No untoward symptom set up, and on the fifth day the sutures were removed from the wound—less quantity of opium given, and the patient's diet was increased from toast and barley water to oyster soup. From this time on all went well, and on the morning of the thirteenth day of January, 1868, he took four compound cathartic pills, and in the course of the day had two fine bilious evacuations, the first in ten days, showing conclusively that the canal was in its integrity. Three days afterwards he left the Infirmary and sailed for Europe with a cargo of cotton; since then no tidings have reached us of his welfare, though it is reasonable to suppose that he did not suffer from the injury inflicted.

ART. X.—*Ovariectomy, in which "Pocketing the Pedicle" was performed. Recovery.* By J. FORD PRIOLEAU, M. D., Physician to Roper Hospital, Charleston, S. C.

Mrs. G. presented herself for treatment April 23, 1868, giving the following history of herself. She was aged 31, a widow, had been married but a few weeks prior to the death of her husband; native of Ireland, but had resided in Charleston, S. C., for fifteen years; her health had been perfect until two years ago, when she began to suffer from attacks of nausea and vomiting, which had latterly increased in frequency, coming on about every two weeks at irregular intervals. Excepting this and an enlargement of the abdomen, with a rather diminished quantity of urine, her health was still good; her menstrual functions had always been regularly performed; she had never conceived. About two years ago she observed that her abdomen had increased and continued to enlarge, until it now obtained an immense size. Her appearance was that of health, although there was a slight yellow tinge of the conjunctiva. A carefully conducted physical examination revealed no abnormal condition of any of the organs. The respiration was rather hurried, and so was the heart's action, but nothing exhibiting disease could be detected. The spleen and liver, as well as could be examined through the distended abdomen, seemed also healthy. The size of the abdomen was beyond that of pregnancy at term, symmetrical, and imparting the sensation of fluctuation to the touch. She had just passed through a regular menstrual period. Digestion good; bowels regular. Slept well, but required to have her shoulders much elevated. A few days after this she was tapped, and over three gallons of a rather thick, highly albuminous, chocolate coloured fluid drawn off; she experienced entire relief from the operation.

In a very short time the fluid again commenced to accumulate, and when after a few weeks I was sent for the abdomen was as distended as before. The fluid was again removed and presented the same appearance; about the same amount escaped.

A careful examination detected an ovarian tumour, and with her consent an operation for its removal was determined upon, which was done upon the 10th of August, in the presence of several medical gentlemen of the city.

An incision was made about six inches in length, slightly to the right

of the median line, from the umbilicus downward, passing through the integument, superficial fascia, and a thick layer of fat. The other tissues were then carefully divided upon a grooved director in the usual manner. Upon opening the peritoneum the white, glistening walls of the cyst were exposed. As from its size it could not be removed entire; a portion was drawn slightly outwards, inclined over the edge of the wound, punctured, and the cyst thus emptied of its contents. Adhesions were found to exist both between it and the anterior wall of the abdomen on the right, and also deep down in the lumbar region; these were broken through, and the tumor removed from the abdomen. A small quantity of fluid which had escaped into the abdominal cavity was removed by the sponge. The tumour was found to have originated from the right ovary. Its pedicle being very short and broad, it was perforated through its middle, the two portions separately tied, each by a stout silk ligature, and the pedicle cut across with a knife; no clamp being used; the tumour was then removed. The stump of the pedicle was next drawn outwards until it became lodged in the abdominal wound, where it was retained by silver sutures. The ends of the silk ligature were then brought out, and the wound closed with silver sutures. In consequence of the shortness of the pedicle there was much traction, causing considerable puckering of the abdominal walls, making a considerable groove across the abdomen about an inch below the umbilicus. So great was this traction that it was very much feared that the stump would tear away before the two raw surfaces would have time to unite. Prior to the dressing, the wound was sponged with a weak solution of carbolic acid. The entire operation probably extended over a half hour, most of the time being taken up in emptying the cyst. The patient passed from under the influence of chloroform gradually. No violent shock had been experienced, and very little reaction followed. Just before the operation her temperature was $98\frac{5}{16}$ Fahr., at 7 o'clock P.M. it was $101\frac{8}{16}$; it commenced gradually to decline. Upon the 13th instant her usual menstrual flux took place, and the temperature ran up to 101° ; the flow ceased on the 18th; it was never very profuse. On the 17th both the sutures and the ligatures came away; the ligatures required some traction; pus escaped at this time and continued to escape for several days. On the 20th symptoms of hectic fever manifested themselves, but of a very mild character. On the 30th she was quite well, and has continued so while under observation. Her diet was carefully regulated; her bowels kept bound by the administration of opium; and her urine was drawn off regularly twice a day.

I am much indebted to Dr. J. F. M. Geddings, Prof. R. A. Kinloch, Dr. Wm. C. Horlbeck, and Prof. F. M. Robertson for their assistance; to Drs. Joseph Dewese and Manning Simons for their attention to the case during the subsequent treatment, and I have no doubt to their attention and assiduity Mrs. G. owes much of the comparative comfort she experienced during her convalescence.

The neoplasm examined after removal was found to consist of two distinct formations—of a cyst and numerous semi-solid bodies.

The cyst was of immense size, so large as formerly to have contained three gallons and a quarter of fluid, and to have filled up the abdomen and distended its walls beyond that of pregnancy. Its walls were thick, dense,

white externally, and glistening. Cysts internally smooth and polished, and very vascular; a light rose color in tint. At the lower portion there existed a large spongy tumour, attached to the walls and projecting inwards into its cavity, which tumour was probably the degenerated ovary of the right side. In size it was about eight inches in length, five inches across, with a mean thickness of three inches, flattened, and ovoid in form. Similar tumours, varying in size from a split bean to a lemon, were found in great numbers, also attached to the inner wall of the cyst. These tumours when incised gave issue to a large quantity of a gelatinous mucoid fluid; when chemically examined by rough tests, it gave the characteristic caseine reaction. Microscopically examined, sections of the tumour presented a papilliform arrangement, consisting in a great degree of fusiform sarcomatous elements. These cells were extremely fragile, with large and distinct nuclei, and were arranged longitudinally around the axes of the papillae.

The entire neoplasia was regarded as a multilocular ovarian cyst, with a myxo-sarcomatous complication.

From the well-known proclivity of myxo-sarcomatous tumours to relapse, I have delayed, until this time, the report of the case, in order to allow a sufficiency of time for such an occurrence to take place. Nine months have now elapsed and the lady continuing in the enjoyment of uninterrupted health. I may safely conclude that a successful result has been obtained.

It will be seen that in the treatment of the stump of the pedicle I availed myself of the plan suggested and practised by Prof. Horatio R. Storer, who designates this method as *Pocketing the Pedicle*.

The success of these operations depends, I am disposed to think, in a very great degree upon the manner of treating the stump, more perhaps by preventing the atmosphere, &c., from having access to the peritoneum than by any other cause. By this method of drawing the incised end of the stump between the lips of the abdominal wall and keeping it there until union is accomplished, the stump acts as a plug and prevents the access of air to the abdominal cavity, while it also precludes any gas that may form either upon the pedicle itself or in the wound from gravitating and perhaps occasioning septicæmia.

I would, however, remark that this proceeding, as pointed out by Prof. Storer, is not applicable in every case.

In the case just related it became very questionable if it should be adopted. The risk was recognized of uniting a very short pedicle with the abdominal wall. The distension of the abdomen which was anticipated from the occurrence of even slight peritonitis, tympanitis, &c., by exerting a traction upon the pedicle might have added another element of danger, but the benefits were regarded as counterbalancing the risk, and the result proved the correctness of this opinion.

In those instances in which the pedicle is of sufficient length to accom-

moderate itself to any condition of the abdomen, this mode of treatment I regard as eminently superior to any heretofore suggested, and I think that Prof. Storer has indeed by it "*won an additional laurel to American surgery.*"

ART. XI.—*Fracture of the Base of the Skull; Death; Post-mortem Appearances.* By H. P. STEARNS, M.D., of Hartford, Connecticut.

W. D. S., æt. 50 years, six feet in height and weighing two hundred pounds, while attempting to pass from one room to another in the dark at eight P. M., Dec. 21st, by mistake opened the wrong door and pitched headlong down the cellar stairway, a distance of ten feet, striking upon solid rock. When found immediately afterwards, he was entirely insensible, the head bent to the right shoulder, and bleeding freely from the mouth, nose and left ear. He was carried up stairs and laid upon a common lounge, and after a few minutes began to show signs of returning consciousness. I saw him within twenty minutes after the injury. He was groaning much with pain in the head and right shoulder, and complained of chilly sensations extending down the back and lower extremities. There was a wound one and a half inch in length, commencing a little above and to the outside of the supra-orbital ridge of the right eye extending downwards and outwards; and another about one half an inch in length extending along the inner portion of the supra-orbital ridge. The cellular tissue about both eyes was infiltrated with blood, more, however, about the right than the left. Pulse 68, and of moderate force. He was intelligent, and replied to all inquiries, but could tell nothing as to the cause or manner of his injury. His wounds were dressed, heat applied to extremities, and a mixture of hyoseyamus, hops, and chloric ether directed.

Dec. 22d. Slept very little during the night, had suffered much pain, and still complains of it especially about the left ear; entirely deaf in this ear. Blood continues to drop very slowly from the nose. Pulse 72, and of fair volume and strength; mind perfectly clear. Directed cold to be applied to the head, and that the bowels be freely moved by cathartic medicine.

23d. Says he has slept none during the night; hot suffers much from pain about the left ear; a slight watery discharge had made its appearance from this ear. He continues to spit up a considerable quantity of dark blood, which appears to find its way into the throat from the posterior nares. He had also vomited blood in the form of dark clots during the night. Pulse 80, and of good strength; tongue coated; no delirium.

24th. Had slept more than on the preceding night, but had been quite restless. The watery discharge from the ear had rapidly increased, saturating the pillow and a number of cloths placed under the ear. While sitting up in bed it dropped from the ear quite rapidly. Blood has appeared under the conjunctiva, covering the external half of the globe of the right eye. Pulse 80; bowels had been moved freely.

25th. Watery discharge from the ear diminished, and less pain in the head; mind clear.