the patient has a history or traces of syphilis, and specific treatment succeeds when digitalis, &c., has failed, this is a very fortunate event. Dilatation of the ventricle is the result of syphilitic fibrosis. In certain cases of syphilis the patient becomes cachectic, anemic, and feeble, with or without pyrexia, and some dilatation of the heart may occur as a result of the general condition. In such cases advanced heart weakness and general condition improve together in these cases under anti-syphilitic treatment, but they are readily distinguishable from cases in which, the general health being good, there is dilatation from syphilitic disease of the heart wall. Dilatation of the right ventricle from syphilitic heart disease is, perhaps, more difficult of detection than of left heart dilatation. This, however, it has in common with dilatation of the right heart from other causes. But that dyspnoea is procedure to syncope and an extreme general feeling of weakness without it are few—in fact, only fatty disease; but this can only produce such extreme heart weakness as widespread fibrosis causes when present in an extreme degree, and then, as Walsh1 point out, “its clinical evidences are much more evident. Fibrosis and pedicle lesions are but the end stage of the patient, the results of inquiry into possible syphilitic infection, and the effects of the ordinary cardiac tonics as compared with those of specific treatment. A due consideration of these facts is necessary; the cases of pre-existing heart weakness from syphilis to be distinguished from those resulting from other causes.

When the fibroid change on the left ventricle is widespread, involving perhaps, the musculi papillares as well as the ventricular wall, this cardiac debility gradually increases till it becomes extreme and the diagnosis is not difficult; indeed, it is much more readily made than in those cases where dilatation is present, for while many cases produce cardiac weakness with dilatation the cause of great cardiac weakness without it are few—in fact, only fatty disease; but this can only produce such extreme heart weakness as widespread fibrosis causes when present in an extreme degree, and then, as Walsh1 points out, “its clinical evidences are much more evident. Fibrosis and pedicle lesions are but the end stage of the patient, the results of inquiry into possible syphilitic infection, and the effects of the ordinary cardiac tonics as compared with those of specific treatment. A due consideration of these facts is necessary; the cases of pre-existing heart weakness from syphilis to be distinguished from those resulting from other causes.

The removal of suppuring pelvic tumours: illustrated by two cases.

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The two cases which are related in this communication offer certain instructive features in common. In both the structures which were removed contained pus, and in both the tissues of the pedicle were unhealthy, not from inflammation of any new growth, but from inflammatory changes. Both patients were restored to health, but the details of treatment involve matter for comment. The chief subjects worth consideration are the management of unhealthy drainage, and the immediate removal of the pus on the cervix.

CASE I.—On March 8th, 1894, my friend Dr. Iott of Bromley consulted me about a girl aged sixteen years who had been under his care for six weeks. She was thin, but had been fairly healthy till the present illness. When Dr. Iott first saw her she showed symptoms of peritonitis an

12 Diseases of the Heart, p. 358.


13 Ibid., Dec. 11th, 1895, p. 1756.
symptoms subsided; then a hypogastric tumour was found. When I first saw the patient the abdomen was almost flat, excepting below, where a swelling rose above the pubes, high up close to the pubes, the sound passing two and five-sixteens of the distance from the plane of the pubes to the aorta. Sarcoma was improbable, though malignant ovarian growths are proportionately frequent in girlhood and are generally accompanied by amenorrhoea. They grow rapidly and seldom suppurate, whilst in Dr. Iott's patient inflammatory changes appeared before the tumour had reached a high stage of development. Menstruation often ceases from any cause of debility, and examination of the uterus showed that pregnancy was out of the question. I operated on March 18th, and after due preparation Dr. Mr. The incision exposed a dull greenish tumour adherent to the ovaries. The right ovary and tube from adhesions. As some of the contents of the pedicle were not actually suppurating, as in the first case, I considered that closure of the wound was the best way to ensure speedy recovery. Fortunately the patient was spared the annoyance which was probably inevitable in the former case, where the pedicle was already suppurating when it was divided. The ovaries were removed, and the patient is capable of bearing children. Thus the operation was speedily performed.

CASE 2.—In 1886 Mr. Kingston Barton of South Kensington asked me to see in consultation a young married woman then aged nineteen years. She had suffered from acute pelvic inflammation for some years and was then confined for six months. She was examined in June of that year and found to be in a very debilitated state. On the left side of the abdomen a fluctuating tumour could be felt in each iliac fossa, the right being the larger. The uterus was three inches long and moveable. The right appendix seemed to be involved in the suppurative process. The pulse was 144, and the evening temperature 100° F. A few days later it rose to 102°8°, and the period appeared. I wished to explore directly it ceased, but was prevented by the patient's request. On May 17th one eye became inflamed. Mrs. Lindsey Johnson examined her and diagnosed keratitis of bacterial origin. It subsided, but the pelvic condition did not improve. On May 8th the pain was very severe. The swelling in the left iliac fossa was tense and pressed down on the rectum. As I particularly wished to avoid any fistulous tracts communicating with the intestine I tapped the swelling through the vagina, withdrawing five ounces of pus. The pedicle was then tied, and the patient allowed to go home. She had been bed since April 8th, was now in a more favourable state of health, but the swellings began to increase in size. On May 12th I operated, with the assistance of Dr. Hubert Roberts. An incision three inches long was made in the middle line to the pubes, and the peritoneum was divided. I protected the parts near the cyst by placing iodoform gauze around the point selected for puncture. By this procedure, repeated on the left side, not a drop of pus strayed into the peritoneum. I washed out the cavity of the cyst with iodine water. Then I separated the cyst from the peritoneum, and found after tapping and injecting with iodine that the cyst wall could be detached from the vagina and rectum without damage to either. The pus, owing to the tapping, I presumed, was slightly sour. After securing and dividing the pedicle, as on the right side, I washed out the pelvis with iodine water, placed a sponge in Douglas's pouch, and introduced the sutures. As there was no evidence of oozing when I drew up the sponge, and since I felt persuaded that no pus had escaped into the pelvic cavity I closed the wound. I wished to avoid the evil effects of suppuration of the pedicle and coming away of the ligatures. The drainage-tube was apt to promote that complication. Since the pedicles were not actually suppurating, as in the first case, I considered that closure of the wound was the best way to ensure speedy recovery. Fortunately the patient was spared the annoyance which was probably inevitable in the former case, where the pedicle was already suppurating when it was divided. The ovaries were removed, and the patient is capable of bearing children. Thus the operation was speedily performed.

Dr. Sheppard of Putney kept her in bed for fourteen days. The pain passed away. In 1894 she had another healthy child. Severe abdominal pains set in three months later. Dr. Sheppard of Putney kept her in bed for fourteen days. The patient passed away. In 1894 she had a miscarriage, followed by intervals of health. Under his care the child was delivered by Mr. Pavlik's method, and the patient was restored to her former state of health. The catamenia have returned and the patient is capable of bearing children. Thus the removal of the right appendix would have been wrong. Even in chronic pelvic disease in much older subjects,
when one tube and ovary have been hopelessly damaged, their fellows may sometimes be spared after liberation from an abscess. When the pedicle is low in the pelvic peritoneum it interferes with their blood-supply, and impede their functions. On the other hand, when, as in the second case, bilateral pyosalpinx is evident, both appendages must be removed, else the operation will be useless and its danger much increased. The first operation, thus carried out unilaterally, being confined to the dermoid cysts of the left ovary and its pedicle.

The most remarkable feature in the second case was the length of the pedicle and the pyosalpinx extending to the tubes, and the parts through want of care or precaution may have been infected. Without precautions a patient may feel worse after operation. The tissues in the stump are placed in a precarious condition, and the escape of any suppurating structures from morbid changes, and ultimately passes through the peritoneum, interferes with their blood-supply, and impede their functions.

VI.—VITAL CHANGES IN NERVE TEXTURES (continued).

In the very elaborate structures taking part in special sense and in mental action, as well as in various tissues and organs, the substance, the actual matter upon which origin, development, growth, formation, and action depend, is in a living state. This living matter is invariably found to contain a very large proportion of water, a condition which must permit the free movement of the particles amongst themselves. Movement is another form in which active matter takes its course, and movement in living matter and are more active when living matter is in a state of great activity. All the remarkable properties of various tissues and at every period of life depend upon the manner in which the living matter from which they originated.

VITALITY.

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IN the very elaborate structures taking part in special sense and in mental action, as well as in various tissues and organs, the substance, the actual matter upon which origin, development, growth, formation, and action depend, is in a living state. This living matter is invariably found to contain a very large proportion of water, a condition which must permit the free movement of the particles amongst themselves. Movement is another form in which active matter takes its course, and movement in living matter and are more active when living matter is in a state of great activity. All the remarkable properties of various tissues and at every period of life depend upon the manner in which the living matter from which they originated.

The living matter alone renders possible increase and growth in early life, maintenance when fully formed, including the