

symptoms, there is no doubt in my mind that it afterwards acted as a plug, and so effectually sealed the aperture in the duct (so long as it remained *in situ*), that no bile escaped into the cavity of the abdomen except at times, and in such minute quantities as only to give rise to those slight attacks and symptoms which I already mentioned as having been of frequent occurrence during the usual intermittent fevers which my patient more or less annually passed through.

Now it is evident, I think, that the second or recent rupture in the duct, which was quite patulous and surrounded with coagula, was the immediate cause of death, and that the first or older opening existed for years, and had been nearly always occupied and closed by the presence of the gall-stone, which only occasionally allowed the bile to escape when from some particular exertion or vomiting it became temporarily displaced.

This case unmistakably points to the wonderful resources of nature in remedying defects caused by disease or accident, and we may readily infer but for the occurrence of the second rupture the mere presence of the first, guarded as that was by its bilious sentinel, would only perhaps have produced at times those colicky pains and that jaundiced appearance I have already described, without at any one time allowing bile to escape in sufficient quantity to produce the fatal result I at last found myself unable to arrest.

Two questions arise in this case. Why was the spleen the only organ so indelibly stained with bile? And does not the fact of the colour pervading the entire structure go to prove that an opening had existed in the duct for a long time.

Antigua, West Indies.

ON TWO CASES OF OVARIOTOMY, AND REMARKS ON OVARIOTOMY IN CHILI.

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CASE 1.—C. A—, single, aged forty-three, had one child early in life; {menstruation, with occasional attacks of menorrhagia, had been abundant until three years since, when a tumour on the left side of the pelvic cavity was noticed. The swelling had gradually increased, and menstruation became suspended. The patient now presented a tumour about the size of the womb at the eighth month of pregnancy, freely movable, but in general hard, except that fluctuation could be in parts detected. The swelling could be felt descending into the hollow of the sacrum, and had pushed out the posterior wall of the vagina, forming a large rectocele which protruded in an ovoid mass from the vaginal orifice. At the umbilicus there was a very large hernia. The existence of former pregnancy, which was denied by the patient, was diagnosed from the lineæ albicantes, on pointing out which she acknowledged having had a child. The uterine sound could not be passed. The patient suffered from much dyspepsia, flatulence, difficult respiration, and a suffocating cough. Her life was rendered miserable and she was anxious for relief. The tumour was diagnosed as probably ovarian, but from its solidity I was prepared to meet, perhaps, with a large fibro-cystic uterine tumour, and deal with it by hysterotomy. Assisted by Drs. Cooper, Schröders, and Thiele I operated on the 26th December, 1880. Here we follow, *haud passibus æquis*, the teachings of Mr. Spencer Wells as regards the details of operating. A large polycystic right ovarian tumour presented, which was brought out and tapped as each large cyst came into view. Innumerable minor cysts occupied the deeper portion of the tumour, forming a mass as hard as an ordinary fibroid tumour. Some omental adhesions were secured by fine silk ligatures cut short, and the pedicle secured by an Atlee's clamp. But now a smaller tumour of the left side was found which pressed into the pouch of Douglas and protruded the recto-vaginal septum. This tumour was more made up of smaller cysts than the other, and its pedicle, being too short to allow of the application of another clamp, was tied with a strong silk ligature and left within the abdomen after closing the wound. Deep and superficial sutures of silk were used to close the incision, and solid perchloride of iron was applied to the stump of the pedicle. A morphia suppository

was administered and ice given by the mouth, whilst nutrient enemata were applied by the rectum. Vomiting and violent accessions of cough and hiccough came on, all of which strained violently the wound, of which the juxtaposition was rendered still weaker by the existence of the large umbilical hernia. The patient sank forty-eight hours after the operation. No post-mortem examination was allowed, and so great is the prejudice of Chilians against *secciones cadaveri* that even the clamp, much to my disgust, went to the grave with the patient.

CASE 2.—M. L—, aged forty-eight, is mother of two children, born many years since (a peculiarity of practice in Chili is that patients never know their own age, or the age of their children, but date from some remarkable earthquake or the Spanish bombardment). This patient stated that the tumour had been growing for fourteen years, and was a *falso embarazo*, or molar pregnancy, which had resulted in a tumour. She stated that menstruation had not taken place since the existence of the supposed pregnancy. She presented a tumour of about the size of the pregnant uterus at term, which on examination proved to be a large ovarian tumour. The patient suffered much from difficulty of breathing, constipation, and other symptoms, and was most anxious for relief by any means. Accordingly, on the 11th July, 1881, I operated, assisted by surgeons of six different nationalities, and turned out a large single unilocular tumour without any adhesions. Not a single ligature was required, and the pedicle, secured by a common clamp, was touched with solid perchloride of iron and dressed with carbolic gauze and lint steeped in carbolic acid and oil. Slight vomiting occurred during the first day, but afterwards all went well. Listerian precautions not having been followed out with strictness, some suppuration took place about the sutures, which were removed on the eighth day, and on the tenth the clamp. A little matter formed also about the pedicle. At the end of three weeks the patient was up and thoroughly convalescent.

Ovariectomy is now such a common operation that my only object in publishing these cases is to call to notice the results we have had in this country up to the present.

So far as I can learn the thirteen cases have been as follows:—(1) Dr. Thévenot (French): An unfavourable case; multilocular with adhesions; effusion of the contents of cyst into the abdominal cavity; patient strumous; result unsuccessful. (2) Dr. Page (Chilian Swede): Large cyst repeatedly tapped; pregnancy shortly before operation; unsuccessful. (3) Dr. Thiele (German): Single cyst; patient placed under unfavourable circumstances; result successful. (4) Dr. Dessauer (German): Ovariectomy performed twice on the same subject; both operations favourable. (5) Dr. Cooper (English): Two operations; single cysts without adhesions; both operations favourable. (6) Dr. Schröders (Russian Finn): Single cyst; young patient; result favourable, but intense neuralgic pain, as from a painful stump, came on and rendered the patient's life miserable. (7) Dr. Cannon (Irish): One double ovariectomy unsuccessful; one single successful. (8) A case in Concepcion, South of Chili; successful. (9) Two cases in the general hospitals of Valparaiso and Santiago, both unsuccessful. One case of hysterotomy, for cancer, has proved fatal. We have thus had up to the present a favourable result in 68 per cent. of our cases. In private practice two cases only, placed under most unfavourable circumstances, have been unsuccessful. The hospital cases were placed under the worst hygienic conditions; for here, in the public hospitals, all septic diseases ride rampant and lead the poor patients by an easy descent "unto the mouth of Orcus grisly grim."

A MEETING of the Royal Commission on Small-pox and Fever Hospitals was held on Tuesday, at 20, Great George-street, Westminster. There were present Lord Blachford, Sir James Paget, Sir Rutherford Alcock, Mr. A. W. Peel, M.P., Dr. J. Burdon Sanderson, Dr. A. Carpenter, Dr. W. H. Broadbent, Mr. Jonathan Hutchinson, and the secretary, Mr. Nathaniel Baker.

MRS. CHARLES TURNER, widow of the late member for South West Lancashire, has made arrangements for the erection of a Home for Incurables at the Dingle-head, near Liverpool, of sufficient capacity for the reception of two-hundred patients. The building when completed will have cost, it is believed, a sum approaching £40,000, and Mrs. Turner's munificence will include a suitable endowment for the maintenance of the institution.