ON TAPPING AS A CAUSE OF ROTATION OF THE PEDICLE IN OVARIAN TUMOURS.

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ONE of the most interesting phases in the subject of ovarian pathology is that connected with rotation of the tumour and twisting of its pedicle, accompanied by changes which may take place under such a condition. The following case explains how such changes may be allowed to occur under certain circumstances, and presents a singular aspect in relation to the question of tapping in the presence of a particular condition of the tumour and its surroundings.

Mrs. P—, aged thirty-three, has been married for five years and a half. Had one easy labour a year and a half ago, the child living for a week only. Since this time she has been the subject of a gradually increasing tumour, which was first noticed to commence on the right side, but which has since enlarged so as to occupy the whole of the abdomen. Menstruation has been regular, and the constitutional state of health was always well sustained. This was diagnosed as a large unilocular cyst, with probably no adhesions. The uterus was pressed almost horizontally, and transverse in direction, the fundus being pointed to the left side; it could be moved freely upon the sound, apparently without complication. The case was considered a favourable one for operation, but the patient elected not to undergo any operative measures while her health continued so good.

I lost sight of her for some months, when she sent for me to see her, expressing a wish for an operation to be performed. I visited her on Feb. 16th, when the following condition was present:—She was much more emaciated and feeble, and complained of pain in the abdomen, hips, and back. There was sickness, loss of sleep and appetite; the tongue was red and dry, and there was marked tenderness over the abdomen. The temperature was 101° F.; the pulse 130. The urine, taken by a catheter, was scanty, contained urates, but no albumen.

I hesitated to perform ovariectomy in such a state, and accordingly, on Feb. 18th, I tapped through the abdomen, and took away eight quarts of fluid. This was perfectly clear and limpid, of a pinkish-yellow colour, and serous feel, sp. gr. 1006. The tapping was followed by great relief, the pain subsided, the expression became better, and the appetite returned. The patient came down stairs feeling considerable improvement in her health. A few days after the catamenia appeared, and continued for four or five days without inconvenience.

On March 3rd, a fortnight after the tapping, I proceeded to operate. Ether was given by Mrs. Russell Grant. An incision of about five inches was made in the median line and carefully dissected down to the peritoneum, which was much thickened and vascular; the cyst was found adherent to it anteriorly for a space about the size of the outstretched hand; the adhesions were recent, easily separated, and oozed freely with thick-looking bright-coloured blood. The cyst was flaccid, tough, of a dark, almost bluish-black colour; when punctured, it gave exit to half a pint of fluid like port wine in appearance. It was seized with strong forceps and the finger swept round it; at the upper part it was connected for about three inches with the omentum, and for the same distance with a coil of small intestine, both of which were readily separated. On drawing it gently forwards it was found attached by a long slender pedicle, which was observed to be twisted for two complete turns upon itself, the direction being from within towards the left and over to the right; the part above the twist was discoloured and livid, feeling as if it would give way on the smallest additional force; below it was white and dense. The cyst was throughout of the same mottled dark colour, evidently strangulated by the twisting of its pedicle. A pile clamp was made to embrace the pedicle, and the cyst being cut away at the distance of half an inch, the stump was seared down to the clamp with the thermo-cautery; a silk ligature was tied tightly below the clamp, the ends

being cut short; the clamp was then loosened and the stump returned into the abdomen. After clearing away all remains of bleeding, the wound was brought together with silk ligatures and dressed with lint soaked in carbolised oil, the abdomen was padded with cotton-wool, and a bandage applied. In addition to the peritoneum of the anterior abdominal wall being thickened, vascular, and villous in appearance, the surface of the intestines in the neighbourhood of the wound was darker-coloured than usual, had a sticky feel, and an absence of the shining look of a serous membrane.

The patient has done well since the operation, the wound has healed soundly, and she is able to go about with ease, and is in good health.

The cyst was found collapsed and dull; anteriorly there was an oval space of 5½ in. by 3½ in. where it was adherent to the abdominal wall. The shrinking caused opposing surfaces of the exterior to come into contact; these were united by adhesions which could be tracked through easily with the handle of a scalpel. The interior was corrugated and granular; the site of the former tapping could not be discovered; the whole weighed 1 lb. 9 oz. It would appear, therefore, that after the tapping the cyst collapsed and fell back upon the intestines, and that the rotation must have been effected insidiously without any indication of its occurrence during the fortnight which elapsed from the time of its being emptied. The discolouration of its walls, and the changed nature of its contents, showed the result of the compression its vessels underwent from the rotation of the pedicle. The adhesions formed to the parts mentioned were manifestly recent, and point to a remarkable attempt on the part of nature to deal with a cyst the blood-supply of which was cut off, and which was threatening gradually to become a foreign body. The problem to be solved was an eventful one: whether its vitality would have been sufficiently preserved by such adhesions to allow it subsequently to contract, and, being thus transplanted, become inert, or whether, becoming gangrenous, it would have played the part in complications of a more disastrous character, it is difficult to say, though presumptive evidence would favour the former view. The spontaneous recovery of patients with large movable thin-walled cysts after injury or tapping may be explained by the details of this case. That a subacute condition of peritonitis is not a serious obstacle to operation and recovery is also demonstrated, and, in fact, points to the advantage which is sometimes obtained by the greater toleration of parts which seem to have expended already part of the force which is so ready to come into action injuriously when a higher standard of health is present.

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CASE OF EPILEPTIFORM CONVULSIONS IN GENERAL PARALYSIS OF THE INSANE,

WITH LOCALISATION OF DISCHARGING LESIONS.

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A. S—, aged twenty-nine, was admitted into the West Riding Asylum in December, 1874. The patient was a married man without children, and was stated to have suffered from sunstroke three years prior to admission. He remained unconscious for several days succeeding the attack. He has been insane ever since, although he has at times employed himself at his usual occupations. On these occasions he has been irritable and even violent. The history afforded by his friends was scanty in details, but it was positively asserted that his habits had been temperate.

On admission, the patient complained voluntarily of pain in the head, and was anxious for relief. He could not describe the character of the pain, but attributed it to the sunstroke, and said he had never been the same man since that event. On this subject he became emotional. His memory was fairly accurate with regard to most remote and recent events, but much mental confusion became apparent