

two of them had been removed the patient experienced decided relief from his suffering and slept with comfort. This improvement was still more increased after the removal of the remaining polyps at a later sitting. All medication directed to his cough was stopped, and he was given some soda powders for his stomach, and an occasional laxative.

The record for July 29 states that the moist râles heard at the previous examination had disappeared. Only a high-pitched sibilant râle could be heard occasionally on the left apex. On violent respiration a few wheezy râles could be heard over the lowest part of the lung in front.

During August, cocaine and glacial acetic acid were applied occasionally to the lower turbinated bones in both sides. No other treatment has been employed since then, and within a few days the man reported himself to me in excellent condition. He works about the hospital, goes up and down stairs at will, and breathes with ease. Rarely he has an attack of asthmatic breathing at night.

Case 4.—This was a peculiar case of laryngeal neurosis, which I was unable to trace to any local cause. M. A. G., aged 39, unmarried, entered the hospital on September 8. She has always been a hard worker, but remarkably healthy. Last December, after exposure to cold, she began to cough. There was no expectoration then or at any time since. She now grew somewhat hoarse. This symptom varied at first, but finally increased in intensity until she could speak only in a whisper, and this aphonia has persisted up to the time of treatment at the hospital. The cough was of a distressing, barking character, and persisted through all her waking hours at the rate of twelve to eighteen or twenty times per minute. On retiring at night she would lie and cough for an hour or two before she could go to sleep. The cough began by an audible sharp inspiration, as if the diaphragm contracted spasmodically, and this was followed by one or two loud expiratory barks. The patient's hands and feet were restless, but exhibited no choreic movements or trembling. Patient says she has lost forty pounds of flesh since she began coughing. Her appetite is poor, and she complains of a dull, aching pain at the left side of the back after coughing.

A careful physical examination was made. There was no tenderness or tumefaction about the larynx. The cords were slightly reddened, but were not paralyzed. The throat and pharynx were considerably reddened by the rasping cough. The lungs, heart, kidneys, ovaries and womb were normal. The bowels were constipated, but yielded readily to laxatives. Inasmuch as nearly every strong tonic had been tried upon the woman during the months of her affliction without any apparent benefit, it was thought advisable to try the effect of an ice-bag upon the spine. Accordingly, on September 10, the bag was applied for two hours. On the next day and thereafter it was applied for four hours daily.

The hospital record, kept by Dr. Gleason, reports the following progress:

September 13. Patient coughs only when excited or nervous, and then only at long intervals. The

cough is no longer loud and barking, but is more like a clearing of the throat. She goes out to walk daily.

September 16. The cough has entirely ceased and patient can use her voice a little. Her appetite and general health are improving.

September 19. The voice is growing louder and clearer every day. No return of the cough.

September 29. Patient is able to talk in an ordinary tone without any hoarseness. Her weight has increased several pounds. Discharged well.

In addition to the ice-bag, the following pill was given three times daily to stimulate the stomach:

R	Acid. Arseniosi gr.	1-80.
	Podophylli	1-20.
	Quin. Sulph.	j.
	Strychnine Sulph.	1-80.

and the patient also took one teaspoonful of malt after each meal. Considering the large doses of strychnine and quinine which the woman had previously taken without avail, her improvement at the hospital would seem to be largely due to the influence of the spinal ice-bag.

A CASE OF OVARIOTOMY.

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To chronicle a success now-a-days in ovariectomy is, like "carrying coals to Newcastle," a work of supererogation; and I should not bring this to the notice of the profession, did I not deem it expedient to point out some minor details deserving more than a passing notice.

The patient, Mrs. D., aged 50, white, multipara, was first seen by me on the 5th of November last, when the following history was obtained. There had been a gradual enlargement of the abdomen for three years, during which time she had been treated for an enlarged spleen, thought to be caused by chronic, malarial poisoning. Accompanying the abdominal enlargement there had been anorexia, emaciation and progressive asthenia. Of late, marked dyspnoea was experienced whenever the recumbent posture was assumed. Urine normal. Menstruation had ceased five years ago. Upon examination, the abdomen was found to be enormously distended by an elastic, fluctuating mass. Its contour was symmetrical and presented a slight appearance of flattening in the hypochondriac regions. Flatness on percussion was everywhere present, extending even into the flanks. The uterus was slightly increased in size, and seemed to occupy a position behind the tumor.

The history of the case, together with its physical signs, clearly indicated that we had to do with a cystic tumor of the abdomen, which took its origin from the uterus, ovary, or broad ligament. As a distinction between the last two conditions is unimportant as regards treatment, the problem presented for solution was, the possibility of excluding the presence of a fibro-cyst of the uterus. To accomplish this, is by no means easy. In this connection Koeberlé states that "the diagnosis of fibro-cystic tumors has, up to

the present, been declared impossible by almost every author," and, as between uterine and ovarian cysts, Baker Brown admits that he knows of "no distinguishing marks." Later writers, however, take a more hopeful view of the situation, as the following table of differential points will illustrate.

	OVARIAN CYSTS.	FIBRO-CYST OF UTERUS.
Age.	During period of ovarian activity, 18-45 years.	Generally <i>after</i> 30.
Race.	<i>Very rare</i> in negroes.	<i>Most frequent</i> in negroes
Marriage.	No influence.	Generally in the unmarried or sterile.
Duration.	Relatively short. Patient seeks advice early.	Relatively long.
General health.	Not impaired at first. Later, emaciation, urinary disorders, hectic and prostration.	Disease often present for many years, without constitutional disorders.
Menstruation.	Normal or <i>absent</i> (both ovaries).	Normal or <i>profuse</i> .
First noticed.	In ovarian region.	Above pubes.
Examination. Abdomen.	Uniformly enlarged. Rotundity remains when recumbent posture is assumed by patient. Elastic and fluctuating.	Same. Same. Increased sense of resistance. Fluctuation often obscure. Nodules frequently felt, low down, <i>distinct, hard</i> .
Uterus.	Not connected with tumor, normal in size, retroverted, <i>behind</i> tumor.	Connected with tumor. <i>Enlarged</i> , drawn upward in pelvis.
Fluid (most important in differential diagnosis).	Thick, colloid, "sticky," may be opaque, "opaline." Contains albumen. <i>Not spontaneously coagulable</i> .	Thick, syrupy, straw-colored. Contains much fibrin. <i>Coagulates spontaneously</i> .
Microscope.	Drysdale's granular cell. (Clears up upon the addition of acetic acid).	Fibre cells. No cells corresponding to Drysdale's.

Although a careful review of the symptoms presented in this case suggested the probability of its ovarian origin, in my opinion a positive diagnosis, without the aid which a careful examination of the fluid would afford, was impossible. I therefore determined to perform *paracentesis abdominis* to secure a specimen of the fluid.

And here let me call attention to the fact that the tendency of the day is to abandon tapping and substitute therefore, an exploratory incision. I think this tendency is likely to be checked at no distant day, and it is my belief that were statistics furnished of the mortality following exploratory incision, it would be demonstrated that the operation is by no means devoid of danger. Much can be learned by tapping without recourse to the more dangerous procedure of incision. The removal of the growth should not, however, be delayed sufficiently long after tapping, to permit the formation of adhesions. It may be urged that, by the employment of modern antiseptics, few cases terminate fatally as a result of exploratory incision. Grant it! But the principle here as elsewhere should be observed, that of two evils, the *lesser* should always be chosen.

A medium sized trocar was employed to obtain a

specimen of the fluid, which was too thick to be withdrawn by means of an aspirator. The wound was sealed with iodoform collodion, and the fluid sent to a competent microscopist for examination. He pronounced the specimen as characteristic of ovarian dropsy containing numerous large, granular cells, corresponding in appearance and reaction to those described by Drysdale.

During the night following the tapping, the patient was awakened from a sound sleep, with the feeling that "water was running from her stomach." Calling her daughter, it was discovered that from the puncture a steady stream of fluid was emerging. A large slop jar was procured and the patient, turning upon her right side, filled the jar to overflowing. The amount of fluid collected measured six and one-half gallons. I was summoned to see my patient, and after explaining the circumstances, made an appointment to operate the following day.

Assisted by Drs. Wm. Lee, Handy and Poole, Dr. Brewer giving the anæsthetic, the usual operation was performed, lasting twenty-eight minutes. A large, partially collapsed, multilocular cyst of the right ovary was removed. A quantity of the fluid contents of the sac was found in the abdominal cavity. This was in part removed by means of hot carbolized sponges, although no effort was made to procure its *entire* removal. The wound was closed by means of braided silk sutures, which had been rendered thoroughly aseptic. Iodoform gauze and marine lint constituted the dressing. The patient sat up on the fourteenth day after the operation.

The necessity of devoting scrupulous attention to the "toilet of the peritoneum," has been urged by most operators. It seems to the writer that, in a great many instances, quite a number of extra frills are appended, which are not only needless but positively harmful. If we consider for a moment what the peritoneum is, and what its function is, it will not require much knowledge to determine what amount of friction it will bear. While "cleanliness is next to godliness," the too frequent use of the sponge in ovariectomy is often attended with danger.

One other point *en passant*; the fluid contents of an ovarian cyst is, I believe, for the most part entirely innocuous. That such was the case in this instance, is evidenced by the fact that a large quantity of the fluid remained within the peritoneal cavity for upwards of thirty-six hours before the operation, without producing the slightest trace of irritation. The record, also, of a large number of recoveries following rupture of the cyst, will tend to confirm this view.

MEDICAL PROGRESS.

AMPUTATION AT THE KNEE-JOINT BY DISARTICULATION; WITH REMARKS ON AMPUTATION OF THE LEG BY LATERAL FLAPS.—At the meeting of the Royal Medical and Chirurgical Society, on December 8, Mr. THOMAS BRYANT read a paper on this subject, which he commenced by saying that the operation of removal of the leg by disarticulation at