

pain, was losing flesh, and exhaustion was increasing; so on Sept. 13th she was taken into University College Hospital.

On admission, pulse was very feeble, 120 a minute, weak and irregular; respiration 50, shallow, with frequent sighing; temperature 102° F. Urine scanty, acid, depositing a large quantity of urates; contains no albumen or sugar. Abdomen large, pendulous; lower part of wall shining and oedematous.

On Sept. 15th the tumour was removed under carbolic-acid spray. All instruments, ligatures, &c., used were placed in a solution (one in forty) of carbolic acid, and the hands of all helping in the operation were washed in a similar solution. An incision from four to five inches long was made in the linea alba, beginning about an inch below the umbilicus. When the peritoneal cavity was opened a considerable quantity of ascitic fluid escaped. The tumour was found adherent to the abdominal wall in front and on the left side. The adhesions formed many loculi, which contained fluid, and most of them were readily torn through. The cyst was then tapped, but the contents were too thick and viscid to pass through the tube. An incision was made into it, the edges of which were kept outside the wound to prevent the contents entering the cavity of the abdomen. The solid parts of the tumour were then broken up by the hand, and the mass drawn out. One adhesion had to be ligatured. The tumour sprang from the left ovary. The pedicle was transfixed and tied in two halves by a strong hempen thread. The tumour was cut off, and the pedicle dropped into the pelvis. On introducing a sponge into the peritoneum it was found that it contained neither blood nor cyst-contents. The wound was closed by four deep carbolised silk sutures with intermediate superficial silver sutures; Lister's protective was then applied, with a large quantity of loose antiseptic gauze, and a pad of eight folds of gauze having a strip of waterproof between its outer layer. The abdomen having been banded, the patient was placed in bed.

She was permitted to take lithia-water, ice, barley-water, milk, and a little brandy-and-water in case of sickness. She vomited two or three times during the first three days. The morning following the operation the temperature was normal; pulse 85; respiration 28. The wound was dressed first on the fifth day after operation, and it was almost entirely healed. It was sweet, and no pus had formed. It was dressed again on the eighth day, when it was quite healed. The patient recovered without a bad symptom, and was discharged on the twentieth day after operation.

The tumour consisted of one large cyst containing a thick dirty-brown gelatinous fluid, and a mass, forming about two-fifths of the whole, composed of a number of cysts with thick semi-solid opalescent substance. The fluid removed, together with the ascitic fluid, amounted to two gallons.

## ON THE USE OF THE O'BEIRNE TUBE IN OBSTRUCTION OF THE BOWELS.

By J. STUART NAIRNE, L.F.P.S. GLASGOW.

AMONGST the means employed for affording relief in obstruction of the bowels are ranked a long flexible tube (O'Beirne's) and rectal bougies. I think a warning with regard to their use is much needed, as the cases in which they can give any beneficial result must be few and far between. So far as my own experience goes, as well as knowledge of cases where they have been used, they have never given any relief at all. Instead, however, of giving relief, there are various conditions of the bowel in which they are productive of the most serious consequences, and that not only in the hands of the inexperienced, but I will venture to say of the most experienced. The condition to which I refer particularly is that of stricture. Where a stricture occurs embracing the free surface of the bowel, it is quite an impossibility to pass a tube through the stricture. The bowel is certain to be ruptured. I have had lately under my care four cases of obstruction of the bowels. In two of them the tube was used. No relief was afforded in either case. In the last one I held a post-mortem examination, which disclosed the fact that the bowel below the stricture had been punctured; and to satisfy myself as to the *modus operandi* I made the following experiment. A subject being obtained, an artificial stricture was made at the end of the sigmoid flexure by

tying a cord round the bowel, and the O'Beirne tube passed in. The point of the tube did not touch the stricture, but, travelling along the free border of the bowel, impinged at a point on the superior and slightly anterior surface perpendicular to the stricture, and carried that part of the bowel over with it. The tube being moved up and down a few times, as if adjusting or trying to get through the stricture, the external coat of the bowel gave way as a longitudinal split, and hernia of the inner coats took place. Hardly any pressure was exercised, and the only force really transmitted was that of the withdrawal and adjustment of the tube. Repetition of the experiment gave the same invariable result, and I am inclined to advocate that no tube or bougie longer than six inches be passed into the bowel.

Glasgow.

## A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

### MIDDLESEX HOSPITAL.

FRACTURE OF PELVIS FROM A FALL WHILST CLEANING WINDOWS; HEAD OF THE FEMUR DRIVEN THROUGH THE ACETABULUM, BUT NO FRACTURE OF FEMUR; DEATH; POST-MORTEM APPEARANCES.

(Under the care of Mr. GEORGE LAWSON).

IN connexion with the cases of fractured pelvis which were published in the "Mirror" of last week, this case is interesting as an example of a rather rare accident—namely, the driving of the head of the femur through the acetabulum.

John D—, aged twenty-one, was admitted into the Broderip ward, under the care of Mr. Lawson, on Feb. 16th, 1878, having just fallen from the second floor of a house, the windows of which he was cleaning, into the area, a height of about twenty feet. He was semi-conscious, could be roused by loud speaking, and greatly collapsed. The right foot was everted, but there was no apparent shortening of the thigh. The thigh could be partially flexed on the abdomen, but any attempt to move the hip-joint caused great pain. There was clearly no fracture of the thigh, but from the pain induced by any movement of the pelvis it was thought there was probably fracture of the pelvic bones. His urine was drawn off to ascertain that there was no injury to the bladder or urethra.

Feb. 17th.—The patient lies in a semi-conscious state, the slightest movement giving great pain about the pelvis, and he complains of pain in the abdomen. Towards evening the patient became delirious and very noisy. A side splint was applied to the right thigh, without any extension, to keep the parts in a state of rest, with a linseed-meal poultice over the abdomen, and an opiate given by the mouth.

From this date the patient gradually drifted from the noisy delirium into a semi-conscious state, in which he could answer questions. He complained constantly of the pain in the abdomen, which was tympanitic. His bowels acted without medicine, and there was no blood in the stools. Gradually he fell into a drowsy delirium, in which he died on Feb. 21st, five days from the receipt of the accident.

*Post-mortem examination by Dr. COUPLAND.*—Extremes bruising of cutaneous tissues over both hips, right buttock, right shoulder, and right side of the head. On dissection, a large amount of blood was found between the muscles around the hip-joint on the right side. The os innominatum was extensively fractured, the lines of fracture radiating from the centre of the acetabulum, the head of the femur being driven through it, so as to be visible from the inside of the pelvis between the fractured bones. The round ligament was not ruptured, nor was the capsular ligament torn. There was a large quantity of blood effused beneath the pelvic peritoneum around the bladder, but no rupture of any viscus, and no fracture of ribs or cranial bones. Viscera healthy.