

any operation where everything went off more smoothly and satisfactorily (so far as the operation was concerned) than in this. The case may serve, if for nothing else, for an additional proof of a fact which we are sometimes tempted to lose sight of, to wit, the excessive gravity of hip-joint amputation under any circumstances.

It may seem out of place to comment upon the mode of operating *à propos* to an unsuccessful case. With regard, however, to the use of the aortic tourniquet, I may say, that while I should be loath to amputate at the hip without it, I cannot but think the pressure it must exert upon important nervous structures in the abdomen to be the reverse of beneficial; and hence I would strongly urge that its application should not be continued longer than absolutely needful.

2000 WEST DE LANCEY PLACE, Aug. 1868.

ART. XII.—*Adventitious Fibroid Sac in Abdomen; Dropsy; Paracentesis; Twelve Hundred and Seventy-five Pounds of Fluid drawn off in thirty-one Operations; Death; Post Mortem.* By E. M. JOSLIN, M. D., of Upper Alton, Ill.

AUGUST 29th, 1864, I was requested to visit Miss L. M. F., a highly intellectual, refined, and cultivated lady, for the purpose of performing paracentesis abdominis. She was then about 30 years of age, and from herself and family I derived the following history. She had been engaged in intellectual pursuits, and enjoyed good health until the summer of 1860, when she was attacked with dysentery, which proved severe and protracted, followed soon after by typhoid fever, from which she suffered for several weeks. Since these attacks she had never been as well as before, and soon began to suffer with pains in the right side, a sense of debility, dyspeptic symptoms, swelling of the abdomen, dyspnoea, etc. These symptoms increased until she was bedridden. Frequently, during the years 1861 and 1862, she had, as she describes, a severe inflammation in her side, followed by what she was told, and believed to be, the breaking of an abscess of the liver, succeeded by vomiting and purging of a dark and offensive sanious matter, after which she obtained partial relief. Yet her abdomen continued to enlarge, and her urine became more and more scanty, until she scarcely voided two ounces in twenty-four hours. She believed she had dropsy, but her physician assured her she had not. In the summer of 1863 she resolved to try the hydropathic treatment, and was taken to a so-called "Cure" at Cleveland, O. Here her case was diagnosed to be ascites, and after several months' treatment by electrical baths and the full formula of water treatment, her sufferings from the enormous weight and pressure of the fluids had become so great that an operation was decided upon. Accordingly, on the 20th September, 1863,

Dr. Seeley, the principal of the "Cure," performed paracentesis, and drew off 72 pounds of water. From this time her general health improved, so that in a few weeks she returned to her home, and again placed herself under the care of her family physician.

Notwithstanding the general improvement in her health and strength, and despite the most vigorous treatment, she found herself rapidly filling again, so that on January 8th, 1864, the second operation was resorted to and 46 pounds removed. Again she recuperated, so as to enjoy a few weeks of comparative comfort, but without any impression being made upon the secretion of fluid. On April 2d, the third operation became necessary, and 47 pounds were drawn off. The relief afforded being transient, and the secretion constantly going on, the fourth tapping was performed on June 18th, when 42½ pounds were obtained. About this time her attending physician died, and on August 29th, I was requested to take charge of the case.

I observed my patient to possess a slender form, about 5 feet 2 inches in height, with a marked scrofulous diathesis, fine nervous temperament, and a mind buoyant and cheerful. She was suffering greatly from dyspnoea, and I at once tapped her and drew off 36 pounds of fluid. As there was great prostration and irritability of the stomach which prevented her taking any nourishment except liquids, and these only by the teaspoonful, I directed my treatment entirely to the correction of these attendant symptoms. She gradually improved, so that in a few weeks she was able, except for about one week after each tapping, to take her accustomed place at table, and, during the interval between the operations, to ride and make visits among her friends. The secretion of fluid, however, steadily continued, and as there was little change in the progress of the case until January last, I have embraced in the following table the number and date of each operation, and the amount of fluid drawn, up to the time of her decease, which took place May 4th, 1867.

Table of Operations.

No. of operation.	Date.	Weight of fluid.	No. of operations.	Date.	Weight of fluid.
1st,	September 20th, 1863,	72 lbs.	18th,	April 30th, 1866,	47 lbs.
2d,	January 8th, 1864,	46 "	19th,	May 25th, "	43 "
3d,	April 2d, "	47 "	20th,	June 25th, "	46 "
4th,	June 18th, "	42½ "	21st,	July 30th, "	45 "
5th,	August 29th, "	36 "	22d,	August 30th, "	48 "
6th,	November 27th, "	46 "	23d,	September 29th, "	48 "
7th,	February 9th, 1865,	45 "	24th,	October 24th, "	46 "
8th,	April 19th, "	32 "	25th,	November 30th, "	47 "
9th,	June 7th, "	46 "	26th,	December 29th, "	39 "
10th,	July 31st, "	41 "	27th,	January 23d, 1867,	18 "
11th,	September 7th, "	41 "	28th,	February 16th, "	37 "
12th,	October 17th, "	43 "	29th,	March 16th, "	34 "
13th,	November 23d, "	42 "	30th,	April 7th, "	16 "
14th,	December 27th, "	44 "	31st,	April 13th, "	10 "
15th,	January 31st, 1866,	40 "	Post-mortem,	May 5th, "	12 "
16th,	March 3d, "	44 "			
17th,	April 2d, "	43 "			
Total					1286½ "

The general appearance of the fluid up to January 23, 1867, was that of a pale, semi-transparent serum, with a slightly yellowish tinge, inodorous, tasteless, and partially coagulable by heat and acids. At this time she had suffered for several days with severe pain and soreness in the right iliac region, also in the region of the stomach, attended with retching and vomiting of a dark, sanious, and offensive matter, distressing dyspnoea, and prostration. At the tapping, on the 23d, the fluid ran clear as usual until about 10 pounds were drawn, when well-formed pus presented. When 6 or 8 pounds had been drawn I was obliged to desist and close the orifice, owing to the extreme prostration, which threatened immediate dissolution.

By the free use of stimulants she gradually revived, and in six hours passed by stool about one gallon of a dark, offensive, puriform matter, which relieved all her most pressing symptoms. From this time, however, until her death, nausea and irritability of the stomach remained a prominent feature in her case. During the whole four months her daily ration of food did not exceed, on an average, an ounce of bread and a teacupful of milk, with occasionally a few teaspoonfuls of tea, and for four weeks previous to death, she subsisted entirely upon milk and tea, administered by the teaspoonful every three to four hours. The secretion of fluid, as will be seen by the table, went on as usual, until death, which occurred from inanition. The effusion was confined to the abdominal cavity. Her urine, healthy in character, had been very scanty during her entire sickness, except for 24 to 28 hours after each operation, when it was more copious. No œdema; secretion from the skin usually normal. For the last two years she had menstruated regularly, although this function was suspended for near three years previously. Her family have a marked scrofulous diathesis, and an elder sister died a few years since of cancer of the breast.

Autopsy eighteen hours after death.—Features sunken, great emaciation; brain and spinal cord not examined. Lungs anæmic but healthy; heart somewhat smaller than natural, otherwise healthy; no valvular disease; both organs very closely impacted, and occupying but a small portion of their original space. The arch of the aorta was conspicuous in the triangular space above the left clavicle; scarcely any serum in the chest cavity. The base of the thorax greatly expanded. The liver healthy, except a slight hypertrophy of the right lobe. The gall-bladder contained about two fluidounces of healthy bile. The diaphragm was distended from pressure below, so as to reduce the cavity of the chest to not more than one third its normal capacity. The liver was pushed up behind the right breast, with its superior portion nearly on a line with the right axilla. The stomach and entire mass of the intestines (except the rectum), together with the floating portion of the peritoneum, were closely impacted under the arch of the diaphragm, and entirely above the free margin of the ribs. They presented as a blackened, disorganized mass, with evidence of adhesions throughout, but so easily broken down that it was impossible to

make a minute inspection of them; pancreas a dark, disorganized, pulpy mass. The stomach, intestines, pancreas, and epiploon might have been contained in a quart measure. The whole cavity of the abdomen was occupied by a fibroid sac, varying from an $\frac{1}{8}$ to a $\frac{1}{4}$ of an inch in thickness, very firm, and resembling in texture the raw hide of a heef. Capacity of sac from five to six gallons. It was adherent to the peritoneal lining of the cavity, but easily separated by the finger over its whole extent. The cyst seemed to be an entirely adventitious growth, and contained about twelve pounds of fluid. Here and there in its texture were patches of ossification, in some instances embracing its entire thickness. One of these ossified portions measured about six inches in length, by about one inch in width. Upon its inner surface it was studded with tubercles from the size of a kernel of wheat to that of a pigeon's egg, and on the fundus, one superior portion had attained the size of a goose egg, and was in a state of cancerous ulceration. Here and there between the tubercles, were also numerous patches of small, conglomerate cysts, growing like the hydatid, and filled with a semi-transparent fluid. Upon that portion over the left ovary was a patch about four by six inches, presenting a highly malignant character, from which a dark, sanious matter was being thrown out. The outer surface of the sac presented a smooth, fibrous appearance, and the textures adjacent were healthy. Kidneys very small and shrivelled, otherwise healthy. Left ovary healthy; the right somewhat softened and patulous. Uterus healthy. Bladder abnormally small and shrunken. Had not the means of making any microscopic examinations.

The above case presents several points of interest, but we will not occupy space by their discussion. The weight of fluid drawn was more than twice the weight of her entire food and drink.

ART. XIII.—*Tobacco as an Hypnotic in a Case of Chronic Wakefulness.*

By E. A. HERVEY, M.D., of Rossville, Staten Island, N. Y.

SOME years since I was consulted by my brother, who had long been troubled with what appeared to be pleurodynia, attended with dull pain, somewhat increased at night. As opiates disagreed with him, always producing nausea and vomiting, or else restlessness and delirium, it was necessary to resort to some narcotic that would not give rise to such unpleasant consequences. After various unsuccessful experiments, I determined to try tobacco, and advised him to smoke a cigar or pipe of Turkish, or other mild tobacco, previous to retiring at night. As he had never been in the habit of using tobacco in any form, and having, moreover, a great aversion to its use, the effect of a few puffs was very marked, inducing a sweet and dreamless sleep. It is important to add that, in addition to pleurodynia, my brother had for many years been affected with what is termed *insomnia*. Being a very active and enthusiastic student and thinker,