

important are the drugs which come from all the regions on the face of the globe! and I put it to the profession, whether our influence is not such, that we should confer a great benefit on society by reducing the special pathology in this case to its legitimate value, both in theory and practice; and by adopting the more comprehensive views at which I have ventured to hint in this lecture.

I shall have to recur to the subject of *chyle* after we have studied the blood, and when the *lymph* is under consideration.

OBSERVATIONS

ON THE

PROPRIETY OF EXTIRPATING THE CYST

IN SOME CASES OF

OVARIAN DROPSY.

By JOHN GORHAM, Esq., M.R.C.S.

THE circumstances which have induced me to make some remarks on the propriety of excising the cyst in certain cases of ovarian dropsy, are the following:—Some months since I was presented with an ovarian cyst of considerable size, capable of containing, when recent, upwards of twenty pints of fluid, which had been removed from a patient by Mr. West, of Tunbridge, Kent. This patient had been labouring under symptoms of ovarian disease for 13 years. Instead of puncturing in the usual way, Mr. West determined to extirpate. He did so, and the recovery was rapid and complete. When transcribing the cases, I shall have occasion to consider somewhat more in detail the circumstances attendant on, and the two individuals so deeply concerned in, this operation—the surgeon, as regards his great responsibility; and the patient, whose life becomes endangered; because it involves so much, is so opposed to the practice and to the rules enforced by the teachers of the present day, is so bold in its undertaking, and so apparently hazardous in its result, that it would seem almost empirical even to advocate, and rash to perform it.

The ordinary plan of treatment of ovarian dropsy, with its result, may be summed up in a few words. It appears that physicians of the present day are little disposed to differ from Dr. William Hunter, who wrote more than half a century ago, concerning the ovarian dropsy, and whose experience is stated in the following concise terms:—"I have had occasion to see a great number of encysted dropsies, many of them treated by physicians of the first rank, and yet have never seen one cured; nor have I ever known one case of that kind where the cyst has been sensibly diminished in bulk by any

other means than by the trocar. If I may form a judgment from what I have seen, both in the living and dead body, I should believe that the dropsy of the ovaries is an incurable disease, and that a patient will have the best chance of living longest under it who does the least to get rid of it. The trocar is almost the only palliative."*

Very little can be added in favour of any mode which has been adopted since this period.

The remedies in use at the present day may all be conveniently classed under two heads—the topical and the constitutional.

1. Of the Topical Treatment.

Most prominent; all prevalent in practice; temporary as to its good results in the majority of cases; disastrous as to its effects in many, and holding out a prospect of cure to almost none, stands the operation of *paracentesis*. The relief afforded by tapping is often so sudden and entire that the patient deludes herself; she entertains the idea that this is the remedy which is to prove effectual in promoting a radical cure, and would fain hope that the case is not so bad as it may have been represented to her by her medical attendant. Yet the sac soon refills. She finds the relief afforded was but temporary, and she is compelled to submit to another tapping, and so repeatedly in some instances is this performed that the integuments of the abdomen become as it were studded with hardened masses, and even the practitioner is afraid again to perform the operation. Abernethy made the remark on a case of this sort, that "It would not do to go on boring any more holes in the patient's belly."

The relief afforded by *paracentesis* is but temporary, and yet it is almost the only palliative we possess. Of its advantages, I shall speak more at large in a subsequent part of this paper.

The next topical measure I shall notice is that proposed by Dr. Hamilton. I allude to compression and percussion. The professor's experience is comprised in the following sentences.—"That after sixteen years trial he has succeeded in a number of cases in curing or retarding the disease by the simple means above alluded to, viz., firm compression of the abdomen, percussion, the use of the warm-bath, and a protracted course of the muriate of lime, together with the ordinary means of promoting the general health. I do not know whether this plan has succeeded in the practice of other physicians, but should think if such were the case it would have been made public before this period. *Mercurial frictions* have been used, but the relief afforded is only temporary, and by some they are

* Med. Observ. and Enquiries, vol. II., p. 41.

strongly deprecated. *Extensive incisions* into the ovary have been advised, and cutting out a piece of the cyst; but the result of both these methods is unfavourable.

Another topical measure has been adopted, and it would seem with success, although it appears probable that the other means employed had a considerable share in producing a cure. This case is reported by Dr. Barnard, in which, "after the last tapping, a large seton was passed through a large space of integuments, near the right groin, and kept constantly open. A dozen leeches were weekly applied in the diseased neighbourhood for one month. The water accumulated, but more slowly than usual. She now took at night 2 grs. of opium, 3 grs. of calomel, and 3 of antimonial powder. The first night a copious perspiration set in, which abated pain, and lessened the swelling. She persevered for one month in this course, only omitting the calomel, because it made her mouth sore. As long as there was water in the sac, she was deluged in perspiration at night. At last she completely recovered. It is now more than three years since this recovery. She has enjoyed excellent health, and has frequently travelled with impunity more than 40 miles in a day."*

There are few cases where such signal success has followed a treatment which appears at first sight likely to debilitate a patient, and, unless in good hands, might prove prejudicial by diminishing the powers already depressed.

Dropsical accumulation in the other cavities of the body is for the most part a symptom not of real disease in the serous membrane which contains the fluid, but of some distant organ or organs, by which obstruction to the progression or retrogression of the various circulating fluids is brought about, or a due diminution of deleterious matter is prevented. So liver and heart-disease produce ascites and hydrothorax, and renal disease, anasarca, &c. Not so in ovarian dropsy; the fluid accumulates without a palpable cause, the symptom is at once the disease. We can, therefore, direct our remedies neither to this distant organ nor to that; and if they be severe, and calculated, as we imagine, to diminish the local disease, the constitution often becomes injured, no other effect being produced; so that practitioners of the present day trust little to remedies internally administered.

Diuretics, diaphoretics, and purgatives, whether given in large or small quantities, seem to have little effect in reducing the size of the cyst. Sufficient time has not elapsed to allow us to form any just conclusion as to the beneficial result of the administration of iodine. However, a case is

related by Dr. Thomson, in which this substance appeared to have effected a cure.*

Although this case is interesting, yet it is by no means conclusive that to the iodine is to be attributed the successful termination of the case, inasmuch as the paracentesis may have produced so much irritation and inflammation as to cause the sides of the cyst to adhere, and so obliterate the cavity.

Probably we shall not diverge much from the truth in stating, that when the ovary is of considerable size, the patient's health is tolerably good, the respiration unimpeded, and circumstances on the whole allowing an abundance of time for deliberation as to the best mode of proceeding, we look in vain for any remedy which shall certainly either retard the future growth of the sac, or tend in any way to promote a cure. And, again, when the ovary is much larger, when the health of the patient suffers, when dyspnoea and other untoward symptoms present themselves, we fly to tapping as a short relief; but by this we do not cure.

Of the Treatment by Excision.

By no means a small number of surgeons have at various times proposed the operation of extirpation. It has been performed with success in this country by Lizars, Smith, King, Jeafferson, and West. Dr. William Hunter alludes to a plan which, he says, might be advisable; and as his account is concise, I shall describe it, because it not only shows that the suggestion of excision is by no means new, but also demonstrates the mode of performing the same operation as that which more recently has claimed for itself an appearance of originality. "If it be proposed, indeed, to make such a wound in the belly as will admit only two fingers or so, and then to tap the bag and draw it out, so as to bring its root or peduncle close to the wound of the belly, that the surgeon may cut it without introducing his hand, surely in a case otherwise so desperate it might be advisable to do it, could we beforehand know that the circumstances would admit of such treatment." By the word *circumstances*, Dr. Hunter, no doubt, alluded to those obstacles which will be considered in another part of this paper.

While, at the present period, then, many advocate and some perform, by far the greater number oppose even the idea of the operation. It would not be difficult to show that what has been urged against it, has consisted, for the most part, of opinion and presumptive evidence, rather than of that obtained from the accumulated experience resulting from the actual performance of the operation in even a small number of cases. However, as some of the most talented members of the profession have publicly an-

* Lancet, Jan. 9, 1829, p. 511.

* Lancet, Oct. 31, 1829.

nounced their fears as to the result, and have given, in a no less candid manner, their reasons for objecting to the operation, it is not to be expected that medical men, from the ordinary course of practice, would fly boldly in the face of danger; seeing that they had been taught to expect nothing but the most lamentable consequences from such a mode of procedure.

But cases in which the operation has been performed, begin slowly to accumulate; and far from bringing with them all that misery and fatality we had been taught to expect, the evidence concerning them is, on the other hand, comparatively satisfactory; and, to my own knowledge, three surgeons who have performed the operation in succession, and two of them more than once or twice, all advocate it; their patients not only having recovered, but, in addition, freed of their disease radically and effectually.

I think these cases are very important, and have therefore transcribed them.*

In another part of this paper, I have inserted a table, which contains a report of the most prominent features that presented themselves in ten cases subjected to the operation for the removal of the cyst.

There are, however, many, and these very serious, complications advanced as militating against the operation, and to these I purpose especially to direct attention.

The greatest hazard arises, says a late author, from the wound in the peritoneum; which must be large, if the walls of the sac be thick and solid, or if its base be broad. The fear of excising this membrane to any extent, does, no doubt, deter a vast number from undertaking the operation. Hence it will be necessary to survey impartially the effects of certain lesions that have involved the peritoneum, and particularly to inquire into the condition of this membrane before it has been touched by the scalpel; for it seems extremely probable, from the researches of Dr. Blundell, as well as from the result of some surgical operations, that a peritoneum in a previously healthy condition, will bear very rough usage. Extensive abdominal incisions are not necessarily fatal. The operations of Lizars, King, and others, abundantly prove this. Dr. Blundell, when treating of the Caesarian section, used to say in his lectures, "When I first turned my attention to the profession, I used not unfrequently to hear that, like wildfire, an inflammation commencing in a spot of the peritoneum, might be expected to spread rapidly over its whole surface. When, however, we have not the good sense to close our eyes and ears to what is passing around us, experience, troublesome and presumptuous experience, has sometimes the

insolence to contradict, without qualification, our most favourite opinions. That the risk of peritonitis, from local injuries of the peritoneum, has been exaggerated, I have endeavoured to show in a small paper printed in the physiological researches; and from the adverse opinion of my contemporaries, I confidently appeal to posterity. In some future age, when our hearts and their petty passions are quiet in the dust, this opinion, not merely the plaything of a medical society, but, whether right or wrong, of great importance to our race in all future ages, will probably be decided by accumulative experience. May I not add, in the affirmative?"

From the collection of facts which this physiologist had been able to accumulate in the course of five or six years, the following *presumptive evidences* were drawn by himself:—

First. That smaller wounds of the peritoneum, as in tapping, hernia, &c., do not, in general, induce fatal peritonitis, or other fatal effects; and, therefore, that the common opinion, not, perhaps, formed on paper, but frequently urged in conversation, and apparently operative in practice, I mean, that inflammation in a spot of the peritoneum will almost invariably diffuse itself over the greater part of it, is probably unfounded in truth.

Secondly. That extensive divisions of the peritoneum are certainly not of necessity fatal, whether by inflammation or otherwise, and probably not generally so.

Thirdly. That the womb, spleen, and ovaries, may be taken away; certainly without of necessity destroying life, and presumptively without generally destroying it.

And generally—That the peritoneum and abdominal viscera, though very tender in the human body, will, without fatal consequences, bear more injury than, from their modes of practice, the British surgeons, especially, seem disposed to admit.

I have deemed it quite necessary to quote thus largely from Dr. Blundell, in support of a position necessary when advocating the operation, and which may be stated thus:—

The mere circumstance of making an incision into a peritoneum previously uninflamed, is not so rash a proceeding as is generally supposed.

But, it may be said, inflammation, palpable inflammation, already exists in many cases that apply for relief. This is true; but it seems pretty certain that a large number go on for a considerable period, and the ovary acquires a very large size without manifesting any sign of inflammation. Nor is it to be imagined that one constant plan is intended to be advocated. Certain cases will admit of much coarser and rougher treatment than others, and it is but fair to examine into the danger that has accrued with the apparent cause, and, if possible, to avoid

* As the first three cases of Mr. Gorham have been already published in THE LANCET, we take the liberty of omitting them.

that cause, or accumulation of causes, by selecting cases for perfect operation.

It has been said, that the wound must be large if the walls of the sac be thick and solid, or if its base broad, and the great extent of incision has been urged as an objection in certain cases. But, if extensive, it is not of necessity fatal. Mr. King made an incision eleven or twelve inches in length; his patient recovered. We have not sufficient grounds for asserting that this would be the result in a majority of cases, but I mention what has been done, in order to take a view of the subject in a practical manner, being well aware that there are many and weighty arguments on both sides. Again, those who inveigh against an incision of any kind, be it ever so small, do not hesitate to plunge a trocar into the abdomen; as if a punctured wound were not as likely, and perhaps more so, to produce inflammation and other disastrous effects; and, in truth, this does happen frequently, as may be seen by examining reports of cures with care and impartiality.

A very strong proof of the impunity with which operations, conducted with considerable roughness, may sometimes be successful, is contained in the 33rd Vol. of the Phil. Trans. by Dr. Houston; who operated, more than a century ago, on a patient at 58, who was the subject of an ovarian tumour of thirteen years duration. I subjoin the case in the doctor's words:—"The operation of puncturing the abdomen being proposed, she consented. Accordingly, with an imposthume lancet, I laid open about an inch, but, finding nothing issue, I enlarged it to two inches, and even then came nothing forth but a little thin yellowish serum; so I ventured to lay it open about two inches more. I was not a little startled, after so large an aperture, to find only a gelatinous substance bunging up the orifice. The only difficulty, however, was to remove it. I tried my probe, and endeavoured with my fingers, but all in vain. It was so slippery that it eluded every touch, and the strongest hold I could take. I wanted, in this place, almost every thing necessary, but bethought me of a very odd instrument, and yet as good in its consequences, because it answered the end proposed. I took a strong fir splinter, such as the poor use in that country to burn instead of candles; I wrapped about the end of the splinter some loose lint, and thrust it into the wound, and, by turning and winding it, I drew out about two yards in length of a substance thicker than jelly, or rather like glue fresh made and hung out to dry. Its breadth was about ten inches. This was followed by nine full quarts of such matter as is met with in steatomatous and atheromatous tumours, with several hydatids of various size, containing a yellowish serum, the least of them larger than an orange, with several large pieces of membranes, which seemed to be parts of the distended ovary.

I then squeezed out all I could, and stitched up the wound in three places." The patient recovered, and lived fourteen years afterwards, without any return of the disease.

The second objection is based on the probable existence of adhesions. There can be but one opinion when extensive adhesions have united the cyst either to the parietes or to some of the adjacent viscera, for this altogether frustrates the attempt at excision. It is right, however, to observe, that when this obstacle exists in a minor degree, or even to a very considerable extent, it *may* be overcome. In Dr. N. Smith's case, adhesions covering a surface of two square inches, had glued the cyst to the peritoneum, covering the walls of the abdomen; these were torn through, and the patient recovered.

There can be no doubt that the frequency of adhesions has been greatly overrated. It is true, that in many cases, these do exist *before paracentesis*, yet in by far the greater number, it would seem that this operation has been the palpable cause of them; and it must be recollected, that in consequence of the present mode of treatment, it does not often fall to our lot to examine a body with ovarian dropsy, which has not been tapped once, or a number of times, during life. Dr. Seymour has stated, only a few months since, in a clinical lecture, which appeared in *THE LANCET*, that adhesions exist in 99 cases out of 100. This is surely wide of the true state of the matter, unless the Doctor, in forming this average, excluded all cases in which the operation had not been had recourse to. In Mr. Jeafferson's case, Mr. King's, and Mr. West's, adhesion had not taken place. From the first, twelve pints of fluid had been extracted; from the second, twenty-seven; and from the third, more than twenty; so that in each the tumour had proceeded to a considerable extent; but neither of these patients, be it observed, had been tapped. It would not be difficult to multiply instances where extensive ovarian sacs have existed without any adhesion whatever, even after paracentesis has been performed. Dr. N. Smith states he has had an opportunity of dissecting a body of a patient who had died of an ovarian dropsy, after having been tapped seven times. In this case the sac was found to be the right ovarium, which filled the whole abdomen, but adhered to no part except the proper ligament, which was not larger than the finger. He also mentions that he has seen two other ovarian sacs, which were taken from patients after death. They had been tapped several times, and the sacs were equally unattached, except to their own ligaments. Hence he inferred, that in a case of ovarian dropsy, while the tumour remained moveable, it might be removed with a prospect of success, and the event, he adds, has justified the expectation. Mr. Jeafferson also met with a dissection, which

also verified the opinion that the disease was sometimes simply saccular and inadherent, and that this sac might, after the escape of the fluid, be readily extracted through a small opening. It must be stated, however, that in almost all the cases of ovarian dropsy reported by Dr. Bright, in his late communication on abdominal tumours, recourse had been had to tapping, and adhesions excited anteriorly, that is to say, the peritoneum lining the parietes of the abdomen was glued for a greater or less extent to the cyst, as it would seem, from inflammation produced primarily by the puncture. From what has been said, the following appears to be a tolerably lawful inference:—The existence of adhesion is by no means an unfrequent complication of ovarian dropsy, the cyst being glued to some viscus in a few instances—more frequently, and with greater certainty, to the walls of the abdomen; the cause of this latter being in most instances referable to inflammation set up by the process of tapping.

As to the diagnosis of adhesion, a peculiar feel, a sort of *cripitis*, derived from pressing the hand on the parts where the adhesion has taken place, will in some cases be instructive; add to this a large tumour of some considerable standing, the circumstance of a previous *paracentesis*, or several, and the existence of adhesion results. On the other hand, we have strong presumptive evidence, in favour of the supposition that when an ovarian tumour of tolerably recent date exists; when it is sometimes to be ascertained by examination *per vaginam*, and can be pushed with the finger to another part of the abdomen; when it can be moved with the hand placed on the surface of the abdomen, and when *paracentesis* has never been performed, that it is not adherent. There is, however, no certain diagnostic sign to guide us on this head. But I will suppose adhesions to exist, and these extensive and firm. I will suppose an incision to have been made into the abdomen, of some inches in extent, say two or three, or even a dozen—does the patient under such circumstances necessarily die? This question must be answered in the negative. Presumptive evidence is afforded in support of this by Dr. Blundell, and some of the cases contained in this paper tend further to prove it.

On the whole then, and to sum up, we may state that, extensive adhesion, as promulgated by those who oppose the operation of excision, is certainly an important obstacle, cases as treated in the present day, abundantly proving its very frequent existence; and yet that there is good reason to believe that if *paracentesis* were less frequently performed, adhesions would consequently be less frequent; and, moreover, that exploring the abdomen in either case is not so dangerous and hazardous as we are taught to believe; and lastly, that in some cases, we can

make ourselves aware, with a degree of certainty, either of the presence or absence of adhesions, and so direct our measures accordingly.

A third objection is stated to be, the existence of numerous cysts. This is a very serious objection indeed, in the case of adhesion having formed; if otherwise, this third objection merges, as will be seen, into the second, the presence or absence of adhesion forming the peculiarity in each.

Again, it is urged against incision, that patients may live many years without any interference at all. This is well known, but I would remark, from Dr. Bright's experience, it would appear that cases which continue above four years from the first necessity for the operation of *paracentesis*, bear a small proportion to those which prove fatal before that time. Let the early period once pass by; let inflammation occur; let the operation of *paracentesis* be performed but once, and the chances of actually curing are all reduced to a mere conjecture, I might almost say, to a forlorn hope. Hence a rule: *If excision be performed at all let it be done early.* Dr. Hamilton objects to the operation in the following terms: "There is difficulty of diagnosis in the early stage, therefore the operation is useless or unnecessary; useless, if there be no disease, and unnecessary, if the disease be stationary." The first proposition requires no comment, as every one knows that it would be of little service to operate on a sound patient. Dr. Hamilton, I am aware, here alludes to the difficulty of diagnosis; the question hinges on this, and it cannot affect the operation. If diagnosis were more exact the operation would be more useful, as regards the second statement, viz. that the operation is unnecessary if the disease be stationary. I may remark that this would appear to be the period above all others when an operation would be most likely to be attended with a good result; besides, a large number of patients are anxious to be freed of morbid growths, almost at any peril, more particularly of those which have gained the appellation of tumour, and the constant irritation produced on the mind, is, in some cases, as wearing and trying to the constitution as the ravages of actual corporeal and organic disease.

Lastly, considering how many very serious objections may be urged against *paracentesis*; why this should be in such repute, to the almost total extinction of the mode by incision, I know not. As to the relief afforded by tapping, it is more generally only temporary. "There are," says Dr. Bright, "I believe, a few instances on record, where this operation (*paracentesis*) has apparently been followed by complete cure." This is saying very little in its favour, considering the many thousands of times it has been performed. There are, too, several objections

against it, which may be enumerated concisely as follows:—1st. Exhaustion may follow the too rapid evacuation of the fluid. 2nd. Inflammation of the peritoneum may supervene, and thus life be destroyed. 3rd. The sac refills, and requires repeated tapping. 4th. There may be a many-celled encysted dropsy, or a too viscid fluid; or, 5th. The patient may sink without any evident cause. Scarcely more can be urged; and, to me, it seems not half so much against the other, or excision plan. Instead of thousands, few operations have as yet been performed, and these have succeeded beyond expectation. As regards the rapid evacuation of fluid, the danger is as great in the one case as in the other. As to subsequent inflammation, this occurs in a less ratio after extirpation, on actual comparison; no sac is left to refill, and through the incision in the abdomen we are enabled to take away a sac of considerable thickness, with many cells, whether the fluid be viscid or not.

Finally, I may remark, by quoting from Dr. Seymour, that “in the lower animals, while unimpregnated, the extraction of the ovary is attended with little or no danger. It is said also, that both in ancient and modern times, the extirpation has taken place to gratify the cruel and barbarous profligacy of Asiatic monarchs.”

Tunbridge, Kent, Oct. 10, 1839.

P.S.—I may add, in conclusion, that Mr. West has himself perused this paper, and has allowed me to insert his name, which gives an additional weight to the sentiments that are but imperfectly set forth throughout its pages. I have the more gladly availed myself of this, because the major part of the cases contained below, were given to me by Mr. West, who has had to contend with the difficulties, not only of the operation itself, but also the diagnosis, and the selection of appropriate cases, where it might be done with the greatest chance of success.

The following condensed report of the cases in which the operation was performed, contains the undermentioned particulars relating to each case:—

The names of the operator and the patient; the patient's age; the symptoms which indicated the propriety of operating; the symptoms during, or after, the operation; a statement if before tapped, and if adhesions existed; the after-treatment; and the results. In each case, excepting the last, the operation was the same as is described and advocated in the above paper:—

I. Mr. Jeafferson (LANCET, Jan. 7, 1837).—Mrs. B., aged between 30 and 40.—Ovarian tumour; integuments thin; fluctuation vivid; tumour interfered in some little degree with the performance of her domestic duties. 12 pints of fluid extracted. No pressing disturbance during the operation.

Second day, vomiting, hiccup, low pulse, and griping pain in the abdomen; no more unpleasant symptoms. Digitalis, opium, and cold wet cloths prescribed. Perfectly cured, and able to perform all the duties of her station.

II. Mr. King (LANCET, Jan. 21, 1837).—Hannah Cavell, aged 37.—Enlargement for three years, and increasing; health tolerable; not much pain; emaciation; the enlargement owing to ovarian disease. 27 pints of fluid escaped. Next day slight tenderness; pulse 64; she came down stairs in a week after the operation. Treatment after the operation the same as in case I. Perfectly cured.

III. Mr. West (LANCET, Nov. 25, 1837).—Mrs. Hurron, aged 45.—Tumour for 13 years; evidently ovarian; fluctuating and now impeding respiration. Upwards of 20 pints of fluid withdrawn. Day after the operation, little pain; pulse, 90; on the following day more pain; pulse 100; sickness; bowels confined. Calomel, opium, cold spirit lotions, saline aperients, and enemata employed. Perfectly cured, recovery being rapid. The cyst is in the museum of Guy's Hospital.

IV. Mr. West (unpublished).—Miss S., aged 23.—Obstruction of urine and fœces. These symptoms gradually vanished, and a tumour appeared, ascending into the abdomen, which was ovarian, and in which the fluctuation was particularly distinct. 24 pints of fluid escaped. No unfavourable symptom after the operation. The same treatment as in case III. Cured.

V. Mr. West (unpublished).—Mrs. Tomkins, aged 40.—Ovarian tumour. The patient had previously been tapped. Adhesions existed. She recovered, not cured; she has been tapped 17 times since.

VI. Mr. Smith (*Edinburgh Medical and Surgical Journal*, p. 532, Oct.)—Mrs. Trowbridge, aged 33.—Large ovarian tumour on right side; fluctuation very distinct. 8 pints withdrawn. No unfavourable symptom after the operation. There were adhesions to the extent of two square inches to the parietes. Plaister and bandage used. Perfect recovery—cured.

VII. Mr. West (unpublished).—A. M., aged 21.—Same symptoms as in case VI.; the sac contained 11 gallons, and her constitution was much shattered. 8 pints withdrawn. Tapped repeatedly before. She sank.

VIII. Mr. King (LANCET, loco citato).—Sophia Puttock, aged 40.—Tumour supposed to be ovarian, and fluctuating. After an unsuccessful exploration no tumour was found. She recovered.

IX. Mr. Hargraves.—A. B., aged about 40.—Same symptoms as in case VIII.; fluctuation distinct, but a sense of solid tumour in many parts of the abdomen. Especial care was taken not to use in the

operation any but the *slightest* friction in attempting to procure the removal of the cyst. Some pain for an hour or two after the operation. Adhesions, and many cysts, with thickened walls, existed. Opium, and bandage, employed. Perfect recovery; not cured; she was sitting up and dressed on the fourth day after the operation.—[Mr. Hargraves kindly invited me to witness this operation, and has allowed me to insert this report of it.]

X. Operation performed in Guy's Hospital in 1839.—Ovarian tumour; fluctuation distinct; health tolerable. The operation in this case was not the same as that advocated in the foregoing paper, more traction being made at the cyst, and more internal exploration. There was slight adhesion. She sank. [The cyst was not removed in this case. The post mortem examination seemed to throw much light as to the cause; for it appeared, on laying open the abdomen, that the first cyst was in connection with a second, of nearly, if not quite, the same magnitude. The cavities of the two were not, however, in communication with each other. Probably, if this non-punctured cyst had been discovered, by making the incision a little longer, a less degree of traction would have been used, and with a more favourable result.]

GENERAL INFIRMARY, HERTFORD.

FRACTURE OF THE BASE OF THE SKULL—LESION OF THE SEVENTH NERVE, FOLLOWED BY PARALYSIS OF ONE SIDE OF THE FACE—SUICIDE FIVE MONTHS AFTER THE INJURY—AUTOPSY.

By JOHN DAVIES, Esq., Surgeon.

Jos. BYNETH, aged 31, a tall, fine-looking man, was brought into the General Infirmary, under my care, on the 1st May last, 1839. When brought in he was perfectly insensible, and bleeding copiously from the ears, nose, and mouth. The account given of the accident was, that the man was either standing or sitting on the shaft of a cart loaded with gravel, when the cart tilted back and pitched him over on his head, which rendered him at once insensible. Soon after his admission his sensibility began to return, and, under the usual antiphlogistic plan of treatment, he recovered so far that, at his own request, he was discharged on the 9th of the same month. In fact, no *serious* symptom showed itself after the return of sensibility.

The effects of the accident were the following:—Perfect insensibility for about an hour, during which time the bleeding from the nose and ears, particularly the left, was very copious; then a gradual return of sensibility, and cessation of bleeding; no frac-

ture could be discovered in any part of the skull, though it was suspected that its base was fractured; the mouth drawn slightly towards the right side; deafness of the left ear; a sort of singing or hissing noise in the head; these were the only symptoms of cerebral lesion discovered while the man remained in the hospital. The normal signs were—absence of all delirium and of mental disturbance; pupils of the eyes natural; pulse moderate, and non-occurrence of any febrile symptoms; sleep natural; in a word, the absence, up to the time of his leaving the infirmary, of any symptoms indicating severe lesion of the brain.

When I visited the patient a few days after he had left the infirmary, I noted the following symptoms, which were not all discovered whilst he was lying in bed at the hospital:—The mouth was drawn considerably to the *right* side; total absence of the power of *motion* of the *left* side of the face; sense of *feeling* equally natural on both sides; an attempt at smiling caused a very ridiculous appearance of the countenance; it gave you the idea of a person having two faces, one smiling at you, while the other was staring at you with the most profound gravity; the right side of the forehead presented the natural wrinkling of the skin, while the left looked quite smooth, and no effort could induce it to change its appearance; the left *ala* of the nose fell in upon the *septum narium*, and the man said that he was occasionally obliged to take hold of that side of the nose and pull it open; in eating and drinking he was conscious that he possessed no power over the left side of the face, because when the food got between the cheek and the gums, he was obliged to introduce his finger to scoop it out, and he could not drink, he said, without closing the left side of his mouth with his hand, or by applying the cup to that side, and inclining his head to the right, for the fluid ran out at the left angle of the mouth; he could not close his left eye; no effort could enable him to make the eye-lids approach each other. When told to shut his eyes, the right one was immediately closed, and the pupil of the left was at the same instant whipped up under the upper lid, but leaving the lids perfectly open, so as to expose the white of the eye; he was not at all conscious that the left eye did not shut at the same time as the right, but he said “he thought there must be something wrong about his eyes, because his wife told him that he never slept;” no portion of the cornea of the left eye was visible when the right was closed; and, according to his account, the one was in total darkness equal to the other; he felt no inconvenience from the inability to close the eye-lids, for the eye was not at all inflamed.

All the above symptoms continued the same, and of the same degree, up to the time