

growths than by the ordinary slow-growing ovarian cysts. For these reasons operation should never be deferred in such tumors.

DR. HARRIS inquired whether any microscopic examination of the tumor had been made. He always suspected malignancy in rapid growths and in papillomatous tumors the decision can not be made from appearances as of two such having the same apparent characters, one may prove to be malignant and the other benign.

DR. GOODELL remarked that the question of malignancy in ovarian tumors was a most interesting one. As regards papillomatous cysts, Doran had divided them into two classes: one springing from the hilus of the ovary, and not necessarily malignant, while papillary growths in cysts of the broad ligament usually indicate malignancy. Some years ago he removed a collapsed papillomatous ovarian cyst upon which the late Dr. Hodge had refused to operate in consequence of supposed malignancy. It was complicated by ascites, and the peritoneal cavity had become infected with secondary growths, yet the woman got well and has probably remained well. On the other hand, benign looking growths were sometimes malignant; for instance, he removed a large tumor having many adhesions, twenty-four ligatures were left in the abdominal cavity. It was wholly benign in appearance, and the patient got up and about; but soon she became oppressed by rapid breathing. Effusion into the right pleura was discovered, together with malignant growths affecting that cavity and scattered throughout the abdominal cavity. The tumor was evidently malignant, but it did not look so. In another case of apparently benign cyst, in which the clamp was used, menstruation occurred from the cicatrix, and later papilloma of the stump and abdomen sprouted out from the cicatrix and the patient died. He said that all his cases of colloid tumors, three in number, have become malignant afterward.

In one case, five years after the first operation the second ovary became diseased, the sac burst and the whole contents of the peritoneal cavity became infected. In another, two years after the removal of both ovaries the disease returned in the broad ligament, probably from the stump of the ovary. In another case, the cicatrix burst open a few weeks after the operation and a large papillomatous growth spurted out, the lady dying soon after. Tait considered that among the causes of malignancy are tapping and delay in operating, the age of the cyst tending to malignancy. Dr. Goodell doubts if the microscope can distinguish between benign and malignant papillomata. Virchow states that although benign at the beginning, they may become malignant in the later stages.

INDIAN DOCTORS IN LIVERPOOL.—An "Indian doctor" in Liverpool recently brought an action for libel against Mr. Pennington, a surgeon, to recover damages for libel. The suit was decided against the plaintiff.

## DOMESTIC CORRESPONDENCE.

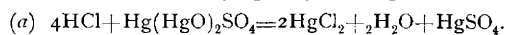
### POISONING BY TURPETH MINERAL.

EDITOR OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:

*Dear Sir,*—Having noted the facts that several cases of poisoning by turpeth mineral (mercuric subsulphate) have been reported in the journals during the past year; that all of the cases, if I remember rightly, have occurred in children; and that the reporters have declared themselves at a loss to explain the rationale of this effect of what is generally considered an insoluble salt, it has occurred to me that an explanation may be found in the effect produced upon turpeth mineral by hydrochloric acid—assuming, of course, that the acid furnished by the stomach is hydrochloric acid.

In the cases which have been reported, the amount of the turpeth mineral given has been, as a rule, as much as grs. iij, and more.

Mercuric subsulphate, when subjected to the action of hydrochloric acid, is resolved into corrosive sublimate and mercuric sulphate, two atoms of water being set free. This being true, how much hydrochloric acid will be required to bring about the reaction; and how much corrosive sublimate will be found by this reaction from, say, gr. iij of turpeth mineral?



$$(b) \quad \begin{array}{cccc} \text{grs.} & & \text{grs.} & \text{grs.} \\ 872.7 & : & 3 & : : 145.6 : 5 \end{array}$$

$$(c) \quad \text{If } \left. \begin{array}{c} \text{HCl} \\ 145.6 \end{array} \right\} + \left\{ \begin{array}{c} \text{Hg}(\text{HgO})_2\text{SO}_4 \\ 727.1 \end{array} \right\} = \left\{ \begin{array}{c} 2\text{HgCl}_2 \\ 541 \end{array} \right.$$

$$\text{then } .5 + \frac{3}{541} = 2.16 +$$

$$\text{for } 872.7 : 3.5 : : 541 : 2.16 +.$$

Hence it will take a little over gr. ss of hydrochloric acid to convert gr. iij of mercuric subsulphate into 2.16 grains of corrosive sublimate; quite sufficient to poison a child. It may be objected to this, that we are not certain that this reaction really takes place, as we are not positively sure that there is any free hydrochloric acid in the stomach of the child; and that it has not been shown that the cases were those of corrosive sublimate poisoning. The most conclusive answer is that the cases resembled those of corrosive sublimate poisoning very closely. Furthermore, it is seen that only a very small quantity of hydrochloric acid is necessary to cause this reaction; and that even if the acid furnished by the gastric glands is not hydrochloric acid, physiology teaches that it very closely resembles it. In fact, Albertoni proved almost conclusively, in 1873, that this acid is hydrochloric.

The above is merely offered as a possible explanation of the fact that so insoluble a body as turpeth mineral sometimes causes death, with symptoms closely resembling those of poisoning by corrosive sublimate.

Very respectfully,

WM. G. EGGLESTON, M.D.

### MULTIPLE AMPUTATIONS.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:

Your numerous readers will doubtless be pleased to receive the closing record of a case of more than ordinary interest. In the last edition of "Gross"