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Sally Frampton’s *Belly-Rippers, Surgical Innovation and the Ovariotomy Controversy* is an in-depth study of the introduction of ovariotomy (the removal of the ovaries for treatment of ovarian tumors) into surgical practice in the early nineteenth century and its use during the following decades. Frampton traces the origins of the surgery (in chapter 2, “Pathologies, Actions, Ideas”), before investigating its uptake by the British surgical community, contestation, and decline. *Belly-Rippers*, like the work of Claire Brock (*British Women Surgeons and Their Patients* [2017]) and Thomas Schlich (*The Origins of Organ Transplantation: Surgery and Laboratory Science, 1880-1930* [2010]), connects innovation in surgical technique with developments in the professional culture of nineteenth-century surgery to explore how the performance of ovariotomy was “embedded in a network of ideas and ideals about the role of surgery in society” (p. 5). Frampton thus offers an “operation-centered history” of ovariotomy, focusing on the development of the surgery over time, as well as its technical and intellectual significance (p. 9).

Through the story of ovariotomy Frampton cleverly examines a major shift in surgical practice, as the introduction of the operation marked the advent of abdominal surgery as a whole. *Belly-Rippers* demonstrates how the possibility of entering the abdomen, seemingly so ludicrous in the absence of anesthetics, antiseptics, and internal imaging, became gradually normalized through ovariotomy. This normalization was a slow process and fraught with controversy, the risk of opening the abdomen causing many to label ovariotomists as murderers, or the “belly-rippers” of the book’s title. This controversy is the focus of Frampton’s book, which aims to complicate historiographical perceptions of heroic innovation in nineteenth-century surgery. In chapters 3-5, “Creating a Surgical Controversy,” “Patent Concerns, Unpatentable Procedures,” and “The Business of Surgery,” she examines how debates over the “justifiability of opening the abdomen to treat ovarian disease” shaped the development of the operation and caused “deep schisms in the profession” (p. 1). In particular, the ethics of ovariotomy (and the morality of its practitioners) were repeatedly called into question, as doctors argued over the necessity of the procedure: whether the clear dangers present in abdominal surgery were warranted in the treatment of a condition that may not pose an immediate risk to the life of the pa-
tient (nor indeed be cured by the operation). These worries about loss of life intertwined with financial and reputational concerns for surgeons, and the success of each operation had a material impact not only on the patient but also on the surgeon’s social standing and future career.

*Belly-Rippers* does not just tell ovariotomy’s story from the hands of the surgeon, however. Frampton also delves into patient experiences of the operation, exploring women’s desire for ovariotomy as well as their satisfaction (or dissatisfaction) with the results of surgery (in particular in chapter 6, “The Afterlife of the Operation”). In doing so, she uncovers a complex relationship between patient, surgeon, and risk, with patients often electing to have the surgery despite the surgeon’s apprehensions. The long-term suffering caused by ovarian tumors, it seems, prompted many women to willingly undergo a dangerous operation. Frampton demonstrates that, for those who survived the initial surgery, ovariotomy did offer relief, especially in advanced cases where the tumor was large. However, this often fell short of the heroics associated with the performance of the operation. *Belly-Rippers* recounts that often patients took a long time to recover or experienced only mitigation of their symptoms. By exploring human experiences of ovarian surgery from both sides of the operating table, Frampton thus tempers the grandeur of ovariotomy as an innovative practice, shedding light on the emotional and physical strain that attended such a difficult procedure. It is her focus on the operation itself, and thus its practitioners and patients, that enables her to imbue her study with this human aspect.

However, the visceral realities of the operation in progress, which Frampton explains entered into surgical practice in Britain before the introduction of anesthesia, are not always returned to. Although *Belly-Rippers* examines the perceived risks of ovariotomy in detail, exploring the complexities of both the surgeon’s and the patient’s attitudes to performing what was a dangerous surgery, it does not fully explore the impact of the conscious versus unconscious patient in creating or reducing this risk. Aspects of the arrival of anesthesia are not unpacked fully. Frampton’s book of course sits within an existing literature dedicated to the history of nineteenth-century anesthesia, most notably, the work of Stephanie Snow (*Operations without Pain: The Practice and Science of Anaesthesia in Victorian Britain* [2005]). Yet there is much to say in regard to the introduction of anesthetics and what Frampton considers the first routine surgical procedure to enter the abdomen. She does note that while “the introduction of chloroform was welcomed by most performers of ovariotomy as an important aide to their operations,... there is little evidence from the 1840s to attest to ether and chloroform either improving confidence in the operation among its sceptics or substantially increasing the number of operations being performed” (p. 70). This is a very interesting finding, opening up paths for future study, and would give scope for further discussion of patient accounts of the surgery. It would be interesting to know why anesthesia had such a minimal impact on the practice of ovariotomy, as it must surely have greatly altered the experience of the operation, from both the surgeon’s and the patient’s perspective. What problems or benefits were created by entering the abdomen of a conscious patient, and how may this have affected the perceived risks of the surgery? How did these risks compare to those that *Belly-Rippers* describes, such as the ethics of performing a life-risking procedure on a patient who was not immediately at risk of dying? An exploration of these issues would form an important addition to Frampton’s rich picture of ovariotomy during the nineteenth century.

*Belly-Rippers* presents a fresh approach to the history of surgery and is a work that is as entertaining as it is informative. Focusing on the human as well as the technical aspects of ovariotomy, Frampton gives a detailed and thorough ac-
count of the rise and fall of one of the most significant operations of the nineteenth century. Frampton’s work thus builds on the recent shift toward a more holistic historiography of medicine, one that includes (as far as sources allow) the perspective of patients as well as doctors, and an awareness of the multiple social and cultural factors that influence clinical decisions alongside intellectual developments. In particular, *Belly-Rippers* complements the work of Brock on the careers and experiences of female surgeons at the turn of the twentieth century, which relates trends in surgical practice with women’s desire to advance themselves in medicine. It is this recognition of how external factors shaped internal developments in clinical practice, such as the financial concerns of ovariotomists that Frampton details, which make such histories important for our understanding of medicine and surgery in the past and present. *Belly-Rippers* tells the history of ovariotomy through the people involved—surgeons and their patients—as much as the science.

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