through the abdominal wall, and close to the pelvis, a solid tumour the size of an infant's head, having its surface covered with numerous irregular nodular growths. It was fairly movable, and painless. On examination per vaginam, the uterus was found to be healthy; a marked hardness could be made out in the roof of the vagina, and one or two soft growths felt in or behind the mucous membrane of the upper part of that canal.

Feb. 25th, 1862.—Paracentesis performed through the thin and prominent umbilicus. Forty-two pints of sanious fluid removed. The solid pelvic tumour still existed; it had suffered some diminution in size.

Aug. 5th.—Tapped again through the umbilicus, and fifty pints of dark-brown glairy liquid taken away. She now felt anxious to have more decided treatment adopted, and her case was consequently submitted to the judgment of the medical staff, who were unanimously of opinion that the case was a favourable one for the performance of ovariectomy.

Sept. 5th.—The patient was placed under the influence of chloroform, an incision was made below the umbilicus, and the sac, or what appeared to be sac, come down upon and separated by the hand for a short distance around. It was now punctured with a trocar, and several pints of clear serous-looking fluid removed. On opening up this sac, it was found to be, not the wall of an ovarian cyst, but the parietal peritoneum, infiltrated with solid material, which thickened and raised its internal surface into nodular elevations. The omentum was greatly enlarged, and studded with, or rather made up of, clusters of hydatid-looking growths, which varied from the size of swan-shot to that of a grape. Some of these were cystic, and contained a clear fluid; they could be most readily detached from their points of attachment. A mass of these nodules, connected with the omentum, was seen lying in the right iliac fossa, and produced the enlargement which had been diagnosed as a collection of cysts contained in the pedicle of the ovarian cyst. The operation was now quickly brought to a termination by closing the abdominal incision with several hare-lip pins and metallic sutures. Syncope and vomiting set in shortly after the operation, and continued until the evening, at which time these symptoms disappeared, and she was enabled to obtain a few hours' sleep, and afterwards take some milk and arrowroot. She never thoroughly rallied, but gradually sank, and expired on the 7th, fifty hours from the time of operation. Her relatives would permit no examination of the body to be made.

The grape-like bodies on subsequent examination were found to consist of globular cysts, of the colour of fat, and were aggregated in masses as if thirty or forty grew from a common point or centre. The interior contained a clear watery fluid, which would not coagulate when heat was applied, though the fluid from the abdomen did coagulate on the application of that test. The walls of the cysts were tough, and curled inwards. On scraping the interior, and placing the *débris* under a microscope, an abundance of large, circular, nucleated cells could be seen, as well as numerous spindle shaped ones.

Remarks.—Ovariectomy has now been performed at this hospital in five cases,* the results being one recovery and four deaths. Three were ovarian, and two not ovarian. In three the operation was completed; in two it was not completed, the non-completion in one being due to the presence of adhesions between the cysts, the viscera, and the abdominal walls—adhesions which were of so tough and fibrous a nature as to preclude any possibility of detaching them without committing serious injury to the organs to which the cysts had become adherent; and the non-completion in the other case was occasioned by the disease not being ovarian.

The existence of adhesions, so frequently attendant on the disease, is a most untoward circumstance. It seems there are no means known by which their presence and extent or absence can be ascertained beforehand. Dr. West† observes: "All the measures which have been proposed for ascertaining the freedom of an ovarian tumour from adhesions afford little if any information, except as far as the relation of the cyst to the abdominal wall is concerned. The adhesions to the abdominal peritoneum, however, are by no means the most important, and their division is often attended with but little difficulty or danger; while connexions between the cyst and the various viscera are frequently altogether undiscoverable beforehand, and attempts at dividing them are always hazardous—very often impracticable. To the best of my knowledge, there is no other operation in surgery concerning which the chances are nearly one in three that some unforeseen difficulty will prevent

its completion, or that a third of the abortive attempts at its performance will end in the patient's death." When present, they cause a great impediment to the progress of the operation; if detached and the operation perfected, there is as faint a chance of recovery afforded the patient as if the cyst or tumour were left *in situ* and the operation abandoned. On this point recent statistics* show that ovariectomy was commenced in 106 cases; but could not be completed, inasmuch as the extraction of the tumours was prevented by adhesions, which in some were found to be "extensive" and "strong," in others "universal" and "inseparable."† 33 of the number died shortly after the operation; and 68 recovered, but 19 of these died within twelve months, or 25 within three years, and 4 succumbed at a later period. Of 22 no account was given; in 17 only was recovery complete, and the patients known to be living at the time the reports were furnished.

The case of Rachel S.— suggests a remark on the diagnosis of ovarian disease, which, it must be confessed, is often particularly difficult. Perhaps in no other disease does the question of life and death so immediately and directly wait upon, and result from, the diagnosis. Sometimes it is attended by no difficulty; at others it is exceedingly obscure. It has happened to surgeons of large experience and undoubted skill to open the abdomen and find no tumour at all, or discover that the complaint was a fibrous tumour of the uterus, or some other extra-ovarian disease. Dr. Clay‡ gives tables of 36 patients in whom the operation was undertaken but abandoned, the nature of the tumour in 23 being uterine; in 2, mesenteric; in 2, omental; in 2 tubal foetation; in 1, splenic; in 2, results of chronic peritonitis; in 1, obesity; in 2 cases no tumour could be discovered; and in 1, the nature of the tumour was not stated. Most truly does Dr. West§ remark that "the diagnostic difficulty does not seem as yet to have been diminished by all the attention which has been bestowed upon it; and the well-skilled tact of those who have oftenest performed ovariectomy appears in this respect to give its possessor but little superiority over the novice."

MEATH HOSPITAL, DUBLIN.

TYPHUS FEVER TREATED WITHOUT ALCOHOL.

(Under the care of Dr. STOKES.)

(Reported by Dr. WADE, of Birmingham.)

THOMAS R.—, labourer, aged nineteen, admitted into the above hospital on October 29th, 1849, labouring under well-marked maculated typhus, ninth day. States that on Sunday, October 21st, he was seized with shivering and headache. He, however, went to work as usual on the next two days, on the latter of which he got a wetting. This was followed in a few hours by a severe rigor. On admission his state was as follows: Skin very dry, and of a dusky hue, and profusely maculated; eyes suffused; conjunctival and facial congestion; pulse 120, soft; great deal of headache; sensible, and able to give a clear account of himself, but still seems heavy and torpid, unless roused; heart's action weak; sounds weak, but audible.

Oct. 30th (tenth day).—Circulation the same; eyes not quite so suffused, but conjunctivæ duskier; tongue red at edges, brown in the centre, but not very dry; bowels costive; very slight bronchitis.

31st (eleventh day).—Passed a very restless night; raving a good deal; tongue much browner and drier; bowels regular; pulse 128, feeble; heart's action unaltered. He is much heavier than on yesterday; respiration 36, deep and hurried, having the character of cerebral respiration; slight dry cough; complains of considerable pain, increased by pressure, all over the abdomen, principally in the epigastric and ileo-cæcal regions; very well-marked gurgling in the latter region. Ordered, camphor mixture, eight ounces; tartrate of antimony, one grain; sedative liquor of opium, twelve minims: half an ounce to be taken every second hour. A large blister to be applied over the sternum.

Nov. 1st (twelfth day).—Tongue very dry and brown; noisy and sleepless in the night; abdomen much less tender; gurgling still continues; thirst is insatiable; pulse 120, stronger; heart's action increased in strength.

2nd (thirteenth day).—Pulse 112; slept a good deal in the night, but also raved.

3rd (fourteenth day).—Pulse 116, stronger; heart's impulse much stronger, and sounds louder.

* Three of the cases appeared in THE LANCET for Oct. 17th, 1863.

† Diseases of Women. Part II., p. 168.

* Kiwisch on Diseases of the Ovaries, translated by Clay.

† In a few of the cases partial excision of the tumours was practised.

‡ Op. cit.

§ Op. cit., p. 168.

4th (fifteenth day).—Thirst continues; drowsiness alternating with raving.

5th (sixteenth day).—Pulse 112, weaker than yesterday, as is also the heart's impulse; sounds, however, are distinct; slept well in the night, but raved a little; slight diarrhoea, which commenced on the night of the 3rd; breathing not near so deep as it was; thirst unabated; skin very hot and dry; tongue so dry that it cannot be protruded; eyes less suffused; face still much congested.

6th (seventeenth day).—Bowels better; pulse 104, fuller; slept well; eyes not so suffused; face much paler; tongue not quite so dry; headache gone; thirst abated; skin not so arid; breathing tranquil.

7th (eighteenth day).—Pulse 100; bowels regular; vomited three or four times in the night (his friends came to see him yesterday, and probably gave him something to eat or drink); thirst the same as yesterday; eyes more suffused; raved a good deal in the night; tongue browner and drier; heart strong.

8th (nineteenth day).—Pulse 88, soft; heart's action good; raved and got up a great deal in the night; perspired freely; and his skin is now moist, but hot. He seems very heavy today; tongue covered with viscid mucus; bronchitis slight.

9th (twentieth day).—Pulse 88; tongue cleaning; slept almost without intermission since yesterday's visit; countenance and eyes much clearer; not nearly so heavy; a few large, loose râles are all that remains of the bronchitis; heart powerful.

10th (twenty-first day).—Tongue quite moist, and nearly clean; pulse 88; sweated freely and slept soundly all night; is quite rational, and, in short, convalescent.

The patient's convalescence proceeded without interruption till he left the house at the end of December (*sic*—a mistake, I think, for November). Amongst other remarks upon this case I find the following:—"This man got no wine during the whole course of his fever."

Observations.—In Dr. Gairdner's paper upon the "Use of Alcoholic Stimulants in Typhus Fever," (THE LANCET, March 12th, 1864,) he says—"I believe, however, that all the old pupils of Dr. Alison will recollect his constant and anxious instruction, to the effect that in typhus fever, as well as in other diseases of a typhoid character, stimulants were always to be administered from an early period, without waiting for symptoms of debility or for any other special indication, except the ascertained nature and tendencies of the disease. And, in point of fact, the administration of wine and spirits by Dr. Alison in such diseases must be well remembered by all who observed it as being practically of the nature of a routine; not, indeed, nearly so extreme or unqualified as that of Dr. Todd, but essentially of the same character, the use of stimulants being commenced almost invariably before the end of the first week, and sometimes as early as the second or third day, and continued throughout the disease in liberal doses, increased according to the violence of the symptoms. There can be no doubt that this practice of Dr. Alison, carefully followed out by his pupils, Drs. Graves and Stokes, in Ireland, and by others all over the world, had a powerful influence in breaking up the old bad routine of depletion in typhus fever, which was almost universal in the earlier part of the present century."

These remarks seem to me to convey (no doubt unintentionally) an erroneous impression of the teaching of the Dublin school—as it was at least at the date of my studentship, and as it has been I believe since. The case above related—by no means a slight one—is copied from a special case-book in which I entered it at the time as a memento of the important dogma, that even in typhus fever—a disease in which above all others their benefit has been most fully recognised—alcoholic stimulants are not to be administered in a routine manner, but are to be reserved for special conditions and complications. I remember well that this was repeatedly and most forcibly insisted upon by Dr. Stokes at the bedside of this very patient. One result of his teaching has been that I have always guided my practice by this dictum, and enforced it as strongly as I am able in both systematic and clinical teaching. It has always appeared to me a corollary from this proposition, that where we advisedly administer stimulants to meet special indications, we should strictly limit the quantity by those special indications, and discontinue their use when these special indications shall have been fulfilled, without regard to the stage of the fever. This principle also I have acted upon and taught, and for the knowledge of it I hold myself indebted to my clinical teachers in Dublin. It is scarcely necessary to add, that I approve Dr. Gairdner's onslaught upon the indiscriminate and reckless administration of stimulants, which I believe to be a most pernicious and reprehensible practice.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 14TH, 1864.

MR. PARTRIDGE, PRESIDENT.

PATHOLOGICAL RESEARCHES INTO THE DISEASES OF THE EAR.

(*Supplement to the Seventh Series.*)

SEBACEOUS TUMOURS IN THE EXTERNAL AUDITORY MEATUS.

BY JOSEPH TOYNBEE, F.R.S.,

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AFTER reference to the eighteen cases (published in the forty-fourth volume of the Society's "Transactions") in which sebaceous tumours developed in the external auditory meatus had caused disease of the petrous bone, the author detailed two additional cases of the disease in which death resulted from irritation of the brain produced by the presence of sebaceous tumours. In one case—a girl aged sixteen—there was no history of any previous affection of the ear; nevertheless, there was caries of the petrous bone, and death ensued from inflammation and softening of the brain. In the eighteen case, that of a boy also sixteen years of age, acute symptoms suddenly came on without any warning, and death followed eight days after his admission into hospital from inflammation of the brain.

A CASE OF PROGRESSIVE ATROPHY OF THE TONGUE AND MUSCLES OF SPEECH; SUBSEQUENT LOSS OF POWER; GREAT GENERAL ATROPHY; POST-MORTEM APPEARANCES.

BY JESSE BARKER, JUN., M.R.C.S.

Since the publication in the "Medico-Chirurgical Transactions" in 1851, by Dr. E. Meryon, no other case of this description had been brought before the notice of the Society. The subject was a gentleman, aged fifty-one, who had enjoyed excellent health till May, 1859, when a slight difficulty of speech, accompanied by general failure of health and strength, induced him to seek medical advice. These symptoms, without any apparent cause, with the addition of impairment of deglutition, continued to increase; and on the following September, after some months' residence at the sea-side, the tongue had assumed the following remarkable appearance: small and shrunken, it lay low in the floor of the mouth, and over its whole surface was noticed an unceasing tremulation of the fibrils of its muscular structure; it had lost its bright healthy hue, and was of a pale yellow colour. His face had also lost its ordinary expression; the cheeks and lips were flaccid, and hung down. Saliva frequently dribbled from the mouth. No symptom whatever of irritation of brain or spinal cord was ever present, but the muscular tissue in different parts continued to waste and degenerate with unrelenting pertinacity. Gradually articulation became unintelligible, and deglutition impossible. The fibrillary tremors so noticeable during the wasting of the muscles, ceased with their destruction. From the tongue to the muscles of deglutition, thence to those of the upper and from these to the lower extremities, the disease extended. At length the intercostals were affected; and the breathing consequently at times became much laboured, as each morning brought increasing difficulty in the necessary expulsion of mucus collected in the bronchial tubes during the previous night. Great exhaustion followed these attacks, and on the morning of the 15th October, 1861, he gradually sank.

Various remedies had been for many weeks together tried, but none seemed in any way to arrest the steady onward progress of the disease. Cod-liver oil, quinine, iron in various forms, zinc, strychnia, and the constant use of galvanism, were the principal agents employed.

The post-mortem examination of the tongue went to prove that in its entire extent it had been converted into a soft, pale-yellow mass of fatty tissue. The papillæ were shrunken, and most of its muscular fibres were replaced by oil-globules, amidst which granular and fat-laden fibres were here and there scattered; and of the muscles attached to the tongue, only the genio-hyoglossi and stylo-hyoglossi retained any manifest traces of their form and structure. The nerves of the tongue, so far as traceable, were natural; no apparent softening or atrophy of them could be detected; muscular fibre in the arches of the palate and in the uvula were chiefly natural, save here and there. The same granular appearance was noticed in the pectoralis major and in a portion of the left ventricle of the heart and in the left side of the diaphragm. In all, the muscular fibre