other. The pressure forced the fluid through the constriction to the other side of the sac, as could be felt. Of course, the truss was at once thrown aside. Discutient lotions were applied for about a month, but without reducing the size of the tumour. I then attempted to draw off the fluid with a trocar and cannula; but the child struggled so violently that I was obliged to desist. A few weeks later (January 20th, 1876,) I tapped the cyst, after administering chloroform, and drew off one ounce of slightly opalescent watery fluid. Pressure was then applied, in the hope that it would prove sufficient to effect a cure; but the cyst rapidly re-filled, and in ten days was larger than before. On February 4th, chloroform having been administered, I introduced a seton, consisting of four pieces of stout ligature silk, passing the needle into the cyst at its lowest point, and bringing it out near the external abdominal ring, an inch and a half from the point of ingress. The child had a good night's rest, and next morning appeared as well as usual. The tumour was smaller, a good deal of fluid having drained away. About twenty-four hours after the introduction of the seton the child complained of pain, which caused him to pass a very restless night. Next morning I found that the tumour was considerably swollen and was very tender to the touch. As the whole internal surface was evidently in an active state of inflammation, I removed the sutures, and applied lint saturated with lead lotion. After the removal of the seton the pain quickly subsided, and in two days the child was so well that he was with difficulty kept in bed. There was still some swelling and thickening. Gentle pressure was then applied so as to keep the walls of the cyst in contact. Within a week the patient was able to get up and walk about, and at the end of a fortnight the cure was complete. When I saw the patient two months afterwards the parts were perfectly natural, and there was nothing to indicate that the boy had ever suffered from hydrocele.

In using the seton it is, I think, very important to remove the seton as soon as sufficient inflammation has been set up in the sac. If this is done, the small punctures may be expected to heal up at once without suppuration, and very little constitutional disturbance is likely to take place.

Colebrooke-row, N.

A Mirror OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

WESTMINSTER HOSPITAL.

OVARIOTOMY UNDER THE ANTISEPTIC METHOD; RECOVERY.

(Under the care of Dr. POTTER and Mr. COWELL.)

THE subjoined notes (furnished by Mr. W. J. Quicke, resident obstetrician), taken in conjunction with those of Dr. Philipson's case of ovarian cancer, describe very accurately the history of the origin, the symptoms, and course of ovarian tumours. It will be noticed that, while the symptoms in both instances were in many respects similar, there were in Dr. Philipson's case certain signs, such as enlargement of the liver and of the lymphatic glands, which created the suspicion of the presence of malignant disease. The difference between the two cases was made clear by section of the abdominal parietes. In Mr. Cowell's case the tumour was not connected with any important viscus, whereas in Dr. Philipson's case nearly the whole of the abdominal organs were involved in cancerous growth.

M. A. S—, aged thirty-eight, widow, mother of three children, aged sixteen, nine, and seven years respectively, was admitted on Feb. 7th, 1877. She had never had any miscarriages. Since the death of her husband, seven and a half years ago, she had been a laundress. Her health was always good until two years before, when she began to

suffer pain in the right iliac region, and soon afterwards to notice that the right side of the abdomen was enlarging. The growth was very slow, but the pain gradually became worse, and extended down the thigh and round towards the sacrum. About twelve months before admission the left side of the abdomen also began to increase in size and to become painful. She was able to follow her employment until July, 1876, when she had to desist on account of the pain, which was greatly aggravated by lifting and other physical exertion. The catamenia, which used to be very regular, had for six months appeared at irregular intervals, varying from two to six weeks; the flow was more copious than usual, and lasted from eight to ten days. Menstruation was always painful, but the pain had been much more severe during the last six months. She had been losing flesh and strength for at least twelve months. From about the middle of January, 1877, the pain in the abdomen had greatly increased; and the left hip, thigh, and leg became so painful that she was unable to walk about. The swelling in the abdomen increased to such an extent as to interfere with respiration, dyspnoea coming on whenever she lay down. Her feet and legs, especially the left, were constantly swollen.

On admission the abdomen measured thirty-seven inches in circumference, and was somewhat larger on the left side than the right. It was dull on percussion nearly up to ensiform cartilage, but resonant at the sides; fluctuation was distinctly felt all over the abdomen, and there was no tenderness on gentle pressure.

On Feb. 23rd the cyst was tapped by Mr. Cowell in median line, about midway between pubes and umbilicus, a large cannula being used, and 172 oz. of fluid were drawn off. The first few ounces were of a light-brown colour, and very thick and gelatinous, so that it would scarcely run through the cannula. After cleansing the cannula with a probe fluid of a much darker colour, and thinner consistence, escaped, which, on microscopic examination, was found to contain a large quantity of cholesterine, altered blood-corpuscles, granular matter, and squamous epithelial cells. After evacuation of the cyst, a probe was introduced through the cannula, and was found to pass three inches towards the left, four inches towards the right, two inches upwards, and four inches backwards.

The wound in the abdomen quickly healed. The dyspnoea and œdema of lower extremities passed off, the pain became much less, and the woman was able to walk about at the end of a fortnight.

On March 17th (three weeks after the tapping of cyst) she was sent into the country, where the cyst refilled.

On May 10th she was readmitted. She stated that during her sojourn in the country her health was fairly good; she did not keep her bed, but lately she had not been able to walk about. Appetite was good, and she gained flesh. The abdomen increased in size slowly but continuously, and during the last month dyspnoea came on whenever she lay down; the pains in back and thigh also returned, and the left foot and leg swelled when she stood. The catamenia had been regular. The abdomen measured thirty-five inches and a half; dulness extended from pubes to ensiform cartilage, and fluctuation was distinctly felt; skin somewhat tense; urine non-albuminous. A menstrual period commenced May 20th and terminated May 25th.

On May 26th a small simple enema was given, which acted well. At 11 A.M. she had a small mutton-chop and one ounce of brandy in water; at 3 P.M. another ounce of brandy was given; at 3.30 she was put under the influence of ether and removed to the theatre, the temperature of which had been raised to 80°. The door of the theatre was locked, to prevent its being opened during the operation. Ovariectomy was then performed by Mr. Cowell, assisted by Dr. Potter, the antiseptic method being adopted. Two steam carbolic sprays were kept working during the operation.

The first incision was about four inches in length in the median line, extending from about two inches below the navel to within one inch of the crest of the pubes. On introducing the hand into the abdominal cavity, the cyst was found to be unattached to any internal organ, there being only two slight adhesions to the omentum, which were easily broken down. The incision was then prolonged up to the umbilicus, and nearly down to the crest of the pubes, and the cyst was punctured with a large trocar, and eight

pints of dark-coloured, thick fluid drawn off. The cyst was then drawn through the opening, no intestines escaping. As the pedicle was found to be short, too short for the use of the clamp, it was secured by a double carbolised silk ligature. The cyst was then separated, and the pedicle returned into the abdominal cavity. Only a few drops of blood escaped. After careful sponging out, a large curved vulcanite drainage-tube was passed down into the posterior cul-de-sac, the other end protruding through the lower part of the wound. The edges of the incision were united by silver sutures, and intermediate narrow strips of plaster, and the wound was covered with protective lint dipped in carbolic lotion, and the antiseptic gauze and bandage. Patient was then removed to a ward specially prepared for her reception.

About three hours after the operation, slight retching came on, and patient vomited about three ounces of dark-coloured fluid. During the night she had several short intervals of sleep, but suffered a good deal of pain in the abdomen, for which opium was administered; but, as the pills were vomited, a two-grain opium suppository was given and repeated every four hours. The urine was drawn off by catheter on this day, and for several days afterwards, every six hours. Towards morning the pain became easier. The patient sucked a little ice during the night, and took a little beef-tea jelly, a teaspoonful at a time.

After the operation, the temperature fell to 97°, but during the night it rose to normal; the pulse remained about 96.

Next day the wound was dressed about noon, under carbolic spray. There had been considerable discharge during the night; wound looked well, no tension nor tenderness about abdomen.

During the day patient slept at intervals, but complained of pain in the right iliac region. She had sucked ice, and had a small quantity of beef-tea, a teaspoonful at a time, and a little soda-water. Opium suppositories were given twice during the day, and a morphia one (half a grain) at night. The temperature rose to 100° during the day, but fell to normal during the night; the pulse rose to 108, and remained so. During the night patient slept a good deal. Two morphia (one grain) suppositories were given during the night.

On the 28th the pain returned in right iliac region during the morning, but passed off again. She slept at intervals during the day, and took nourishment well, beef-tea and milk being given alternately, a teaspoonful at a time. The wound was dressed in the afternoon, and looked well. Catheter passed every six hours. In the evening there was a good deal of pain in the abdomen, for which ten minims of sedative solution of opium were given. Two loose motions passed involuntarily. The abdominal pain returned at intervals during night and prevented sleep. The dose of opium was repeated every two hours.

On the 29th, about 5 A.M., the tube of an enema syringe was passed up the rectum, and a good deal of flatus escaped, after which the patient felt easier, and she slept the greater part of the morning. The wound was dressed about noon, and under carbolic spray as usual, and looked well; in the afternoon the pain in the abdomen returned, and the opium was repeated every two hours; in the evening the bowels acted slightly.

30th.—During the night the pain in the abdomen became very severe, but was relieved with twenty drops of essence of ginger. It returned every now and then. The patient slept at intervals, but towards morning the pain became very severe. The rectal tube was passed, and flatus escaped, which gave relief.

31st.—Passed a better night, pain in abdomen being easier. Wound dressed at noon, when Mr. Cowell removed the drainage-tube. A slight escape of clear pink fluid took place from wound, following the tube as it was withdrawn; the wound was well united, except at the part occupied by the drainage-tube. Very little pain in abdomen to-day.

June 2nd.—The wound was dressed under the spray, and was nearly healed.

4th.—She suffered some pain in the abdomen during the morning. The use of the rectum tube allowed flatus to escape, and gave ease. The temperature had ranged between 98·7° and 99·4°, but rose to-day to 100·6°.

On the 5th the wound was dressed, and the sutures were removed under spray. For two days the temperature had

ranged between 100° and 101°, and at times the abdominal pain was very severe, but only lasted for a few minutes. She slept well, and the appetite had remained good.

The temperature fell during the night of the 7th to 99·2°, but rose in the morning to 102·2°, the highest point attained; it fell to 100° during the evening. The wound was dressed and looked well, the carbolic spray being discontinued.

The patient progressed well, with the exception of occasional abdominal pain. All dressings were removed from the wound on the 12th, and a broad bandage was applied round the abdomen. The temperature rose on this day to 102°, but fell again during the evening to normal.

The patient continued to make an uninterrupted recovery, and returned to her home on June 20th, twenty-five days after the operation. Two months later a very satisfactory report was received of the patient's restored health.

NEWCASTLE-ON-TYNE INFIRMARY.

OVARIAN CANCER; THROMBOSIS OF THE SAPHENOUS VEIN; BRONCHITIS; DEATH.

(Under the care of Dr. PHILIPSON.)

A. B.—, aged twenty-six, married, was admitted on April 12th, 1877. She stated that for several years she had felt weakly and had experienced uneasy feelings, and at times a dull aching pain in the lower part of the back. About two years previous to her admission, she first experienced discomfort in the right side of the abdomen, and subsequently was sensible of enlargement there. The catamenia throughout had been regular, but scanty. She had never conceived.

The abdomen was found to be greatly distended, and measured at the umbilicus forty-one inches and a half. Both legs were oedematous. The right hypochondrium was more prominent than any other part of the abdomen. On careful palpation, a solid tumour was detected three inches to the right of the umbilicus; while at the umbilical, the left hypochondriac, and hypogastric regions fluctuation was detected. When the patient was placed on her back, it was found that there was dulness on percussion from the ensiform cartilage to the pubes, and from the umbilicus laterally to the flanks, where resonance was discernible. On change of position the dulness and the resonance were unaltered.

Upon very careful palpation it was ascertained that there was slight fluctuation between the solid mass and the abdominal wall, and it was distinctly ascertained that the solid tumour was irregular in outline, posteriorly more than anteriorly. It was found, further, that the fluctuation over the solid tumour was modified by an alteration of the patient's position. The liver extended up to the right nipple, and in the nipple line measured three and a half inches. On percussing downwards from the nipple line, three degrees of dulness were made out: first that corresponding to the liver, then that over the solid mass for four and a half inches, and the third to the crest of the ilium.

The diagnosis of right ovarian tumour, solid and cystic, was given, together with enlargement of the liver and ascites. That the tumour was ovarian was diagnosed from the history of the case, the discomfort commencing in the right side, the gradual enlargement there, the fixation of the dulness upon percussion, and the fluctuation upon palpation; and that the tumour, in character, was solid and cystic was arrived at from the difference in tone of the dulness, as elicited in the right nipple line; while the belief that fluid was present in the peritoneum, in addition to the cyst, was founded upon the fluctuation being found anterior to the solid tumour, and which fluctuation changed as the position of the patient was altered. It was further surmised that, coupled with the enlargement of the liver, there was a probability that the ovarian disease was malignant in nature.

April 22nd.—A consultation with Mr. Russell, the corresponding surgeon, was held. He coincided in the diagnosis, and the following modes of treatment were reviewed:—Simple paracentesis, paracentesis and subsequent injection with solution of iodine, and removal of the tumour by operation. Upon the probability of the disease being malignant,