second, attacks from without. I do not fear the second, if we are careful to avoid the first.

There never was a time when a full understanding with each other and strong, true, aggressive action has been more needed than it is now. If we would prevent this goodly kingdom of ours from becoming a mere dependency, we must stand shoulder to shoulder. The Star of the East has reached its zenith, and "Westward the star of empire takes its way." The light of the former is bright and steady, but the imperial star of modern progress shines for us. Its brilliant rays reach every corner of our land, and its course is not stayed by mountain or river.

But words are vain if they do not call forth action. I would strengthen your faith in your mission, but "faith without works is dead." In this assembly is power; I would arouse it. There is enterprise; let it be stimulated. We have harmony of thought and unity of purpose; let us come closer together in a more definite organization for more effective work.

A strong Association can accomplish much where individual effort may be futile. There are many questions which demand attention. The further advancement of our State and National Associations, legal control of quackery, the International copyright, the questions proposed for discussion to-night, the upholding of our best schools and journals, and the exposure of poor ones; these are some of the matters of vital importance which call for harmonious and well organized action by the medical press of the land.

Do I overestimate the need of organization? Remember that in no other nation in the world are there so many medical journals, so many medical editors, ready to engage in any right enterprise for professional justice and advancement; and yet I do not hesitate to say that in no other country is there so much needless friction, so much misunderstanding of men and their motives.

Is not this, to a large extent, the result of a want of personal knowledge of each other, of a lack of a needed conference and plan?

I would oppose limitation of the utmost freedom of thought or speech, and only urge that which will more firmly unite us, and make more potent such action as we can together endorse. This much we need, and let us have it.

It has been charged that this Association is organized and conducted for purposes other than those of pure journalism.

I need not use this time and place to refute this slander, but it gives me the opportunity of asserting that if to band together to promote those interests which are just and right and common to us all, to expose fraud in and out of the profession in the North or South, to insist that he who is worthy shall be esteemed whether he comes from the far West or the distant East, to build up our local and State Societies, to further the cause of our National Association; if to unitedly plan to keep these and kindred questions before the profession be a conspiracy, then are we to-night conspirators of the deepest dye.

I glory in such an alliance. Aye, make the circle stronger and larger, till it shall include all who have

the oath of editorial knighthood upon their lips and the kingly purpose of right in their hearts.

In you, my seniors in years and experience, have I all confidence that the endurance and judgment which have enabled you to guide others through the wilderness of ignorance in the early stage of our professional history, will not desert you now, when keen adventurers and plausible dogmas are enticing the unwary at every turn.

Upon you, my brothers younger but no less zealous than these, falls the mantle of the leaders who have passed up out of sight. It is your privilege to show yourselves strong yet considerate, aggressive yet gentle, ready each week or month to couch a lance in defense of professional honor, or to speak a word of encouragement and approval to him who needs it.

Indite such thought that men shall catch up the leaves which you scatter far and wide, and give you in return the garland of praise. May your good deeds be known, and all your mistakes forgotten.

ORIGINAL ARTICLES.

A CASE OF HYSTERECTOMY.

Read before the Philadelphia County Medical Society, April 11, 1888.

BY W. W. KEEN, M.D.,

PROFESSOR OF SURGERY IN THE WOMAN'S MEDICAL COLLEGE OF PHILADELPHIA.

The following notes of this case I owe to the courtesy of Dr. John K. Mitchell, her attending physician:

Miss X., æt. 42, American, author. Family history good. Previous personal history good up to about twelve years ago, when she began to suffer in many ways, pointing toward a uterine growth. After two years or more of treatment, Dr. S. Weir Mitchell recommended that the ovaries should be removed. This was done *per vaginam* by Dr. Wm. Goodell in the winter of 1876-77. The tumor diminished, but she has never been free from pain since, chiefly in the left hypochondrium, but extending both up and down. For between two and three years before I first saw her (January 25, 1887), her general health had been steadily growing worse, and the distress in the side increasing to such a degree that she was utterly unable to work, and was wretched alike in body and mind.

Status præsens, Jan. 25, 1887: Slight woman, anæmic, not emaciated, complexion pasty. Heart and lungs normal. On examining abdomen externally a slight abnormal increase in uterus upward and to the left was detected. I supposed it the remnant of the old growth, but the patient did not desire a vaginal exploration made and I was unable to examine it further. There was here no pain or tenderness. An inch below the lowest angle of the ribs on the left side was situated a spot not larger than a quarter of a dollar, tender on pressure, and nearly corresponding in situation with a similar but less defined area of tenderness posteriorly. Most of the distress complained of was vaguely placed hereabouts.

The kidneys could be clearly outlined by percussion, and showed no change from the normal in their areas. The urine was natural, but sometimes contained a slight excess of uric acid formations; bowels always slightly sluggish and the appetite poor; no digestive trouble. She slept very ill, being unable to lie on the back or on the left side, as either position increased the pain in the side, and finally caused a suffocating sensation. It is also greatly aggravated by very slight physical exertion, by sitting long in one position, and by constipation. It is now so constant and severe that Miss X. complains of "losing her grip," of inability to work to good purpose, and of great irritability.

Treatment.—In spite of the previous ovarian and uterine trouble, the situation of the pain seemed to me to be so far from the former site of the ovaries that I was doubtful of their having any share in the present difficulty, though the thought of a nerve caught in the stump left after their removal occurred to me. My treatment was at first directed to the slight lithæmia. Alkaline waters and a regulated diet did little good, and I returned to the view of the implication of a nerve in the cicatrix, and for some weeks passed a galvanic current through the body, with one pole on the posterior tender spot and the other over the one in front. Miss X. was for two or three months much relieved by this, and grew better when a tonic mixture of iron, quinine and strychnia was given. The treatment was interrupted for a short time by a slight attack of acute articular rheumatism in the left foot and ankle. This yielded readily to salicylates, but returned in a less degree once or twice afterward. For a time cannabis indica tincture at night helped her to sleep, but did no permanent good.

Throughout a summer in the country her condition varied, but in October she was decidedly worse—more pain, more mental and physical disability, and, finally, repeated violent neuralgic headaches. The fact that there might be a pressure on a nerve, and possibly on the bowel, from the cicatrix of the old wound, again occurred to me. There was possibly, also, nephritic trouble suspected. In order to determine the facts, a careful examination under ether was advised.

Early in October, 1887, with the assistance of Dr. J. K. Mitchell, I etherized and examined Miss X. with great care. I found the uterus small, the internal measurements $2\frac{1}{4}$ inches; normal position; freely movable; the posterior wall somewhat thickened. On each side of the uterus a distinct tumor was found about the size of an English walnut. That upon the left side was movable independently of the uterus, and was thought to be the knobbed end of the stump resulting from the previous operation by Dr. Goodell. That upon the right side moved strictly with the uterus and was thought to be a uterine myoma. No other lesion was found in the pelvis. There was nothing detectable in the abdomen in connection with the left kidney, in front of and behind which the chief pain was complained of.

In view of the extremely wretched condition of the patient an exploratory operation was advised.

Operation November 9, 1887, Drs. J. K. Mitchell and W. J. Taylor assisting. An incision was made in the middle line, 5 inches in length, from the pubes upward. As soon as the peritoneal cavity was opened the uterus came into view and the two tumors above described were immediately recognized. They were so intimately incorporated with the body of the uterus that it seemed hopeless to attempt to remove them separately. In view, also, of the other additional myomata now discovered, and described later with the specimen, it seemed to be the more unwise to leave the uterus in place; accordingly, a Kœberle serre-nœud was applied to the cervix, and the body of the uterus, with its attached tumors, after separation from the peritoneum, was removed by the scissors, the lateral attachments having been first ligated. The peritoneum was now stitched over the stump. Before removing the uterus a careful search had been made in the left hypochondrium, but nothing abnormal was found. The abdominal wound was now closed, first by a continuous suture to the peritoneum, and next by a row of stitches passing through the rest of the abdominal wall. The clamp was separated from the skin by small pads of sublimate dressing on each side, and a large sublimate dressing and a flannel binder were applied.

Dr. George Dock kindly examined the specimen, and reported as follows:

The specimen consists of the body of the uterus with 3.5 cm. of the right Fallopian tube and corresponding parts of the round and the broad ligaments, and 1 cm. of the left Fallopian tube, the round and the broad ligaments on that side being cut off close to the uterus and the tumors described below. The remains of the ovarian ligaments cannot be made out.

The fundus is of average size (nullipara), and appears to be cut off just below the internal os. The anterior surface is of normal curve. About the middle of the right border is a subserous fibromyoma, the size of a small bean. The posterior surface bulges excessively, the projection being due to the presence of a mural fibroid tumor which makes up most of the bulk of that part of the organ. The cavity of the uterus (fundus) is flat from before backward, and is triangular in outline, the opening of the tubes being in the two upper angles, the os internum in the lower. The sides of the angles measure: right, 27 mm.; left, 22 mm.; upper, 25 mm. The right upper angle is at a higher level than the left, the wall of the uterus being relatively thinner on that side. The surface of the cavity is smooth, and presents three small polypoid growths, two on the anterior, one on the posterior surface. The anterior wall is 8 mm. in thickness, the posterior 2 cm.

The tubes show nothing abnormal. To the right of the fundus in front of its transverse axis, and 1 cm. below the level of the insertion of the round ligament, is a tumor the size of a walnut ($36 \times 26 \times 26$ mm.). It lies in the angle formed by the broad ligament and the uterus, close to the latter, being separated by loose connective tissue and blood-vessels. It is covered by peritoneum, the greater part of which is that forming the anterior fold of the broad ligament.

The surface of this tumor is irregular. On section

it is hard, creaks under the knife, the cut surface is dark gray in color. Around the periphery are whitish fibrous masses and extreme calcification.

Microscopic examination of this growth shows it to be a myoma which has undergone partial necrosis, with pigmentation and calcification.

To the left of the fundus, behind the transverse axis, is another tumor, slightly smaller than the one just mentioned ($33 \times 26 \times 28$ mm.). Its upper surface is on a level with the fundus. Its nodular surface is covered with peritoneum, and it is separated from the uterus at a distance of 5 mm. by loose connective tissue in which lie two smaller tumors. On section it shows a lobular structure of firm white tissue (fibromyoma). In the upper part are masses of hard, calcareous matter (calcium carbonate). The two smaller tumors in the connective tissue are myomata.

For the next three days the patient complained greatly of pain, which was relieved by considerable doses of morphia. It should, however, here be stated that she bore pain badly. Her highest temperature was 99.7° F., and the normal was reached at the end of the third day. At this time, of her own accord, she declined any further morphia. The catheter had to be used for the first three days. With the exception of a rather obstinate constipation, which caused considerable abdominal pain and sleeplessness, which last was relieved by cannabis indica, her later history was uneventful, saving in one particular. The wire was tightened to the utmost limit in the course of the week after the operation, but the stump did not slough nor did the clamp become loose. As the clamp was producing ulceration of the skin, it was removed December 2. The wound, at this time, was reduced to a tubular sinus leading down to the stump. The last slough from the stump did not come away until Dec. 26; wound completely healed Jan. 6, 1888.

Since that date the patient has been absolutely well, physically and mentally. She eats and sleeps well, and takes active exercise with more satisfaction than at any time during the last twelve years; in fact, she is thoroughly restored to good health.

To complete her history, I will add the examination of her eyes by Dr. De Schweinitz: "Oval discs, rather too gray; retinal haze, both venous and arterial; lymph sheaths distended. This low grade of retinal disturbance is, I think, purely accommodative. There is a high degree of insufficiency of the internal recti." He prescribed the proper glasses.

REMARKS.—The removal of the ovaries by Dr. Goodell, which was done *per vaginam*, was one of the earliest of such operations done in this country. It reflects no little credit upon his skill that, in so contracted a vagina, he was able so successfully to remove the ovaries. Although this operation relieved her temporarily from pain, it proved of no permanent benefit. Her pains returned and, though located differently, grew worse and worse, so that, finally, all mental exertion, and all physical exertion as well, became greatly hampered. In fact, writing, which was her vocation, became impossible. She was willing to undergo any operation whatsoever which held out any chance of relief. She preferred to die rather than to live in such wretchedness.

The diagnosis was very obscure. What the meaning of the pain in the hypochondrium was, I could only surmise. The two tumors on each side of the uterus were believed to be, one a uterine myoma, and the other an enlargement on the stump following Dr. Goodell's operation.

An examination of the specimen shows, as to the first, that I was right. But no enlargement had taken place on the pedicle on the left side; the tumor being one of a number of myomata developed in connection with the uterus. Its situation at the cornu uteri very naturally misled me.

No other operation than hysterectomy would, I think, have been advisable. Its performance was easy, and its results have been perfect.

Why the removal of the uterus, with its attached myomata, should get rid of pain in the hypochondrium, I am unable to say. To say that it was reflex pain is simply to express our ignorance in different words. Certain it is, however, that the removal of the entire internal organs of generation has been followed with the happiest results, whereas the removal of the ovaries alone gave but little relief.

I have deemed it important to report the case, in consequence of the recent question as to the results of complete and incomplete removal of the tubes with the possibility of the development of tumors on the stumps after incomplete removal of the tubes. My first impression, upon examining the specimen itself, was that the tumors were such knobby stumps, but after section and microscopic examination by Dr. Dock, this impression was seen to be erroneous.

A CASE OF HÆMOTHORAX FOLLOWING AN INCISED WOUND OF THE THORACIC WALL.

Read before the Chicago Medical Society, January 3, 1888,

BY NORVAL H. PIERCE, M.D.,

OF CHICAGO.

The patient whom I exhibit to you is 19 years old, of healthy parents, and was six months ago in good health.

On July 13, 1887, at 3.30 P.M., while cutting a piece of wood with the stick adjusted against his chest, he accidentally stabbed himself in the third intercostal space, half an inch to the left of the right parasternal line. The knife, which I hold in my hand, presents a sharp blade two inches in length, and half an inch in breadth. After the accident he walked to a neighboring surgery, thinking the wounds of little consequence; but when he arrived the loss of blood externally was sufficient to saturate his clothes, and caused syncope.

The doctor prognosticated death in a few hours, and summoned the patrol wagon. At 7 P.M., or $3\frac{1}{2}$ hours after the stabbing, I was summoned. He had received no treatment up to this time. I found the man in the condition of one who has sustained a very serious loss of blood—pale features, pinched, eyes sunken, and pupils widely dilated, surface cold and clammy, impaired hearing, pulse nearly imperceptible and very rapid, respiration sighing. There was very slight external bleeding at the wound, which