseases show their transmitted types in the latter days of life; phthisis in its early effects. Ovarian disease is found most commonly before the age of forty, and many observers have shown that there is an undoubted tendency for ovarian disease to occur in grandmother, mother, and daughter. From these, and many other facts, to which I need not here refer, I have argued that the formation of an ovarian cyst is due, not so much to the effects of pregnancy, falls or strains, as to a slow degeneration of the Graafian follicle in the ovary, and that this degeneration in early life might be expected to take place in those women whose families have exhibited an hereditary tendency to de-

generative changes, or, in other words, to Consumption. To prove the importance of the Family History in this matter, I carefully noted all the details procurable concerning the relations of sixty patients suffering from ovarian cysts. In forty-two cases, the family history showed that one or more near relations had suffered from phthisis or other serious "lung complaints"; while, in three other cases, the great-grandmothers, the grandmothers, the mothers, and the daughters had all suffered from Ovarian disease. In other words, three-quarters of this list of cases, or seventy-five per cent., showed a marked family predisposition to Consumption or Ovarian disease. I give here the family charts of two of these cases, which I personally investigated and the facts of which are very striking.

In the next place, it is very interesting to observe that, in these forty-two cases of consumptive families, the tendency of the male side to phthisis was almost exactly equal to the tendency shown by the female members of the family. This is an important fact, because those who have seen much of chest diseases believe that if the father is phthisical, the sons may escape the taint; while if the daughters inherit the tendency, they develop the complaint in its most chronic condition, and show "an increased tendency to improve and a diminished tendency to get worse." On the other hand, if

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