

no loop of intestine in the neighborhood of the umbilicus—that there was not and never had been any hernia at all. The tumor was well defined, localized and entirely circumscribed. Upon incision by Dr. Ellis, it proved to merely a deposition of softened carcinomatous matter in the substance of the umbilical tissue.

One case alone, at all approximating to this in character, had come to the knowledge of Ballard, that close student of the diseases of the abdomen. In the instance referred to, "the parietal peritoneum being infiltrated with colloid, the umbilicus presented a stretched and flattened appearance,"* an appearance entirely different from that now reported, and giving rise to no such mistaken opinion. Its occurrence, as an element towards clearing up one at least of the very many possible obscurities of abdominal diagnosis, has seemed to me of sufficient importance to deserve being permanently recorded.

Hotel Pelham, January 30th, 1864.

CANCEROUS DISEASE OF THE OVARY.

BY DR. G. KIMBALL, LOWELL, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

In one of the numbers of the Boston Medical and Surgical Journal of last June, I published an account of the removal of an ovarian tumor, which, from several circumstances therein stated, I regarded of more than ordinary interest.

The patient, who was then represented as having been apparently restored to complete and permanent health, I have been since called upon to treat for another and more serious malady, but with a less happy result. About ten months from the date of the operation above referred to, this young lady called upon me for advice in reference to a small tumor she had just noticed in her right side. Upon examination, it proved to be located between the superior anterior spinous process of the ilium and the median line, in size a little larger than a turkey's egg, slightly movable, of fleshy density, with irregular surface, without pain or soreness, and causing no inconvenience whatever.

The patient, as to her general condition, appeared remarkably well, having gained in weight about sixty-pounds since my last seeing her, and declaring herself in all respects, save in this new development of disease, perfectly well.

Frequent examinations during the two weeks following, showed rapid increase of disease, accompanied, also, with marked constitutional suffering. The expediency of the extirpation of the tumor was considered, and the operation earnestly insisted upon, but all

* Diseases of the Abdomen, p. 144

hope of relief in this direction was soon dispelled by the sudden occurrence of a new and seriously complicating difficulty.

After an absence of a few days among her friends in the country, she returned to Lowell, complaining of unusual fulness of the abdomen, also of great loss of strength. An examination showed her statement true as to the fulness; moreover, that the abdomen contained a considerable amount of fluid—probably not less than four or five quarts. The distension increased with surprising rapidity, accompanied with difficulty of breathing, diminished strength, feeble and rapid pulse, and great restlessness. It soon became necessary to resort to tapping. The fluid drawn away by this operation was not simply ascitic, as had been previously suspected, but of a character which, in color, might have been taken for so much pure blood. This idea, however, was contradicted by the fact that its quantity was not less than seven quarts. At first, the flow through the puncture was free, but it soon became more or less obstructed, and finally completely blocked by small masses of a brain-like substance, which I took to be detached portions of the recently formed tumor.

Great relief immediately followed this operation; but it was only for a very short period. She died on the fourth day after tapping, and within four weeks from the time the newly formed disease first appeared.

Post mortem, twelve hours after death. The fluid in the abdomen was drawn off, as far as possible, through the puncture made a few days previously. Its appearance was the same as that already described—possibly not quite so deeply colored. Upon laying open the abdomen, it was found that the tumor in the right side was unequivocally a diseased ovary; that in its morbid development it had become attached to, and, to some extent, blended with the cicatrix occasioned by the previous operation. It had no pedicle, its point of origin appearing to be merged in the broad ligament. No trace of normal ovarian structure could be made out. The tumor itself was evidently of encephaloid character—soft, and already broken down to some extent, with thick and firm shreds of lymph covering a large portion of its surface. Numerous fragments similar to those observed at the time of tapping (evidently once a part of the original tumor) were also found mingled with the serum and large masses of coagula occupying the lower portion of the pelvic cavity.

Every other organ, both of the abdomen and thorax, appeared perfectly healthy. No trace of tubercular deposit could anywhere be seen.

In several points this case is noteworthy. Cancer of the ovary is evidently a disease of rare occurrence. Of at least forty cases within my own experience, where an operation for the removal of the organ has been resorted to, this is the first of the kind I have seen.

It is also deserving of remark, that at the time of the first operation, already alluded to, the remaining ovary was particularly observ-

ed, and spoken of as being in a healthy state; so that in view of the healthy and vigorous condition of the patient for nearly nine months afterwards, the cancerous development must have taken place within a very short period, not more than four weeks, probably, before death.

Finally, as regards the tubercular condition of the omentum, and peritoneal lining of the abdominal and pelvic cavities, as noticed in the previous operation, it was now found to have entirely disappeared. In neither of these cavities could the slightest trace of tubercular or other morbid change be found, save in the single organ in question.

CASE OF NEPHRITIC CALCULUS LODGED IN THE RIGHT URETER.

[Read before the Middlesex East District Medical Society, Jan. 20th, 1864, and communicated for the Boston Medical and Surgical Journal.]

By EPHRAIM CUTTER, M.D., OF WOBURN.

MRS. EUSTIS CUMMINGS, 28 years of age, sanguine temperament, expected to be confined with her fifth child Dec. 21st, 1863. She was a small, healthy and symmetrical woman.

Nov. 18th, 1863, she sent for me, supposing that she was in labor. Her pains were intermittent, occurring once in ten or fifteen minutes, and were referred to the right lumbar region. They were not intense. The os uteri was high up, undilated, and evidently unaffected by the pains. The case was considered as a false alarm, and she was left with a few one-grain opium pills to lull off the pains till the full time. She was seen on the 19th and 21st; she had some pains, but there was no alteration in the condition of the os uteri. Her sufferings were moderate; she was able to move about, but not to leave the room. On the 23d, she sent down, and my father answered the call. He found her easier, examined the os uteri, told her that she was not going to be sick, and left. He was summoned again the same night, and did not find her condition much altered, but staid with her all night to pacify her friends. She complained of pain in the right hypochondrium mostly. At one time it was very severe, and only relieved by the inhalation of chloroform. She took physic, and the bowels were freely opened. It was considered by my father as a spurious case of labor, and the pains connected with the uterus. She continued in this half-way state until Dec. 6th, when she was delivered of a healthy, living, male child, in an easy labor. She continued to do well for seven days, when she was seized again with the old pain. Of course we looked for some other cause, but were unable to distinguish between intussusception and nephritic calculus. The means which had before succeeded were again employed. But the pains increased in severity, and had no intervals of rest. The pulse was regular, the respiration troubled, the face anxious, the bowels tender; there was tossing to and fro.