aged between fifty and sixty, of full habit and lymphatic temperament, had for many years daily consumed a large quantity of alcohol, principally whisky and sherry; although not perhaps a drunkard in the usual acceptation of the term, he was nevertheless a deliberate and persistent drinker of ardent spirits in considerable quantities from day to day. His general health had hitherto been fairly good, and with the exception of occasional "bilious attacks," there was seldom anything the matter with him.

On November 1st, 1877, previous to which the patient had been suffering from dyspepsia, associated with symptoms of gastro-enteric catarrh, he was seized with violent sickness, pain in the region of the liver—evidently the result of perihepatitis,—and jaundice. Effervescing salines and podophyllin pills were ordered, also the local application of poultices and fomentations, and these gave him temporary relief, although the jaundice persisted, and there were physical signs of hepatic enlargement. On November 8th, I called in my friend Dr. T. J. Walker of Peterborough in consultation, and we concurred in regarding the case as one of incipient cirrhosis of the liver. Appropriate treatment by medicines and regimen was as far as possible adopted and enforced until the beginning of May, 1878; but in the meantime the chronic interstitial inflammation progressed, with accompanying symptoms of portal obstruction, and ultimately ascites with general anasarca. I need not stay to describe the general symptoms of sallow complexion, deeply-coloured conjunctivæ, harsh, dry skin, muscular flabbiness, &c., which usually characterise such cases; nor is it necessary that I should dwell upon the combined and complicated results of contracted liver, impeded portal circulation, increased ascitic distension of abdominal wall, with enlargement of superficial abdominal veins, oedema of skin, dyspnoea, dropsy of scrotum, thighs, and legs, and the other well-known characteristics of hepatic cirrhosis; suffice it to say that the patient presented a typical case of cirrhosis of the liver, and he had become so cumbrous and helpless—the breathing becoming daily more difficult—that the question of tapping could not be much further delayed. Accordingly, as a preliminary, his legs were freely scarified on the 7th, and again on the 9th of December, 1877; and by these means his general condition was considerably relieved. The fluid, however, increased rapidly, and paracentesis abdominis was for the first time performed on December 24th, 1877. He was again tapped on January 16th, 1878, February 1st, 15th, and 27th, as much time as possible having been allowed to elapse between each operation. During the month of February he was ordered a mixture containing balsam of copaiba, and afterwards of oil of santal, but these producing sickness, they were discontinued. Paracentesis was again performed on March 12th, 1878; also on March 25th, April 9th, April 20th, May 2nd, May 16th, and, for the twelfth time, on May 30th, 1878. I am almost positive that the patient was tapped thirteen times, but as I find no note to this effect I think it best to adhere only to undoubted facts. On May 2nd, 1878, the patient was ordered the following mixture, which he continued to take almost up to the time of his recovery:—Half a drachm of iodide of potassium, one drachm of the tincture of digitalis, half a drachm of the tincture of capsicum, three drachms of simple syrup, to six ounces of water; one-sixth part to be taken every four hours. From the beginning of June, 1878—almost immediately after his being tapped for the twelfth (thirteenth?) time—the patient showed symptoms of gradual amendment, and on the 28th August, 1878, he was so far recovered as to be able to go to Brighton, from which he returned, almost quite well, in a few weeks.

Remarks.—The symptoms were at one time complicated by an attack of concurrent subacute bronchitis, which, fortunately, yielded to appropriate treatment. As the patient persisted in having some stimulant, especially during his convalescence, he was ordered a pint bottle of champagne daily. During the progress of the case the diet, for the most part, consisted of milk and beef-tea, given systematically, a few teaspoonfuls of brandy being occasionally, but as seldom as possible, administered in milk. The kidneys acted well throughout, and the patient suffered little inconvenience from theappings which were performed as he lay upon the edge of the bed.

January, 1882: I have just heard that, the patient having resumed his intemperate habits, active mischief has once more developed itself in the liver, after the lapse of nearly three years and a half, during which he enjoyed fair health.

Cadogan-place, S.W.

RUPTURE OF THE HEPATIC DUCT.

By JOHN FREELAND, M.R.C.S.,
GOVERNMENT MEDICAL OFFICER, ANTIGUA, WEST INDIES.

MARIA J—, a black, aged sixty-five, who has been for many years troubled with intermittent fever, followed by a regular train of symptoms commencing with vomiting, colicky pains, and tenderness of the abdomen, and ending with jaundice more or less severe, applied to me during one of these attacks, stating that, in addition to her generally distressing symptoms, she was now seized with violent and excruciating pain in the stomach and chest, and that she could retain nothing whatever—water, nourishment, or medicines being immediately rejected with greatly increased suffering.

On examination, I found her skin hot and dry, pulse hurried, abdomen fuller than natural, and in some parts painful on pressure. She says she has been taking the medicines I generally prescribed during these seizures, but has not obtained the relief from them she usually did on former occasions, and was quite sure, from the pain and excessive prostration she now felt, that there was some other complaint added to her old disease. I immediately prescribed fifteen drops of tincture of opium with a little sulphuric ether, and applied a large warm linseed poultice over the stomach and upper part of the abdomen. This seemed to have a very good effect, for the pain was completely subdued after a second dose, and the tenderness of the abdomen, which was so evident at the time of my first examination, was now almost entirely gone; the warmth of skin, although somewhat subdued, continued, however; and, as there was now a feeling of headache and nausea, which prevented my patient from expressing herself as much relieved as I expected she would have been after having suffered so intensely some hours before, I ordered a mixture of carbonate of soda and nux vomica in small doses, and desired her to report at once in case the pain should return. During the next night she was suddenly seized again with acute pain, but was as readily and easily relieved by the opiate, ether, and poultice, as in the previous instance. Her relief, however, was of short duration, for the pain soon returned with increased severity, and was now accompanied with a somewhat tympanitic and extremely tender abdomen. I at once ordered pills of calomel and opium to be administered every second hour, and the poultice to be continued with the addition of spirit of turpentine freely sprinkled over it. On my next visit in about six hours afterwards, I found the extremities cold, pulse 120 and small, and the body generally covered with a clammy sweat; the pain in the abdomen had ceased, but the vomiting returned at intervals, with great depression, until she died in about eight hours afterwards.

On examination of the body almost immediately after death, the cavity of the abdomen was found literally filled with blood and bile, the intestines gangrenous in spots, and here and there highly inflamed and congested; the peritoneum one mass of inflammatory deposit and adhesions, the liver and gall-bladder healthy; the latter appeared, however, smaller than natural, and was *entirely empty*, and the spleen, which was of a bright orange tint, was so deeply stained with bile, that even when removed, washed, and broken up in pieces, the bright colour remained, and appeared to be so intimately mixed up in its structure that it was quite impossible to lessen it. The hepatic duct was found lacerated, and the opening in this through which the bile had escaped appeared but recently formed, but the calibre of the duct was much larger, and its length greater than usual, and in some places distended into pouches or bags which contained gall-stones varying in size from a pea to a strawberry. In one of these pouches or bags a most remarkable appearance presented itself in the form of a slit or opening, which was fully occupied and occluded by the point or apex of one of these stones. On displacing and replacing the stone in its position (which was most readily effected by the mere disturbance of the parts), I discovered that the slit which it had occupied was as completely and naturally formed as if it had been the normal state of the duct, the edges being firm, smooth, and slightly everted; and although this stone must at some time or another have caused ulceration by its pressure, and given rise to grave

symptoms, there is no doubt in my mind that it afterwards acted as a plug, and so effectually sealed the aperture in the duct (so long as it remained *in situ*), that no bile escaped into the cavity of the abdomen except at times, and in such minute quantities as only to give rise to those slight attacks and symptoms which I already mentioned as having been of frequent occurrence during the usual intermittent fevers which my patient more or less annually passed through.

Now it is evident, I think, that the second or recent rupture in the duct, which was quite patulous and surrounded with coagula, was the immediate cause of death, and that the first or older opening existed for years, and had been nearly always occupied and closed by the presence of the gall-stone, which only occasionally allowed the bile to escape when from some particular exertion or vomiting it became temporarily displaced.

This case unmistakably points to the wonderful resources of nature in remedying defects caused by disease or accident, and we may readily infer but for the occurrence of the second rupture the mere presence of the first, guarded as that was by its bilious sentinel, would only perhaps have produced at times those colicky pains and that jaundiced appearance I have already described, without at any one time allowing bile to escape in sufficient quantity to produce the fatal result I at last found myself unable to arrest.

Two questions arise in this case. Why was the spleen the only organ so indelibly stained with bile? And does not the fact of the colour pervading the entire structure go to prove that an opening had existed in the duct for a long time.

Antigua, West Indies.

ON TWO CASES OF OVARIOTOMY, AND REMARKS ON OVARIOTOMY IN CHILI.

By RICHARD CANNON, L.K.Q.C.P., L.R.C.S.I.,
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LATE SURGEON R.N., ETC.

CASE 1.—C. A—, single, aged forty-three, had one child early in life; {menstruation, with occasional attacks of menorrhagia, had been abundant until three years since, when a tumour on the left side of the pelvic cavity was noticed. The swelling had gradually increased, and menstruation became suspended. The patient now presented a tumour about the size of the womb at the eighth month of pregnancy, freely movable, but in general hard, except that fluctuation could be in parts detected. The swelling could be felt descending into the hollow of the sacrum, and had pushed out the posterior wall of the vagina, forming a large rectocele which protruded in an ovoid mass from the vaginal orifice. At the umbilicus there was a very large hernia. The existence of former pregnancy, which was denied by the patient, was diagnosed from the lineæ albicantes, on pointing out which she acknowledged having had a child. The uterine sound could not be passed. The patient suffered from much dyspepsia, flatulence, difficult respiration, and a suffocating cough. Her life was rendered miserable and she was anxious for relief. The tumour was diagnosed as probably ovarian, but from its solidity I was prepared to meet, perhaps, with a large fibro-cystic uterine tumour, and deal with it by hysterotomy. Assisted by Drs. Cooper, Schröders, and Thiele I operated on the 26th December, 1880. Here we follow, *haud passibus æquis*, the teachings of Mr. Spencer Wells as regards the details of operating. A large polycystic right ovarian tumour presented, which was brought out and tapped as each large cyst came into view. Innumerable minor cysts occupied the deeper portion of the tumour, forming a mass as hard as an ordinary fibroid tumour. Some omental adhesions were secured by fine silk ligatures cut short, and the pedicle secured by an Atlee's clamp. But now a smaller tumour of the left side was found which pressed into the pouch of Douglas and protruded the recto-vaginal septum. This tumour was more made up of smaller cysts than the other, and its pedicle, being too short to allow of the application of another clamp, was tied with a strong silk ligature and left within the abdomen after closing the wound. Deep and superficial sutures of silk were used to close the incision, and solid perchloride of iron was applied to the stump of the pedicle. A morphia suppository

was administered and ice given by the mouth, whilst nutrient enemata were applied by the rectum. Vomiting and violent accessions of cough and hiccough came on, all of which strained violently the wound, of which the juxtaposition was rendered still weaker by the existence of the large umbilical hernia. The patient sank forty-eight hours after the operation. No post-mortem examination was allowed, and so great is the prejudice of Chilians against *secciones cadaveri* that even the clamp, much to my disgust, went to the grave with the patient.

CASE 2.—M. L—, aged forty-eight, is mother of two children, born many years since (a peculiarity of practice in Chili is that patients never know their own age, or the age of their children, but date from some remarkable earthquake or the Spanish bombardment). This patient stated that the tumour had been growing for fourteen years, and was a *falso embarazo*, or molar pregnancy, which had resulted in a tumour. She stated that menstruation had not taken place since the existence of the supposed pregnancy. She presented a tumour of about the size of the pregnant uterus at term, which on examination proved to be a large ovarian tumour. The patient suffered much from difficulty of breathing, constipation, and other symptoms, and was most anxious for relief by any means. Accordingly, on the 11th July, 1881, I operated, assisted by surgeons of six different nationalities, and turned out a large single unilocular tumour without any adhesions. Not a single ligature was required, and the pedicle, secured by a common clamp, was touched with solid perchloride of iron and dressed with carbolic gauze and lint steeped in carbolic acid and oil. Slight vomiting occurred during the first day, but afterwards all went well. Listerian precautions not having been followed out with strictness, some suppuration took place about the sutures, which were removed on the eighth day, and on the tenth the clamp. A little matter formed also about the pedicle. At the end of three weeks the patient was up and thoroughly convalescent.

Ovariectomy is now such a common operation that my only object in publishing these cases is to call to notice the results we have had in this country up to the present.

So far as I can learn the thirteen cases have been as follows:—(1) Dr. Thévenot (French): An unfavourable case; multilocular with adhesions; effusion of the contents of cyst into the abdominal cavity; patient strumous; result unsuccessful. (2) Dr. Page (Chilian Swede): Large cyst repeatedly tapped; pregnancy shortly before operation; unsuccessful. (3) Dr. Thiele (German): Single cyst; patient placed under unfavourable circumstances; result successful. (4) Dr. Dessauer (German): Ovariectomy performed twice on the same subject; both operations favourable. (5) Dr. Cooper (English): Two operations; single cysts without adhesions; both operations favourable. (6) Dr. Schröders (Russian Finn): Single cyst; young patient; result favourable, but intense neuralgic pain, as from a painful stump, came on and rendered the patient's life miserable. (7) Dr. Cannon (Irish): One double ovariectomy unsuccessful; one single successful. (8) A case in Concepcion, South of Chili; successful. (9) Two cases in the general hospitals of Valparaiso and Santiago, both unsuccessful. One case of hysterotomy, for cancer, has proved fatal. We have thus had up to the present a favourable result in 68 per cent. of our cases. In private practice two cases only, placed under most unfavourable circumstances, have been unsuccessful. The hospital cases were placed under the worst hygienic conditions; for here, in the public hospitals, all septic diseases ride rampant and lead the poor patients by an easy descent "unto the mouth of Orcus grisly grim."

A MEETING of the Royal Commission on Small-pox and Fever Hospitals was held on Tuesday, at 20, Great George-street, Westminster. There were present Lord Blachford, Sir James Paget, Sir Rutherford Alcock, Mr. A. W. Peel, M.P., Dr. J. Burdon Sanderson, Dr. A. Carpenter, Dr. W. H. Broadbent, Mr. Jonathan Hutchinson, and the secretary, Mr. Nathaniel Baker.

MRS. CHARLES TURNER, widow of the late member for South West Lancashire, has made arrangements for the erection of a Home for Incurables at the Dingle-head, near Liverpool, of sufficient capacity for the reception of two-hundred patients. The building when completed will have cost, it is believed, a sum approaching £40,000, and Mrs. Turner's munificence will include a suitable endowment for the maintenance of the institution.