was immediately performed by me, being assisted by Drs. G. H. Francis and C. L. Scudder.

An incision was first made in the region of the appendix; and, on exploration of that organ, I found it to be in a perfectly healthy condition and free in the abdominal cavity. The finger, introduced from the upper end of the incision, in the direction of the seat of greatest tenderness, brought out, when withdrawn, flakes of yellow fibrin. The incision was gradually enlarged until it finally extended in a semicircular direction from the iliac fossa to the margin of the cartilage of the ninth rib. As the flap thus made was turned back, it became evident that the seat of the inflammation was in the neighborhood of the right hypochondrium. On reflecting back the ascending and transverse colon, a perforating ulcer of the duodenum was discovered, which formed the centre of an inflamed area, around which the adjacent coils of intestine were glued together, shutting it off partially from the general peritoneal cavity. There was no collection of pus within this area, but its walls were covered with a deposit of yellow lymph. The lacerated bowel, having been partly isolated, the opening was closed by a number of silk Lembert sutures, without any attempt to refreshen its edges.

The toilet of the peritoneum was then made as carefully as possible, the infected portions being douched out with boiled water. A drainage-tube surrounded by iodoform gauze was laid from the point of intestinal suture to the middle of the abdominal incision, giving ample vent to any fluids which might form. The rest of the external wound was united by silk sutures and a voluminous antiseptic dressing was applied. The patient recovered well from the ether and was quite comfortable Sunday night. The temperature was slightly lower the next morning, but the pulse had risen to 120. He was free from pain during the day, but complained of great thirst, vomiting constantly a brownish substance after drinking. The temperature continued to rise from that evening, and the patient continued to fail until death took place on the afternoon of the third day. There was no movement of the bowels at any time. No post-mortem examination was made, but the wound was reopened. On removing the stitches Dr. Francis found the tube and packing lying in a canal entirely shut off from the abdominal cavity by adhesions. The lining of the canal was gray and sloughy. The edges of the hole into the intestines were sealed. One of the stitches had cut through but left no opening.

DERMOID CYST COMPLICATING PREGNANCY.

BY CHARLES F. DENNY, M.D., ST. PAUL, MINN.

THE case presented in this report shows how easily under certain circumstances extra-uterine gestation may be mistaken for other conditions. An almost parallel case was reported by Dr. B. C. Hirst in the (*American Journal of Obstetrics*) Vol. xxxii, No. 2, 1895, and it was the reading of that which led me to report my own.

The patient, a young mulatto woman, twenty-five years of age, was the mother of six children, and had had two miscarriages. The last miscarriage was an early one, and occurred the latter part of August, 1895, and left the uterus in a relaxed condition, giving rise

to a hemorrhagic or post-abortum endometritis, for which I curetted the uterus at the hospital in October. After this she rapidly improved, and I saw her no more until February 1, 1896, when she gave the following history:

Since November 2d, she had not menstruated, save a slight show in December. She had had all the premonitory symptoms of pregnancy. On the day I was called she had a sharp attack of pain in the abdomen, and tenderness on the right side of pelvis. This tenderness was so general that it precluded any satisfactory examination at that date. Opiates, an ice-bag, and absolute quiet brought about a decided change at the end of forty-eight hours, permitting a more complete examination. This developed by external palpation a mass in the right pelvis somewhat soft to the touch. Bimanually the uterus was found somewhat enlarged, and deflected to the left; though not apparently in keeping with the probable length of fetation.

The vaginal finger detected on the right side merely a sense of resistance along the tube. No effort was made to forcibly depress the mass towards the finger, as I deemed it unwise.

On February 9th, she was well enough to come to the office, and I referred her to Dr. J. Ohage of this city, who concurred in my diagnosis of extra-uterine gestation.

Operation was advised, and accepted; and on February 19th, at St. Joseph's Hospital, I operated, assisted by Drs. Ohage, Nelson and Pool. On opening the abdomen the tumor on the right side proved to be a cyst of the ovary. There were no adhesions except a portion of the small bowel, which was fastened to the tumor and easily separated. A single silk ligature was all that was required to tie off the cyst. The uterus itself was enlarged and pushed to one side from normal pregnancy. The other ovary was not diseased. Time of operation from start to closure of abdominal wall just twenty minutes.

On section the cyst contained sebum and coils of hair, and at one point a suggestive feeling of bone formation.

The recovery was progressive, and no miscarriage occurred.

HEMATOMA OF OVARY.¹

BY W. H. BAKER, M.D.

Mrs. B. G., twenty-nine years of age, entered my private hospital January 23d. Had been married two years. Had had no children. She had complained for two years of pain in the back and back of thighs, especially on going up stairs. Pain less severe when sitting, and did not suffer at all when lying down. Menstruation began at fourteen; did not become regular until nineteen; since then nothing of special importance in connection with this function. General health good. Complained of much nausea in the morning. Last menstruation occurred December 18th. On examination a cyst of the right ovary was found, and a smaller one of the left ovary.

Operation, January 25th. The cyst of each ovary was found and removed, blood having been extravasated into both sacs, making the contents quite black. The cyst wall was thin, and burst in each case in separating the adhesions.

¹ Reported at the Boston Society for Medical Improvement, January 27, 1896.