the diameter of a clinical thermometer case. During the fourth week of treatment the catamenia appeared.

At the end of six weeks the patient was in excellent health and spirits, her mother declaring that she had never seen her so well. The evacuations were still as small in diameter, requiring a little persuasion at times by a moderate saline cathartic, at times easily moved by a little molasses and water, and often without artificial aid. The course of treatment was one of considerable suffering and exhaustion from the frequency of the evacuations and the constant tenesmus from the pressure downwards of the fecal mass in the rectum, which was the last of the intestinal contents to disappear. At times it was necessary to withhold the laxatives for a day or two and give opiates. The diet was mostly liquid, milk and broths, with a little solid food and fruit.

Under present conditions the patient is not inclined to submit to any surgical experiment for relief. The distension of the intestines with flatus as the hard mass worked off was reduced by the use of strychnine and other tonics. At the present time her health is excellent.

TWO CASES OF PELVIC HÆMATOCELE.

BY JOHN HOMANS, M.D.,

Surgeon to the Massachusetts General Hospital, and Harvard University Lecturer on Ovarian Tumors.

THESE reports illustrate well the difference in the behavior of cases before and since the introduction of antiseptic surgery, — one going through a long, tedious, and dangerous process of recovery, and the other being immediately relieved, and cured almost at once.

CASE I. Incision and drainage through the vagina: cure.

Honora G., married, age thirty-eight. Entered the Carney Hospital, April 23, 1874. Never pregnant.

On the first of March, 1874, at 6 P. M., she was suddenly attacked with severe pain in the left iliac and hypochondriac regions. She felt, she says, as if something fell with a rush from the left hypochondrium downwards. A physician was called at three o'clock the next morning. She vomited for four days; the pain lasted about ten days. A tumor was noticed, very tender, about the size of an egg. At the end of a fortnight it had increased to the size of an orange. At the end of ten days she began to go about a little, but was attacked with chills.

On April 23d she was etherized, and a tumor was punctured in the left pubic region. About six ounces of dark, reddish-brown fluid was removed by aspiration; then another puncture was made in Douglas's space, but only a few drops of fluid was obtained. This fluid contained recent and old blood-clots and many vibrios. She rested fairly well, but the next day her tongue was dry and coated.

On April 26th, the tumor had increased in size, and was quite hard. Temperature 103°. She was again etherized, and tapped through the vagina, to the left of the uterus, with a larger trocar. Twenty-four ounces of dark, bloody, offensive fluid were removed.

On April 30th, the tumor was hard and painful, and the patient was suffering greatly. I was sent for late in the evening. The patient was etherized with the assistance of Dr. D. H. Hayden, and again tapped through the left portion of the vagina, to the left of the os-uteri. The opening was then enlarged with

a knife so that it would admit the finger. About twenty-five ounces of *very* offensive bloody fluid were removed, and a large œsophageal tube, three-eighths of an inch in diameter, was passed into the cavity to a distance of three and a half inches beyond the vaginal septum; the tube was tied in, and the cavity thoroughly irrigated. Constant irrigation was practised; and on May 4th the tube was removed. The discharge continued, — at first healthy, inodorous pus, which in a few days became offensive.

On May 22d she went home; and on June 17th reported herself having gained flesh and strength, and being entirely well except for a slight inoffensive discharge.

CASE II. Treated by free incision through the vagina: cure.

Catharine C., married, age twenty-seven. Mother of two children, youngest eighteen months old. Entered the Massachusetts General Hospital just after midnight, April 5, 1889, and Dr. Homans was at once summoned.

She stated that she was well until seven weeks before entrance, when immediately after a menstrual period, and without any unusual exertion, she was seized with a very sharp pain in the right side of the abdomen, lasting some hours. She felt feeble for some days but kept about and did her work. Five weeks later, that is, two weeks before entrance, she had another severe attack of pain in the same spot, and then for the first time noticed a swelling, small at first, which increased slowly in size until during the past few days, since which time it has grown very rapidly. For two weeks past she has had an offensive vaginal discharge. Two days before her entrance she was tapped by a physician, and a little bloody fluid was obtained. On examination she appears to be a large, strong woman. Her face is pale and anxious looking; her abdomen is much distended, and is rather more prominent on the right side than on the left; it is tender to the touch. By palpation a smooth swelling is felt in the lower part of the abdomen with a slight sensation of fluctuation. Over this area there is dullness, and also in both flanks. The upper part of the abdomen is tympanitic. On auscultation nothing is heard. On pelvic examination the uterus is found lifted up behind the pubes, and the vaginal cavity is almost obliterated by a soft, tense, semi-fluctuating tumor which fills the pelvis and presses forward almost to the vulva. Her last catamenial period was four weeks ago. Micturition has been frequent for the past few weeks; during the same period she has had almost incessant vomiting and no movement of the bowels. Pulse 120, rather feeble. Temperature 103.6°.

Diagnosis: Pelvic hæmatocele, from probable rupture of an extra-uterine pregnancy.

She was at once etherized, and the prominence of the swelling at the vulva seemed to invite opening at this point. She was placed in the lithotomy position and the vagina thoroughly douched with a solution of corrosive sublimate. The tumor was then aspirated through the vaginal wall and dark bloody fluid was withdrawn. The opening was then enlarged by passing a knife in along-side the needle, then this opening was dilated and the finger inserted. Large quantities of clots were emptied out. After about two hours hard work the clots were pretty much cleared out, and the cavities which they had occupied were swabbed out with sponges and irrigated with corrosive sub-

limate solution. The tumor had disappeared. There had not been much hæmorrhage. A large double rubber drainage-tube was put in, and prolonged irrigation was practised; and finally iodoform was blown into the vagina, and the wound was dressed with iodoform gauze. After the operation the patient, who was pretty feeble, was put to bed with heaters around her, and an enema of brandy and laudanum was given. By estimation, about two quarts of clots and bloody fluid had been removed.

The operation was over at about one o'clock in the morning. As the day went on, the pulse became much stronger, and the patient became perfectly comfortable. The drainage-tubes were frequently syringed.

On April 7th the bowels moved, and the temperature, which had been 103.5° at the time of the operation, became normal. On the 11th, there was no discharge, and the drainage-tube was removed. On the 14th, she sat up out of bed; and on the 19th, as she was very anxious to return home, she was discharged with orders to take a daily douche, and to keep as quiet as possible for two weeks.

This case is not reported for the sake of encouraging vaginal operations in cases of pelvic hæmorrhage; but, as no hæmorrhage was apparently going on at the time of the operation, and as the first attack had been five weeks before, and as the bag of blood was almost protruding between the vulva, it seemed to me best to empty out all the effused blood, and then, if hæmorrhage was found to be going on, to do laparotomy if I found it impossible to stop the hæmorrhage from below. The result of the operation left nothing to be desired.

CYST OF THE PANCREAS TREATED BY LAPAROTOMY AND DRAINAGE; RECOVERY.¹

BY MAURICE H. RICHARDSON, M.D.,
Surgeon to the Massachusetts General Hospital.

DAVID C. L., aged fifty, married, living in Stoneham, was sent to me by Dr. Jordan, of Wakefield. I made several examinations and finally advised him to enter the Massachusetts General Hospital; this he did on October 10, 1890.

Family history good, except that mother and sister had scrofula. The patient had typhoid fever at the age of fifteen. Lost an arm in the war, in 1863. Average weight up to nineteen years ago was a hundred and fifty to a hundred and seventy-five pounds; since then average weight two hundred and ten pounds. Up to about five years ago had been perfectly healthy, but five years ago last spring felt something give way in the epigastric region while lifting a heavy weight. At first he felt faint, and was troubled by this feeling for a number of days afterwards. Shortly after this he had a fall, which, as he says, "knocked his breath out." Three or four months after this accident he began to have pain in the epigastrium, varying a little in position, sometimes shooting backward. Had only four or five attacks at that time. The pain would be relieved by mustard poultice. In May, 1889, he had attacks of severe pain in the same place, which lasted from three to seven hours, associated with vomiting, which was relieved by hot applications and morphine. For nine weeks he had an attack every week. He noticed after that time that the urine contained brick-dust

sediment and was high-colored. He often had diarrhoea the day after the pain, and was sore over the epigastric region. After nine weeks the pains gradually became less frequent. Last January he had an attack of pain which was constant during three days. There was considerable vomiting, which required morphine subcutaneously. He said that he stiffened right out with the pain. At that time he was jaundiced. He was completely prostrated after this attack; extremities were cold, covered with cold perspiration, followed by "fever in the stomach, which worked up and caused a funny sensation in the head, — a dizzy feeling." Many times since, in the morning, he has had a faint feeling and a sensation of weight in the stomach, relieved by eructations. Within the last year and a half has felt as if there was a tight bandage around his belly. Bowels have been generally loose except in January, when they were constipated. Stools have been at times very light-colored, but never quite clay-colored. Appetite from January to June has been very poor, and since then gradually gaining. He thinks his memory has been slightly affected. Since January has lost fifty-three pounds.

Physical examination: — A large, powerful man, apparently in excellent condition. The epigastrium is occupied by a prominent mass as large as a four-year-old child's head, extending slightly under the margin of the ribs and down nearly to the umbilicus, hard to the touch and slightly elastic. The tumor is deep-seated and slightly movable. Gurgling is felt and heard at times over it; on deep inspiration it moves down about four inches. Examination of head, lungs and kidneys, negative.

On the 19th of October the patient was seen by Doctors Porter, Fitz and Cutler. The colon was distended with air, and afterwards with water, and the stomach filled with air. By percussion the tumor was thought to be behind the colon and the stomach. No fat was found in the stools after repeated examinations.

On the 22d, after the administration of cathartics and after an enema, the rectum was filled with water by Dr. Cutler. This, by percussion and palpation, showed the colon to be in front of and over the tumor. The stomach was then filled with air and appeared to be in front of the tumor. Diagnosis by Dr. Cutler: Pancreatic cyst. Exploratory laparotomy was advised.

October 24th, 1890. Under ether anaesthesia an incision four inches long was made in the median line, three inches below the ensiform cartilage. The omentum between the stomach and the colon was torn apart with the fingers, making an opening down to the tumor, which was found to be a rounded, fluctuating cyst of the pancreas, entirely adherent to the posterior wall of the stomach above and in front, and to the transverse colon below. A very small aspirating needle was introduced, from which a fine stream of clear, straw-colored fluid spurted at least a foot into the air. The tumor was emptied, as far as possible, by means of the aspirating needle. The opening was then enlarged and a glass drainage-tube inserted. No stone nor other foreign body could be detected in the cyst. The edges of the opening were brought up and stitched to the abdominal wall. The edges of the wound were brought together with wire and superficial silk sutures. Syphonage was so arranged as to prevent any leakage of fluid. A dry dressing was applied.

The patient rallied immediately from the operation

¹ Read before the Boston Society for Medical Improvement, December 8, 1890.