

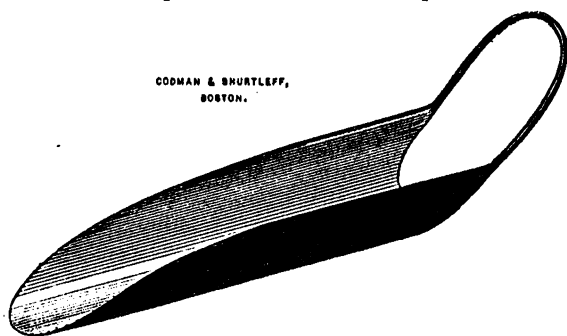
operation, if there was any *possibility* of removing the diseased mass. After consultation, it was decided, with much reluctance, to make an exploratory incision. Accordingly, she was etherized, and placed upon a table in the ordinary position for ovariectomy. Assisted by Drs. Camp, Paddock and Wilcox, I made an incision through the abdominal walls from the umbilicus to the pubes, and after dividing some bands of organized lymph, the uterus was exposed. As we feared, or I may say expected, the mass was so firmly blended with the pelvic walls that it was impossible to move it, and therefore, after the somewhat free hæmorrhage from the divided adhesions was checked, the external wound was carefully closed by interrupted silver sutures, including the entire thickness of the abdominal walls, except the peritoneum. When sufficiently conscious, she took a full half grain of morphine. Now comes the "singular" part of the case. She went on, under Dr. C.'s care, with very little peritonitis, taking but moderate doses of anodynes. The wound healed throughout by first intention. She was able to sit up in ten days, and from that time went steadily on improving in flesh and strength, *and from the time of the operation, which was the first of September, 1866, to the present, has had no return of the pain.* I saw Dr. Camp at Great Barrington about the first of July last, and he assured me that she had been well all the winter and spring, having done all the work for her large family. The size of the uterus was not much changed.

*Pittsfield, Mass., Oct. 15th, 1867.*

#### EAR-SPOUT.

*To the Editors of the Boston Medical and Surgical Journal.*

I DESIRE, in a very brief note, to ask the attention of your readers to a simple form of ear-spout, which is here represented about two



thirds its actual size. The spout itself consists of a single piece of tin of the shape figured in the annexed wood-cut. Attached to the two angles at its base are the two ends of the inverted U-shaped wire, by which the spout is held in place when used. The spout is

intended to hang upon the ear, with the lobulus resting within its base. If, in a rare case, there should be any leaking, it can be easily and completely obviated by making a little pressure on the wire directly in front of the meatus.

The simple contrivance here proposed answers perfectly as a spout. Being small, it can be carried in the pocket without inconvenience, or, what I like better, placed in the box of an ordinary rubber (bulb) syringe. Being cheap, it is within the reach of a large number of patients who would not care to purchase the more expensive instrument of Mr. Toynebee.

A. HOSMER.

*Watertown, Mass., January, 1868.*

### MILK SICKNESS.

By C. H. SMITH, M.D., Kenton, Ohio.

[Communicated for the Boston Medical and Surgical Journal.]

WE have had, for a short time, quite an endemic of this complaint, furnishing about fifty cases, of which seven died. The symptoms are, sudden and extreme prostration, nausea, prolonged vomiting, faintness; the temperature of the extremities and body falling much below the natural standard, and the skin often becoming clammy. Great distress and anxiety are depicted upon the countenance, the patient experiencing an undefined dread. He acquires a peculiar odor, or a sweetish odor. The tongue is swollen, and, in fatal cases, becomes black with incrustation. The bowels become obstinately constipated, and a strong pulsation is felt over the whole abdomen, especially marked to the right of the umbilicus. The abdomen is caved in, and has the appearance of being empty. Cephalalgia and tinnitus aurium are common accompaniments. The heart and large arteries beat with violence, whilst the pulse at the wrist remains almost natural. The violent vomiting results in the ejection of a fluid of variable appearance. It is sometimes colorless, sometimes like soapsuds; in other instances, of the color of indigo, and in the last stages of cases that terminate fatally it is dark-brown, with a dark-colored sediment. The disease runs its course in a few days.

The treatment is simple—a cathartic, tonics, quinine, stimulants, blisters over stomach, liquid farinaceous diet. Opium is not to be used in the disease, as cases get worse under its employment.

All cases that occurred here were in American families, there not being one in a German family. Now, the cows of the two classes run on the same ground, and the cattle of both die with the disease; yet I have never known a case to occur among the Germans. The reason is, I think, plain. The Americans use the milk just as it comes from the cow, and the Germans boil what they drink.

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