as accurately as could be ascertained, for a large quantity of the fluid part escaped without being measured:—Scirrhus mass, 8 lbs.; fluid (11 qts.), 22 lbs. Total, 30 lbs. If we add to this the amount of fluid previously removed (11 quarts), making 52 lbs., it will more than equal one half of her present weight.

The tumor was attached to the body by the broad ligaments, and adhered to the omentum; much of the latter it was found necessary to cut, exposing a number of vessels which were principally secured by slender cat-gut ligatures, and the whole returned into the abdomen. Its principal attachment was pierced through its centre by a double strong silk ligature, and each half secured by itself, and the ends allowed to hang from the lower extremity of the wound.

During the operation the patient was kept under the full influence of chloroform, and she was perfectly unconscious of all the proceedings, until the wound was being closed with sutures. The operation was followed by no unpleasant symptoms, and her recovery has been steadily progressive. The wound is entirely healed, and she now sits up more than half of the day. She has a keen relish for food, and no vestige of disease apparently remains, the prolapsed parts having returned to their normal position.

The operator was ably assisted by Drs. Dickinson, Morison and Field, of this city.

February 10th, 1853.

CASE OF HÆMOPHTYSIS.

BY I. F. GALLOUPE, M.D., LYNN, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of this case is a woman about 20 years of age; has been married a year, and is now (Dec. 5th) in the fourth month of her first pregnancy. For a year before the illness I am now going to describe, she had suffered more or less from a "hacking cough" and night sweats; was thin in flesh, and of a slender constitution.

On Sunday evening, Dec. 5th, she remarked that she felt unusually well; her cough was gone and appetite much improved. She retired to bed and went to sleep, but awoke suddenly about 12 o'clock with blood pouring in a torrent from the mouth and nostrils, and soon after began to vomit. I was called immediately, and found her laboring under great difficulty of breathing, accompanied by a loud gurgling, which could be heard distinctly at a distance of thirty feet; coughing and spitting blood incessantly. The skin was pale and cool, the countenance anxious, and the pulse fluttering. At about 1 o'clock re-action began to take place, the skin soon became hot, pulse 108 and quite full, severe headache. At 2 o'clock the dyspnœa became less, and the cough ceased altogether. The quantity of blood which had been raised was about two pints.

Monday, at 9 o'clock, A.M., the patient began to cough again with violence, and spit blood, and soon after vomited. The dyspnœa was

very great. This attack lasted until about 12 o'clock, when she became easy. The quantity of blood lost was four ounces. At 6 o'clock, P.M., hemorrhage occurred again, with the same train of symptoms as before, and continued half an hour, during which time three ounces of blood were expelled. This evening the patient had two dejections from the bowels, chiefly blood. She had a comfortable night and some sleep.

Friday.—With the exception of an occasional cough, with spitting of blood, the patient has been comfortable since Monday. At 11 o'clock, A.M., the hemorrhage, with its retinue of symptoms, appeared again, and continued about an hour. A similar attack occurred at 2 o'clock, P.M., another at 6 o'clock, and another at 8 o'clock. During the last attack (which continued two hours) no florid blood was seen, but a large number of firm, stringy coagula, appearing as if they came from the smaller bronchi. From Monday to Friday, or during the time which the hæmoptysis was comparatively trifling, large quantities of blood were discharged from the bladder, mixed with the urine. All the urine passed during that time was bloody; and when the patient was attacked with bleeding from the lungs again on Friday, the urine became of a pale color, and of course unmixed with blood.

Saturday the patient was comfortable through the day. She coughed about once every fifteen minutes on the average, and then raised a little florid blood. The urine was bloody; she slept some during the following night, but towards morning the cough increased somewhat; and after raising some fresh blood, she coughed up some dark-colored coagula. The pulse ranged from 120 to 140.

Sunday.—She continued much the same as the day before, until midnight (precisely one week from the first attack), when she had another, and (as yet) her last attack of hæmoptysis. Not much florid blood was raised at this time, but for an hour she coughed up tough coagula as fast as an attendant could pick them out of her throat with the fingers. There was great prostration—the pulse was small and intermittent, and beat 140 times per minute.

I preserved the largest coagulum that I could find. It measured four inches in length, and five lines in diameter at the large end; it had a large number of bifid branches, the whole resembling in shape a miniature tree.

From this time she slowly improved until she was able to move about the house without assistance, and to ride out in pleasant weather, in which condition she remains at present.

Upon inquiry I found that the hemorrhage commenced at precisely the time the patient would have menstruated had she not been pregnant. The hemorrhage continued just a week (the length of her menstrual period) without intermission, alternately from the lungs and bladder. These facts suggest the idea that it was connected in some way with menstruation.

Another point of interest is the enormous quantity of blood lost without proving speedily fatal.

January 10th, 1853.