making an inguinal colotomy in preparation for an operation upon a rectal cancer, but I recognize the value of this diversion of the bowel contents when an extensive resection of the rectum is to be attempted, especially when it is desired to preserve the sphincter and to make an end-to-end suture after the removal of the growth. I have, on one occasion, resected a portion of the sigmoid flexure for cancer in a patient upon whom I had done a previous colotomy. The artificial opening above certainly relieved our stitches of all strain during the healing process and removed that source of danger and anxiety.

Since this paper was read the writer has had a third case of rectal polyp (adeno-carcinoma), in which the operation was carried out on the lines above described. The growth, which was as large as a small fist, and grew from the anterior rectal wall, was removed through a posterior incision. Before cutting off the growth the pedicle, which was a broad one, was sewed through and through with a cobbler's stitch, which entirely controlled the hemorrhage, at the same time holding the rectal wound closely approximated. The patient, a very anemic middle-aged man, has done extremely well; and it is now ten days since the operation.

Clinical Department.

HEMATOMA OF THE OVARY.¹

BY W. H. BAKER, M.D., BOSTON.

Mrs. C. L. S. was referred to me by Dr. D. C. Rose, of Stoughton, May, 1897. Age twenty-nine years. Had been married five years. No children. Complained of more or less pain for eleven years, which had been so severe for five years that she had been unable to stand or walk more than three or four blocks, on account of the intense backache induced. Suffers more pain in the right side than in the left. Nothing unusual in regard to the menstrual periods. In addition to pain she has considered her health very poor on account of some digestive trouble for which she is under the care of Dr. Gannett. Has suffered from dysentery several times.

On examination a mass was felt, about the size of a goose-egg, in the left portion of the pelvis, which crowded the uterus well over to the right side. Mass also extended behind the uterus. This was thought to be either a distended tube or cystic ovary. From its firm attachment to the walls of the pelvis it was thought to be in all probability a dermoid or hematoma of the ovary, or a pyosalpinx.

February 26, 1898, she consulted me again, and was suffering so much that she was quite ready to entertain the idea of operative interference. The operation revealed a hematoma of the left ovary, which burst on freeing it from its adhesions. The sac, ovary and tube of that side were removed. From the right ovary, which was also adherent with a portion of the tube, was found a hematoma about the size of a walnut, which also ruptured in bringing it to the surface. As a considerable portion of the ovary looked healthy, and as the tube of that side was pervious, I dissected out the sac of the hematoma of this ovary, and then sewing up the ovary with

interrupted sutures, it was left. Precaution, however, was taken to stitch the ovary to the upper portion of the right side of the uterus, to insure against forming adhesions again over the denuded portion of the right side of Douglas's fossa, the site of its former adhesions. Although the denuded surface at the bottom of the pelvis was large, and from it there was a great deal of oozing, still this was controlled in a short time by hot sponges, and the abdomen was closed. The patient is making a good recovery.

The case seemed of interest to report on account of the ability to remove a portion of one ovary and leave a sufficient amount of normal ovarian structure for her future usefulness, which, in a person of twenty-nine years of age, is an important consideration. It also is of interest as proving what I have observed in all similar cases that have come within my experience, as follows:

(1) That hematoma of the ovary almost always affects both ovaries.

(2) That it is invariably accompanied by dense adhesions to the surrounding parts.

(3) On account of the friable condition of the ovarian structure in these cases the sac invariably bursts in its removal.

(4) That the discharge of the contents of the sac, if ordinary precautions are taken in regard to cleansing, either by sponges or washings, does not complicate the recovery of the patient.

Reports of Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

JAMES G. MUMFORD, M.D., SECRETARY.

REGULAR Meeting, Monday, March 7, 1898, the President, Dr. R. H. FITZ, in the chair.

DR. W. H. BAKER showed a

SPECIMEN OF HEMATOMA OF OVARY.¹

DR. RICHARDSON: I recall two cases of hemorrhage of the ovary, both of the right ovary; and in one case the ovary ruptured and filled the abdomen with blood, so that it seemed to us it was an extra-uterine pregnancy, but careful examination failed to show any evidence of pregnancy. This was a very grave case, but the patient recovered. In another case we found the ovary much distended with blood. These cases interested me very much at the time, and I supposed, of course, from there being such an extensive hemorrhage, especially in the first case, that it must be a ruptured extra-uterine pregnancy. Dr. Whitney was not able to find the evidence of pregnancy in either case. I am glad to hear what Dr. Baker said about the conservative treatment of the ovary. I have removed one or two simple tumors from the ovary, stitched the ovary up with interrupted suture; and I don't see why the patient should not be just as well as ever.

DR. CABOT: I should like to ask Dr. Baker about fixation of the ovary to the uterus, whether he has tried that in cases he has followed subsequently.

DR. BAKER: I do not recall in my own experience cases where pregnancies have followed the stitching up of the ovary. I must admit that I have not followed

¹ Reported before the Boston Society for Medical Improvement, March 7, 1898.

¹ See page 546 of the Journal.