

**CONTRIBUTION TO ASSIST
THE STUDY OF OVARIAN
PHYSIOLOGY AND
PATHOLOGY**

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Contribution to assist the study of ovarian physiology and pathology by Charles G. Ritchie

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CHARLES G. RITCHIE

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M.P. 1894.
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CONTRIBUTIONS
TO ASSIST THE STUDY OF
OVARIAN PHYSIOLOGY AND
PATHOLOGY.

BY

CHARLES G. RITCHIE, M.D.

FELLOW OF THE ROYAL MEDICO-CHIRURGICAL SOCIETY, MEMBER OF THE LONDON OBSTETRICAL
SOCIETY, CORRESPONDING UTLOW OF THE EDINBURGH OBSTETRICAL SOCIETY,
ETC. ETC.



LONDON:

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MDCCLXV.

TO
THOMAS SPENCER WELLS,

SURGEON TO HER MAJESTY'S HOUSEHOLD

AND

THE SAMARITAN HOSPITAL,

These Pages are Inscribed,

AS A SLIGHT TOKEN OF ADMIRATION OF
THE UNTIRING ZEAL WITH WHICH HE HAS LABOURED TO PERFECT
THE ONLY EFFECTUAL METHOD OF TREATING
THE GRAVER FORMS OF
OVARIAN DISEASE.

PREFACE.

THERE is probably no department in physiology so generally attractive as Embryology. The student is drawn almost irresistibly to peer as deeply as he may into that mystery of mysteries by which a simple cell becomes converted into a thinking human being.

The study, then, of the gland in which the ovum is produced, the attempt to trace the ovum backwards to its earliest traces, and haply to discover some general law which might give the key to part of the mystery, is a study which is only too seducing, and may even lead to loss of time as great and apparently as useless as the studies of those who searched for the Philosopher's Stone and for the Elixir of Life.

Some time ago my attention was directed in a special manner to the pathology of the ovary, and Mr. Spencer Wells was kind enough to allow me to examine a large number of the ovarian tumors which he removed by ovariectomy. A very little observation was sufficient to show that the so-called 'ovarian cyst' may be produced in many different ways, each morbid process being a modification, generally a very slight modification, of some process which physiologically takes place in the ovary.

The study of these processes, whether physiological or pathological, is beset with many difficulties, and it is

therefore not surprising that authors differ much with regard to them; and have expressed opinions which are sometimes really, sometimes apparently, inconsistent with each other. These different opinions are widely scattered; some are buried in forgotten journals, many are written in foreign languages; but as little progress can be made unless the student be acquainted with the labours of his predecessors, I have attempted here to give a brief summary of the results of those labours. Among other papers, I naturally paid much attention to a series of observations on the ovary which my father published more than twenty years ago in the 'London Medical Gazette.' In these observations my father distinctly enunciates and proves a doctrine which has very recently been revived by German physiologists, and which I conceive to be in a great measure the key to the right understanding of most of the forms of morbid ovarian change. My father distinctly shews that active changes are constantly going on in the ovary from the very earliest to the very latest period of life; that before puberty as after it—during pregnancy, during lactation, during amenorrhœa, and even after the final cessation of the menses—vesicles are constantly being formed in the ovary, and constantly perishing.

My father's papers appear to me to be so valuable that, with his permission, I now reproduce them *in extenso*.

They are reprinted textually from the pages of the 'London Medical Gazette:' no alteration whatever has been made in them, and in reading them one cannot fail to be struck with the slightness of the change which the last twenty-two years have made in our ideas of ovarian physiology.

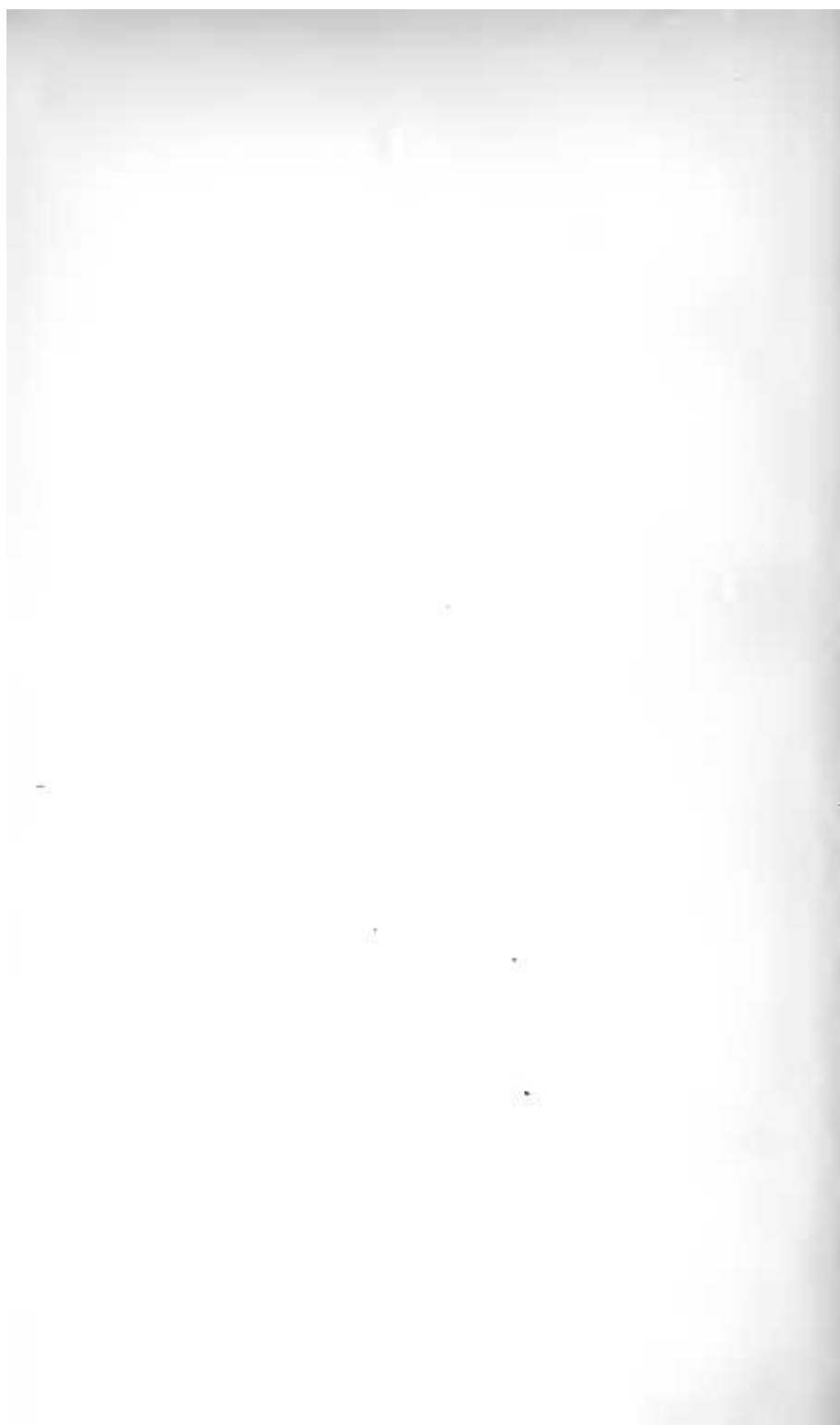
After examining a number of ovarian tumors I became strongly impressed with the idea that ovarian cysts are occasionally 'moles,' or ova which have undergone a certain amount of development.

This led me to examine with great care a dermoid cyst which Mr. Wells removed from a young virgin, and I hope that I have succeeded in proving that such a cyst is certainly derived from an ovum, and has little in common with that form of subcutaneous dermoid cyst which is not unfrequently met with in the region of the eyelids. Of course, if it be once proved that unimpregnated ova may go on to the formation of such highly organised structures as bone and cartilage, it is easy to believe that they may stop short at some previous stage and form cysts.

I publish my present 'Contributions,' with a sincere hope that they may be of use to those who are working in the same field as myself. To the general inquirer they will give a fair synopsis of what is at present known on most of the points of interest in ovarian physiology and pathology.

MOUNT STREET, GROSVENOR SQUARE:

June 1865.



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