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ORIGINAL ARTICLES.

PATHOLOGICAL SPECIMENS, WITH ACCOMPANYING HISTORIES.

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[Reported for THE JOURNAL.]

Case 1.—Ovaries and tubes from a white lady, æt. 34; no children, though she had been married fourteen years. History of pelvic pain and chronic invalidism for nearly twenty years. Had undergone much treatment by many physicians in different cities without benefit, and was now nearly worn out. Upon examination, found enlarged ovary on one side and an adherent mass on the other, such as usually passes for pelvic cellulitis. Dr. J. recommended immediate removal of diseased organs. Patient was delighted at a definite proposition to do something, and she entered his private hospital for that purpose. Appendages upon both sides removed; ovary upon right side was as large as his fist, and contained blood and pus. Appendages upon left were densely matted together and adherent to anything they touched. Recovery has been perfect. It is now a year since the operation, and Mrs. S. is in perfect health.

Case 2.—Mrs. D., æt. 32; white, wife of a clergyman; mother of seven children; had been an invalid for ten years; confined to her room for last three years, and to her bed for past year; sent to him by Dr. Stuart Harrison, of Anncostia. One ovary very much enlarged; condition very similar to Case No. 1. Same operation and same result; done in his private hospital. Returned six months later with pains in the rectum and pelvis; pelvic pains relieved by galvanic current. Dr. P. S. Wales, late Surgeon-General U. S. Navy, saw her with him, and discovered a fissure of the anus, which he completely cured by thoroughly dilating the sphincter under ether.

Case 3.—Enlarged tubes with ovaries, from a case of pyo-salpinx, in a single colored girl, æt. 28 years. Had been a great sufferer for some years; referred to Dr. J. by Dr. Mary Parsons. Operated in private room in Providence Hospital.

Rapid recovery, and continues well; gained thirty-five pounds in last six months.

Case 4.—Ovaries and tubes from Mrs. W., a widow, aged 36, who was suffering from a bleeding uterine myoma; had treated her three months with ergot and electricity without effect, except to tone up her system somewhat; was employed by the Government, but lost her place on account of continued absence; was unable to work, and had to be supported by friends. Operated last January. Patient is now well; has lost no blood since the removal of appendages in Providence Hospital.

Case 5.—Ovarian cyst nineteen pounds from Miss R., aged 23. White; single; sent by Dr. Chapman, of Glymont. Operated in his private hospital February 14, 1889, when her temperature was 103°, pulse 130°, and respiration 40°. Complete and immediate relief; no bad symptoms during recovery, except from slight stitch-hole abscesses; is now at home, and perfectly well.

Case 6.—Blood-clots, ovary and tube from Mrs. B., who was operated on for symptoms resembling extra-uterine pregnancy. Saw her first with Dr. Fry; patient suffered with constant pain and bloody discharge; had a mass in left iliac fossa, resembling a fibroid; pain and tenderness increasing, and evidence of pus developing. Dr. Fry had her removed to Dr. Johnson's Private Hospital, where she was operated on four months ago. A large abscess of left ovary was opened; a pint of very offensive pus was evacuated; cavity washed out and drained; drainage tube remained in two weeks, and gave exit to much offensive fluid. More than a handful of large, blackish blood-clots came out of the abdomen, and from their size and age were supposed by Dr. Johnson to be portions of placenta; but Dr. Gray, of the U. S. Medical Museum, reports them to be old coagula. Patient had been in bed eleven weeks when operated on. She now reports herself as perfectly well. The other ovary was not disturbed.

Case 7.—Two enlarged ovaries and tubes from Miss G.; white; æt. 23; single; has been a sufferer for ten years; was sent to him by Dr. Bayne, who had treated her for several years for menstrual epilepsy and painful periods. Had been under Dr. Johnson's care four years. He had fre-

quently urged her to have her appendages removed. They were known to be enlarged—in a state of chronic inflammation and adherent. After one of her attacks of convulsions, her bladder lost its power to contract, and for three years and five months her water was passed only through a catheter, which she finally used for herself. Under the frequent and prolonged use of the faradic current, she regained the power to empty her own bladder. Last fall she had a pelvic peritonitis, which kept her in bed over a month. The left ovary began to enlarge very rapidly, and kept her house-bound. She entered Dr. Johnson's Private Hospital in January, and was operated on. One ovary was as large as a child's head, and contained over a pint of offensive pus. The other was as large as a lemon. The patient made a slow recovery, and left the hospital in six weeks. Being septicæmic when operated on, she has done fairly well. She is now going about, and has gained at least twenty-five pounds, and expresses herself as being a new creature.

Case 8.—Large ovarian cyst, from a white married lady, æt. 61 years. Tumor had been growing less than a year. Patient had been confined to her room for a month with typhoid symptoms. Pulse about 100°, but temperature ranging from 100° to 103° every evening; tongue very brown and dry. Was removed from a boarding-house to Dr. Johnson's Private Hospital, and operated three days later. Third day after removal of tumor, symptoms all disappeared. She made an uneventful recovery, and left the hospital in five weeks. She is now perfectly well. Tumor weighed 26 pounds; was sent to Dr. J. by Dr. Gardner.

Case 9.—Supra-vaginal hysterectomy. Uterus, tubes and ovaries removed, with a fibroid tumor weighing four pounds. Saw the patient with Dr. Bromwell about three weeks ago, when she was suffering acutely with symptoms of intestinal obstruction. Dr. B. had attended her for a week, and had been unable to cause a movement of her bowels. Had been compelled to administer many hypodermic injections of morphia to quiet her agony. Her abdomen was enormously distended with gas; her temperature was about normal, but her pulse had been 120° for three days. Dr. Johnson had seen the patient over a year before in consultation with several physicians, in reference to the removal of a fibroid tumor of the uterus. The patient was anxious for an operation, but three out of five doctors were opposed to its removal, and a course of electrical treatment was recommended. This was continued for about four months without any marked benefit under the skilful management of Dr. McArdle. Patient had suffered in the meantime from attacks of indigestion. Upon a vaginal examination the fibroid was now found to be entirely filling the pelvis, and

Drs. Johnson and Brownwell thought the tumor was the cause of the intestinal obstruction, and that its immediate removal offered the only hope of her relief. Though there was great distention of the abdomen, constant vomiting, and a pulse of 120, yet with a temperature at about 99, it was thought that there was little or no peritonitis. The patient and her family were ready and anxious for an operation. It was decided on at noon, and done at 4 P.M. The only difficulties experienced in the operation were in keeping the distended intestines from escaping, and in getting the tumor out of the pelvis. It was finally drawn up with Tait's corkscrew pulling it, while two fingers in the vagina pushed it above the brim of the pelvis. There were no adhesions except to the sigmoid flexure, which was completely flattened out. Keath's clamp was applied at about the internal os, and the tumor cut away; pedicle treated externally, and the wound closed in the usual way. It was thought that the removal of the tumor would remove the obstruction, and no extensive search was made for any other trouble. Patient was very much more comfortable after the operation, and frequently expressed herself as being free from pain. Operation was done on Sunday. The difficulty was not relieved, and she died on Thursday of intestinal obstruction. The autopsy showed everything very satisfactory about the operation, but revealed a tight constriction of the colon at the point where the transverse merges into the descending colon, in which was a perforation large enough to admit the big end of a lead-pencil. Considerable intestinal contents had escaped. About six inches of the gut was removed, and with the tumor was presented to the Army Medical Museum. Upon examination, Dr. Billings reports the obstruction to be "cancer of the intestine." We have the sad consolation, therefore, of knowing that her life could not have been saved by any operation short of a resection of the intestine, and the malignant deposit was not discovered until the autopsy.

Case 10.—*Supra vaginal hysterectomy.* Soft, rapidly-growing myoma of the uterus, weighing 20 pounds, removed from Miss E.; white; æt. 31. First noticed an enlargement four years ago; had only been troublesome for about a year; was anxious to have it out. Operated in Providence Hospital. Many and very vascular adhesions about upper part of tumor, and to the omentum. Some of the vessels were as large as index finger. Koeberly's *serre neud* applied to pedicle, and treated as recommended by Bantock. Later: patient has made a good recovery; has a normal pulse and temperature; is now in her twenty-fourth day.

Case 11.—Tubes and ovaries from Miss B., æt. 24; white; a seamstress, who was prostrated on account of loss of blood from a bleeding uterine myoma the size of a large cocoanut. Had been in the Homeopathic Hospital off and on for about

three months; was entirely supported by kind friends. Operation had been a complete success. She has written him this week that she feels better and stronger and happier than at any time for a year past.

Case 12.—Cancer of the ovary, large as a child's head. Was operated on in Dr. Johnson's private hospital. Fluid collection in abdominal cavity, mistaken for a cyst. Upon disturbing the mass, it began to bleed, and the only way to arrest hæmorrhage was to ligate and remove it. Cavity irrigated with hot water, and drainage tube put in. Recovered from the operation, and went home in five weeks, probably to die soon from an extension of the cancerous disease.

Case 13.—Large ovary and part of tube removed from Mrs. S. two months ago; had been confined to bed two months previous to operation on account of agonizing attacks of pain. She gave the history of a miscarriage in the sixth week, and much of her sufferings and frequent bloody discharges from the uterus were attributed to her own bad management. It was supposed that the foetus had escaped, and that portions of sedundines still remained. Upon examination, the uterus seemed to be enlarged, retroverted, and exquisitely tender. So much pain was given by pressure that several of the physicians who had attended her were unable to make a satisfactory examination. I saw her with Dr. J. R. Bromwell about ten weeks ago, and after learning the history and examining the patient as well as we could, were divided in opinion as to whether we had an enlarged uterus or an extra-uterine pregnancy to deal with. Her terrible attacks of pain and the bloody discharges from the uterus caused us to think the latter condition might be present. It was decided finally to etherize her—dilate the uterus and remove anything abnormal which we might find in the cavity. This was done a week later, and the uterus was found to be only slightly enlarged and entirely empty. Upon the left side, however, we found a mass the size of one's fist, which had been mistaken for the enlarged and retroverted fundus uteri. Its very great tenderness had prevented manipulation, and it was not until she was etherized that we could determine that the mass was not the uterus. Just exactly what it was no one could yet say, but it was believed to be an enlarged ovary with an enlarged tube on its upper surface. It might be extra-uterine pregnancy. While our diagnosis was not certain, our opinion was that this enlargement was the cause of all her trouble, and that it ought to come out. A week later the abdomen was opened and Dr. J. removed the left ovary, which was larger than a lemon. It was very black and very soft. In enucleating the ovary from its bed of attachments, half a pint of black blood-clots welled up into his hand, and were guided out of the cavity. The abdomen was thoroughly irrigated, a

drainage-tube put in, and the incision closed. The patient has made a good recovery. Am inclined now to think it was extra-uterine pregnancy, though Dr. Lamb says it is only blood-clots. Several of Mrs. S.'s family had died of cancer, and the fear of malignancy made the patient and her family more ready for an early operation. Mrs. S. vomited constantly for six days after the operation, and was only nourished through the rectum. This caused no pain and no rise in pulse or temperature. She has a good appetite and digestion. She has gone to Atlantic City for the summer.

ON THE DIAGNOSIS OF PREGNANCY IN THE EARLY MONTHS.

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In speaking of the diagnosis of pregnancy in the earlier months, I desire to state that I refer to the time previous to the appearance of the positive signs, or, in other words, previous to the fourth month. The subject is one of very great importance, both to the patient and to the medical man, for upon his decision will rest, in many cases, the domestic happiness of families, especially when considered with reference to the younger female members. An error in diagnosis can never be remedied, for it matters not whether we pronounce for or against pregnancy and the final outcome of the case be different from our prediction, the error will live long after the case has been forgotten by the physician. It is this possibility of injuring our reputation that makes the subject of so much greater importance and demands that medical men should be conversant with all the signs of pregnancy, presumptive, probable, and positive. When a married woman desires to know whether or not she is pregnant, she will freely confide her symptoms to her physician, knowing that this is the only way for him to form a positive opinion, even allowing the vaginal examination, but how different is it, as we all know, when a young woman has fallen from virtue, becomes pregnant and seeks treatment for a suppression of the menses and a nausea and sick stomach in the morning. In such a case there is frequently the greatest difficulty in forming a diagnosis, for she will deny all symptoms, she will admit nothing, and assume the rôle of injured innocence when closely interrogated as to her habits, protesting all the while that the suppression is but the result of exposure to the cold and wet; that she never was regular; that her appetite and digestion never were good; that she has backache, which is always a premonitory symptom with her of the approach of the menstrual period. Now what excuse could we