

the effects of operations and the local disease. I say a fatal cause, because I do not hesitate to venture the opinion, that a deranged state of those organs, composing that abdominal group called the chylopoietic, and their assistants, are the causes of the frightful mortality of lithotomy, where the operation is made by the hands of a skillful surgeon.

"The influence of the state of the general system in the production of local diseases; and the treatment of local disorders, by constitutional remedies, so well understood by Abernethy, and taught in his public lectures and writings, a half century ago, as a principle does not appear to have been acknowledged and extended into the surgical department of the profession, so generally as its high claims to rational philosophy seem to me to merit. If local diseases, depending upon constitutional causes, are not to be overcome by local treatment; if cancer, and all those terrific maladies kindred to it in malignancy, are in most instances only to be aggravated by the interference of the knife, which too often invites their concentration to some more vital part; why is not the law, which grows out of the preceding facts, more universally recognized by the surgeon, and made subservient to the success of his art. A patient with stone in the bladder may be sounded, and the exploration detect no very striking evidences of a morbid condition of the organ, while his urine may evince a sound state of the kidneys; all the urinary apparatus appearing very favourable to a speedy operation; but if the digestive apparatus should be performing its functions in a manner not subserving the healthy purposes of the economy, and he be cut under such circumstances, the issue, to say no more, will most likely be very doubtful. The shock to the nervous system, of an operation so extensive, will very speedily excite such a commotion, as to endanger by its reaction upon an organ, thus prostrated, a state of inflammation, most probably, to terminate in the loss of the case. On the other hand, the calculous subject, who, in addition to the disordered condition of his chylopoietic viscera, has felt these constitutional causes aggravating his local complaint, in the shape of hemorrhages, mucous and purulent discharges, together with extensive ulcerations of the vesical tunics, will be rendered far more hazardous, in submitting, without preparatory means, to the operation.

"That these preparatory means, with a view of rendering the abdominal organs healthy in their functions, will also exercise a healthy influence upon the state of the bladder, is a law as true as that local disorder is a consequence of general causes. The unprecedented success of lithotomy in Lexington, is alone to be ascribed to the very extended recognition of the principle I have so briefly, and too feebly, attempted to explain; and when its influence, and paramount importance shall be universally admitted and practiced, lithotomy will lose most of its dreaded features, and human life will be rendered as safe in the operation of lithotomy, as it is now in hydrocele."

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*Ovarian Cyst ruptured by a fall—effusion of its contents into the Peritoneal cavity; absorption; permanent Cure.*—By JAMES P. WHITE, M. D. (*Buffalo Medical Journal*, Dec. 1845.) The subject of this case was a widow lady, aged 43, who discovered during pregnancy, nearly 15 years since, a tumour in the left side about the size of an egg. She was safely delivered of a healthy child at the usual period, and has since given birth to three vigorous children, the youngest being now eight years old. The husband died before the birth of the last child. After the last confinement the tumour increased with considerable rapidity, and gave rise to much uneasiness. She had several attacks of what her physicians called inflammation of the bowels, and was treated by bleeding, blistering, cathartics, &c. The tumour has been during the last few years seen by Drs. Colgrove, B. Burwell, Bissel, Congar, and others, most, or all of whom diagnosed ovarian disease, and did not predict a favourable termination. Dr. White incidentally saw and examined the patient last summer, and found the left ovary larger than the head of a full-grown fœtus, extending quite across the umbilical, into the right iliac region.

"In February last, on making a sudden effort on an icy stone step, she slipped and fell with her whole weight upon the abdominal tumour. The shock was so severe as to produce prostration and syncope, and a messenger was dispatched for Dr. W. After administering a cordial, Dr. White made an examination, and found

the circumscribed character of the tumour entirely lost. There was a general fluctuation of the whole abdomen, and the peritoneum seemed the receptacle of a fluid escaped from the ruptured sac. The injury was followed by severe peritonitis, which yielded to bleeding, general and topical, with the usual adjuvants. The patient passed more than the usual quantity of high-coloured urine, and vomited frequently throughout her illness. After a gradual convalescence she seems now entirely restored, and in better health than she has enjoyed for several years. The strictest examination did not enable Dr. White to detect the least vestige of the old tumour in the ovarian region. The menses have been, and are now regularly secreted, the respiration is full and complete, and she can lay upon either side without difficulty, which she has been unable to do until recently.

*Inversion of the Uterus—replacement.* By E. FISHER, M.D., of Waynesville, Ohio.—On the 26th Sept. 1835, at ten o'clock, A.M., I was called to Mrs. D—— in labour. She was about thirty-five years of age, and had given birth to several children—said that two weeks previously, in attending the funeral of a relative, she rode several miles in a farm-wagon over rough roads, which excited pain in the loins and hips, and weakness of the inferior extremities, attended with difficulty of locomotion; all of which continued up to the morning of the 26th.

From the day of the funeral she had felt no motion of the fœtus, and to use her language, was "eight months gone in pregnancy." The pains were slight, irregular, and transient. Upon examination I found the pelvis unusually large, the os uteri well dilated, and the membranes protruding. The temperature of the skin was natural, pulse regular, and bowels open.

As I conceived there was but little to fear, I deemed it prudent to give nature time to effect her purpose. Ten grains of pulvis Doveri were administered, which procured an hour's repose. The pains then returned, but continued feeble an hour longer, without any appreciable change, when suddenly a violent throe, thrust fœtus, placenta, and body of the uterus beyond the labia externa.

The fœtus was very small and putrid; the funis umbilicalis, as nearly as I could estimate it, (not having any means of measurement,) was eight inches in length. The placenta was detached, and a complete inversion of the uterus had taken place. I was shocked for a moment with the condition of my patient, but knowing there was no time to be lost, I immediately commenced an attempt to return the uterus. I passed the index of the right hand into the vagina, then carried it round the tumour, till I became fully satisfied as to the condition of the parts. The os uteri looked into the pelvic cavity, and the finger could not be brought into contact with it.

The uterus was as flaccid as a wet bladder; a circumstance which inspired a ray of hope that something might be done to relieve the patient from a situation but little more desirable than death. I placed the fingers of my right hand against the fundus of the uterus, pressing it gently upwards in the direction of the axis of the inferior strait, while the left hand was placed over the hypogastric region to prevent the uterus from rising into the abdomen. I carried my right hand up the vagina a sufficient extent to enable me to return the uterus, which was done with less difficulty than could have been anticipated. Not the slightest contraction of either the fundus, body, or neck of the organ took place during the operation. I made an attempt to withdraw my hand, and the fundus followed it. And notwithstanding frictions were made over the hypogastrium with the left hand, while the knuckles of the right were caused to press against the fundus of the organ within, the uterus still remained flaccid, and during some minutes manifested no disposition to contract. I ordered ʒj of secale cornutum infused in six ounces of water, two ounces of which were to be given every ten minutes; the third portion produced contractions, and by grasping the fundus between the thumb and fingers of the left hand, through the walls of the abdomen, in less than fifteen minutes the contractions became so violent that my hand was forced out into the vagina. No further difficulty ensued. The hemorrhage was less than in an ordinary case of labour at the full period of utero-gestation, and neither pain nor syncope occurred prior to or during the reversion of the organ.—*The Illinois Med. and Surg. Journ.*, Dec. 1845.