citability, which is so distressing to many parturient women. The inhalation of ten or twenty drops of chloroform will often accomplish this, and I do not believe a patient can be found who could not inhale this quantity with perfect safety, especially if the handkerchief or sponge be occasionally removed (for a moment) from the mouth or nostrils, so that atmospheric air alone may be inspired. There can be no doubt that chloroform, like all other narcotics, *can* be given in doses that are unquestionably safe, and that these smaller doses may be of great benefit, without giving entire relief, just as opium or any other anodyne may soothe the pain, without wholly removing it. *Complete* insensibility cannot be produced by opium, without giving it in dangerous quantities; and yet no one pretends for a moment that this is any reason why it should not be employed in quantities that are safe, for the purpose of affording *partial* relief. If we should admit, therefore, for the sake of argument, that chloroform cannot be safely given so as to produce complete anæsthesia, there still remains the same reason for prescribing it, as leads us to the use of other narcotics, viz., that it can be given with perfect safety, so as to relieve pain, without causing insensibility. Its safety (given in this way) and efficiency being admitted, it unquestionably possesses three most important advantages over opium: it produces its effect almost instantaneously; it does not retard, but rather hastens, the progress of the labor; and it causes no ulterior bad results.

The important practical doctrine which I wish to inculcate is this: that sufficient evidence has now been adduced in favor of etherization in midwifery practice—it having been employed in probably two thousand cases without a single fatal result—to render it the duty of the profession to give it further trial, to experiment with it, cautiously and judiciously, in order to see if we cannot finally arrive at general laws and principles, which will enable us to administer it without danger or apprehension.—*Medical Examiner.*

EXTIRPATION OF A DISEASED OVARY.

BY DANIEL MEEKER, M.D., PROFESSOR OF ANATOMY IN THE INDIANA MEDICAL COLLEGE.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. SNODGRASS, aged 32, about two years ago observed a tumor forming immediately over the symphysis pubis. As it gradually enlarged, it moved from side to side, according to position. Her general health soon became impaired, which led her to consult several physicians as to the nature of her disease. The enlargement of her abdomen increasing rapidly, she was compelled to resort to paracentesis abdominis for relief, which, however, was only palliative. She then moved from the interior of the State to this County, for the purpose of being treated by a Uroscopian of some notoriety. She was under his care for about six months, without being materially benefited, except what resulted from the occasional operation of tapping. This gave her some tempo-

rary relief, but the fluid accumulated more rapidly after each successive tapping, until the abdomen became enormously enlarged. The last attempt to draw off the water having failed, she was given up by her former attendant and friends. I was then called to see her; and, upon examination, I found the abdomen enlarged to twice or thrice the size of a female at the full period of utero-gestation. The parietes were much thinner, so that I could distinctly trace several different cysts, with a deep sulcus between them, and by percussion upon the sides of the abdomen I could distinguish dropsical fluid in the peritoneal cavity behind the tumor. Upon examination per vaginam, I found a hernial tumor presenting in the right labium. The patient was much emaciated, suffering the most excruciating pains in the abdomen from pressure, and labored under hectic fever and night sweats. After giving the patient my opinion as to the nature and pathology of her disease, and the probable results of the case under any plan of treatment, at that late period, informing her at the same time that her only chance was an operation for the removal of the diseased ovary by the knife, with a bare possibility, and not a probability, of her recovery after the operation, she replied that she had made up her mind to die, and only wished me to give her something to allay the pangs of death. I accordingly prescribed morphine to procure rest and allay pain, and left the case.

After ten or twelve days had elapsed, I was again requested to visit the patient; and on arriving, she informed me that she wished the operation performed, for her sufferings were so great that she could no longer endure them. Accordingly the operation was performed, in the presence of a number of physicians and medical students. The night previous to the operation, the bowels had been moved by a gentle laxative. At 6 o'clock the following morning, half a grain of morphine was given, and repeated at 10 o'clock. At half past 10, under the influence of the anodyne, the necessary dressings were prepared, and at fifteen minutes past 11 o'clock she was placed upon the operating table upon her back, with her shoulders elevated, and the dimensions of the tumor taken over the abdomen, as follows: from ensiform cartilage to os pubis, twenty-five inches circumference; over ilium and umbilicus, forty-four inches.

The operation was then commenced by making an incision, commencing just below the ensiform cartilage, along the linea alba to the left side of umbilicus to the pubis, which measured twenty-one inches. After the integuments were divided, the incision deepened at its upper part, and the peritoneum divided, the finger was introduced into the cavity of abdomen, a probe-pointed bistoury carried forward of the finger, and the incision extended down to the pubis. The adhesions between the tumor and the abdominal parietes were quite extensive, yet readily broken up by the hand without dissection. The tumor now gradually protruded, until we came in contact with other adhesions between the omentum, small intestines, and tumor, which were readily separated, enabling the assistants to raise it gradually up, so that the pedicle could be discovered, which was found attached to the right ovary, about two

inches and a half broad and two in length. I then passed a needle through the pedicle, armed with a double ligature, and having tied it each way, divided the pedicle near the tumor and removed it. Some considerable escape of dropsical fluid took place during the operation; the remaining portion, with what little blood had escaped into the cavity of the abdomen, was sponged from the lower part of the wound, and it was brought together by the interrupted suture and adhesive straps, a broad roller applied around the abdomen, and the patient put in bed. The whole time spent in the operation was about forty-five minutes. The pulse at this time was 103 beats per minute, and weak. She experiencing some faintness, wine and water were directed from time to time. She however sank, and died six hours after the operation.

Upon *post-mortem* examination, I found that the ligature had slipped from one half of the pedicle, and the cavity of the abdomen was filled with a quantity of fluid blood, exhaustion from hemorrhage being the immediate cause of death. The tumor weighed forty lbs. eight oz. Upon examination of its contents, we found it to be composed of several large cysts, with their sacs rather thin, containing quite a quantity of fluids of various colors—green, dark and straw color; others of a curdy matter, somewhat resembling pus. The small cysts appeared more firm, seeming to contain pure albumen, as if coagulated by heat and acids. These small cysts were located at or near the root of the tumor, and seemed to be Graafian vesicles, as they existed from their natural size in all stages of development, up to a size sufficiently large to contain within their cavity a gallon or more of fluid. May we not, then, infer, that the true pathology of ovarian tumors or dropsies is an unnatural or hypertrophied development of the Graafian vesicles, thrown off one after another, until they produce the cyst which becomes more or less enlarged and filled with the different kinds of fluid found to exist in such cases.

Remarks.—The immediate cause of failure in this operation was from the slipping of the ligature from one side of the pedicle. The course pursued in this case in ligating the pedicle, was in accordance with the plan recommended by surgeons who had operated for the removal of such tumors. It would seem to me to be a better and safer plan to apply a ligature at once around the whole pedicle, cut it off, then take up and tie the arteries, and remove the first ligature from around the pedicle. This method would effectually secure the arteries, and at the same time lessen the tendency to subsequent inflammation and sloughing of the pedicle, which must necessarily occur if the whole or a part is included in the ligature.

Much has been said by surgeons of the present day, and a variety of opinions advanced, regarding the propriety of removing ovarian tumors by an operation. Notwithstanding the diversity of opinions, I have no hesitation in saying that we are justified in performing it under many circumstances; acknowledging, at the same time, that it may be justly considered as one of the most formidable operations in surgery. Yet from the statements furnished from cases already operated upon, we

must candidly confess that it promises as much success as many of the great operations in surgery that we are compelled to perform for the relief of suffering humanity. In cases where the disease is of long standing, and the tumor large, we may expect to find adhesions to a greater or less extent, which will in a measure retard the operation and endanger the life of the patient. This is an argument in favor of the operation being performed as early as practicable, rendering the chance of recovery much greater. In all cases where the tumor is large, and has been of long standing, we should make our incision large, so as to enable us to come readily to the adhesions; for in my opinion we should entertain no more fears from a large than a small incision into the cavity of the abdomen in this operation. If the small incision is practised, its extent would be three or four inches, which would not lessen the tendency to subsequent inflammation.

Laporte, Indiana, August 12th, 1848.

MEMOIR OF THE LATE DR. OLIVER PARTRIDGE, OF STOCKBRIDGE.

BY STEPHEN W. WILLIAMS, M.D.

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DR. PARTRIDGE died at Stockbridge, Mass., on the 24th of July, 1848. He was born at Hatfield, on the 15th of April, 1751, Old Style, which would make his birth day on the 26th of April in the present Style. Consequently he lacked two days of being three months over 97 years of age. His father, Col. Oliver Partridge, was a most distinguished man in the age in which he lived, holding the offices of Judge, High Sheriff, Colonel, &c., during a most critical and trying period of our nation's history, when savage and French incursions called forth all the energy, the bravery, and the military and civil talents of our country. Col. Partridge was one of the most efficient men of the times, and did much by his energy, his skill and his judgment, towards putting an end to these wars and sanguinary encroachments. He married a daughter of the Rev. William Williams, of Weston, and by her he had eleven children, one of whom was the subject of this notice.

Under the direction of such a father, and the best instructors, Dr. Partridge received as good an education as could be obtained at that time out of our colleges. At the age of 20, in 1771, he removed from Hatfield to Stockbridge, where the celebrated Dr. Erastus Sergeant then resided, who was one of the most distinguished physicians in western Massachusetts. The town of Stockbridge had been, at that time, but recently settled. Some of the Hoosatunnuk Indians, who had been instructed in religion and literature by the Rev. John Sergeant, the missionary to those Indians, and the father of Dr. Erastus, still resided there. Dr. Sergeant, I believe, was the first male white child ever born in Stockbridge. Before Dr. Partridge's removal to Stockbridge, Dr. S. had married his sister, which probably induced him to take up his abode there. He began to reside in the house of Dr. Sergeant in the year