operation, as the patient was in a very miserable condition, and in the light of subsequent developments it would have been dangerous to have allowed her to go to term, as there would have been danger of rupture of the uterus if the labor pains were at all severe. As to whether the tumor would have prevented the descent of the fetus if the case had gone to labor, it is difficult to say, as the fibroid might have been pushed up out of the pelvis by the subsequent growth of the child and left the birth canal free; but it would have been at the expense of the cervical canal, which would have been thinned to a dangerous extent.

SOME PATHOLOGIC CONDITIONS OF THE OVARIES THAT CAUSE GREAT PAIN.

BY GEORGE HALLEY, M.D.

KANSAS CITY, MO.

No physician who has been engaged long in the practice of medicine has not had complaints coming to him from his female patients, of excessive pains in the lower portion of the abdomen. The pain is not always confined to the pelvic portion of the abdominal cavity; but often extends both above and below it. The pain radiating upward from the pelvis, follows a line about two inches inside the crest of the ilium, radiating upward and backward, often losing itself beneath the floating ribs. Downward, it is found most often in the front of the thigh. Occasionally it is found on the outside of the thigh, and rarely in the back part of it. Sometimes it is confined entirely to the lower portion of the iliac fossa and upper two inches of the thigh. The pain is usually of a dull, aching, persistent character; increased markedly by physical exertion of any kind, and very seriously aggravated by movements of the pelvic contents or pressure on them, no matter how slight. Often the pain is a real hyperesthesia, the slightest touch exciting manifestations of pain as much or more than a deep pressure. It is occasionally found to be much worse as the menstrual period approaches; gradually improving after the flow has ceased, and reaching its maximum of improvement at the middle of the time intervening between the periods. At other times the pain appears to be persistent and is of about equal intensity throughout the menstrual period, diminishing, or becoming entirely absent during the period of flow, to return again with a full or increased intensity, three or four days after the cessation of the flow.

The physical symptoms attendant on, and coincident with this painful condition, are usually constipated bowels, painful or difficult micturition, great nervousness with prostration, often amounting almost to a mania. Sleeplessness is often a marked symptom, practically disqualifying the sufferer for any of the ordinary duties of life. The pathologic condition that is most often found is perhaps cystic degeneration of the ovarian substance. But this condition is not always present, and in a goodly number of cases that I have met with in my recent investigation of this question, there has not been so much of a cystic degeneration as of a varicose condition of the pampiniform plexus. This, I am satisfied from observation, is a very frequent cause of the painfulness complained of when there is no, or very slight, disease of the ovarian structure. I have again and again found the veins composing the plexus as large as a

lead pencil, and in some cases, tortuous, with the walls enormously thickened. One lady, on whom I operated recently, had no cystic degeneration of the ovarian tissue, but some of the vessels of the plexus were as large as the internal jugular vein, and the walls of these vessels were abnormally thick in proportion to their size. In these cases the train of morbid symptoms are, to some extent, characteristic of the pathologic conditions found, and enable the observer to determine, with considerable degree of accuracy, the character of the disease he is about to encounter.

Thus the cystic ovary is excessively painful to the touch, either through the vagina or rectum, while in varices of the plexus, the ovary is not so painful, or not painful at all. The pain is continuous throughout the intermenstrual periods, but little difference being observed at any time.

The pain is usually much worse as the menstrual period approaches, and remains severest in cystitic ovaries during the time of flow. Not so, however, with those in whom a varicose condition of the venous plexus exists. They usually suffer most during the intermenstrual periods, their period of rest being after the flow has been fully established. Such patients usually express themselves as being able to do more work and feel better while they are menstruating, than at other times. The pain is often so severe that the patient has to remain in bed, the flow generally giving relief after the first day of menstruating.

Examination of the organ, after the abdomen has been opened, will show it to be much in the same condition as the testicle of a man suffering from varicocele. Indeed, it may with perfect justice be said to be a varicocele of the ovary. These women, too, usually differ in the amount of blood lost at each menstrual period, from those suffering from cystic disease of the ovary. The flow is usually much longer, and the blood lost during the period very much greater. The flow, too, is frequently found recurring with greater frequency, the periods not uncommonly recurring two or three times in a month. In cystic disease of the ovary, the periods, as a rule, are not regular. They are almost invariably much farther apart, five, six, seven or eight weeks, or often three, five, or six months elapsing between menstrual periods.

This is not a constant condition by any means, but sufficient to be remarked. The writer has many times found those suffering the most, perfectly regular in the period of recurrence, as well as in the amount of blood lost. Occasionally a varicose condition of the vessels and a cystic degeneration of the ovarian structure are found together; then the symptoms will be mixed.

As to treatment, much has been written of late on the benefit of hot douches in pelvic pains and inflammations, and while no one can be more willing to give credit to its usefulness and curativeness than myself, I have found that when used freely and hot (as it always should be to get the best results) in those suffering with either cystic disease of the ovaries, or varices of the plexus, it greatly aggravates the symptoms, rendering life a burden to the sufferer. The indication, when the disease has been diagnosed, is to either entirely remove the ovary and tube with the upper portion of the broad ligament, or to ligate both ends of the vein of this plexus with some good strong material, and cut out, or ligate and cut out,

veins, just as is done in most cases for the radical cure of varicocele. This requires more care in execution and detail of the operation than an ordinary removal of the ovary. If the plexus has to be cut away, the ligation must be very thorough indeed, as the artery will, for a time at least, produce a highly hyperemic condition of the ovary, and there is danger of a persistent bleeding from the ends of the severed vessels. If the ovary and tube are to be removed, care must be taken to pull well up inside the clamp all the vessels of the plexus in order that they may be caught and severed in the ablation.

I have often thought that the reason so many operations on the ovary are unsuccessful (failing to relieve the pain for which the operation was done) was owing to the veins of the plexus being the organ diseased, and not the ovary or tube. What effect the ligation of the veins will have on the future of womanhood in those operated on in this way, I am unable to state, having only operated on three in this manner, and those quite recently. So far, I find the pain is relieved as thoroughly as if ovary and tube had been removed. As to what effect this operation would have on those suffering from cystic disease of the ovary, I am inclined to think that benefit, if not a cure, might result. There is nothing present in cystic disease of the ovary that would positively necessitate its removal, except it be the pain it occasions. If then, the ligation of the venous side of the circulation, which is a comparatively simple operation, would bring about as good results it would be the better operation to do, as it would still leave the woman sexually perfect.

This paper has not been written with the purpose of positively indicating a line of treatment, but rather as suggestive in calling professional attention to a phase of this exceedingly painful condition that distresses so many surgeons beyond measure, and to the further fact that little or nothing has been written on this subject up to the present date.

I shall carefully note in the future the benefits that seemed to have been gained in the few cases operated on, and at a future time, hope to report further observations along this line.

SUMMER CARE OF THE TUBERCULAR.

BY WILLIAM PORTER A.M., M.D.

ST. LOUIS, MO.

One of the practical questions that arises in the mind of almost every physician, especially if he lives in the Mississippi or Ohio valley, is "How can I tide my tubercular cases over the hot summer months?" In my own practice I have found that the July and August temperature of 90 degrees and more, the close, humid atmosphere, and the nights with scarcely a breeze, are conditions that are greater hindrances in the management of such cases than the inclemency of the winter months. Patients can be protected against cold and change, but there is little defence against heat and humidity.

While not so enthusiastic in commending climate as a *sine qua non* in the treatment of tuberculosis as I have formerly been, yet I am sure that many of us lose much in the continuity of medication and care of these cases during the hot season. So it is with renewed interest that I read such communications as have appeared in the JOURNAL from Drs. Parker, Reymburn and others.

There are certain things I want for my patients in summer—cool, dry atmosphere, not too much elevation, good hygienic surroundings, freedom from great diurnal thermometric variation and, withal, economy and convenience both in regard to travel and stay. If, with these conditions, we can have good wholesome food, pleasant environment, and a continuance of such methods of treatment as have been found best in the individual case, there should be, in most instances, a continued gain.

So it is that the physicians in the East have found the Adirondacks suitable for their patients in summer, or send them to a sanitarium in the hill country of New York or New England, while we in the West naturally have to do with Colorado and the Ozarks.

There is one region, however, within reach of all, which has to a great measure been overlooked. The northern lake region, especially near Petoskey, Mich., has long been a resort for hay-fever patients, but I have also had marked good results in cases of tuberculosis and chronic bronchopneumonia, during the summer months.

The location that I have found best, after six years' experiment, is the Les Cheneaux country, some ten miles north of Mackinac Island. Being just under the northern peninsula of Michigan, it is protected from the north winds, and the temperature is more even than I have found elsewhere. The atmosphere is dry, for the waters of the great lakes at this latitude are cooler than the air in summer and there is little evaporation, while the sandy soil quickly absorbs any rainfall. During the day the temperature is from 70 to 80 and about 8 degrees less at night. Even "The Sleepy Oregon" is no more conducive to rest.

Here, among these beautiful islands, where living is cheap, the sailing and fishing and the woods are a perpetual guard against ennui, and the average gain in weight of my tubercular cases was about a pound a week, with a corresponding increase in vitality. During the last four years, I have sent to this region, each summer, from twelve to fifteen cases of phthisis in the first and second stages, and the result has been uniformly good. All the indications for therapeutic care should be kept up, and in that clear atmosphere, among the pines, the air, doubly purified, as it comes over the long reaches of Lake Huron, tonics, chest exercise, serum, and whatever else may be used, seem to have a greater potency than when used in the artificial surroundings of a heated city.

Evacuation of Biliary Passages.—E. Rose publishes a couple of observations and a number of tests on the cadaver to prove that a simple incision in the gall-bladder and curettement of the gall-bladder, the choledochus and the bile-duct, are as effective in removing calculi as cholecystectomy and choledochotomy. One of his patients died not long after, and the absence of any peritoneal reaction was noted. Two stones differing from those removed during the operation were found in the pancreatic portion of the choledochus, and seven others in the hepatic duct, resembling in every respect those removed. No better result would have been attained with choledochotomy or cholecystectomy, which would not have prevented the emigration of the calculi from the hepatic duct to the choledochus. An assistant draws the liver and false ribs upward, which opens Winslow's foramen and enables the operator to seize the stone in the choledochus with his finger, and by inserting a small curette through the incision into the choledochus, between the stone and the wall, the stone can be extracted without opening the duct. —*Deutsche Zft. f. Chir.*, xlix, No. 6.