

clean and healthy. On the 27th she was restless and indifferent, but when roused would take a little brandy. Pulse 130. Temperature 103°. Uterine flow continued, not at all offensive; no tenderness nor distention anywhere detected. It was evident that the case, which had gone on so well for five days, was to terminate fatally. There was apparently no peritonitis nor pyæmia, but there was probably blood-poisoning. Without quoting too freely from the record, I will simply say that the delirium increased, that the skin continued natural to the touch, and that careful examinations by the vagina and rectum revealed no induration nor collection of fluid.

At ten p. m. on the 27th severe hæmorrhage from the nose came on, the face being much flushed and the hands cold; this bleeding soon stopped, and towards morning the face became cooler.

Death occurred at eight o'clock, May 28th. No autopsy was allowed, and perhaps it is useless to speculate as to the cause of death. I think, however, that it must have been septicæmia, but without chill or peritonitis. I have not mentioned all that was done in the way of treatment, internally and externally, nor does it seem necessary; the case has, however, been sufficiently described to be useful in the history and study of this operation. In my next case I shall, if possible, use the actual cautery in securing the pedicle.

A CASE OF SUPPOSED OVARIAN DISEASE.¹

BY F. B. A. LEWIS, M. D. (HARV.), OF WATERTOWN, N. Y.

Mrs. E——, aged twenty-six, robust and finely developed, married in January, 1870, had a healthy child one year after, and a miscarriage at the second or third month during the second year succeeding. I saw her first in August, 1873, on account of severe endometritis, which had resisted all ordinary treatment. Owing to energetic measures and to a naturally good constitution, she recovered, and was discharged well in October following. She remained in health until August, 1874, when she presented herself at my office, saying she feared something was wrong with her, as she had disagreeable sensations in the lower part of the abdomen, with some leucorrhœal discharge. While I was examining the uterus bimanually, the fingers detected a tumor in the left inguinal region, in size about that of an ordinary orange, indistinctly movable, firm, and not tender; the patient had been unaware of its presence. The uterus was in a normal condition.

A month later the patient returned, and on examination the tumor

¹ Read before the Jefferson County (N. Y.) Medical Society, October 5, 1875.

was found to be considerably increased in size, but without pain or tenderness; it was still firm, and somewhat less movable. The general condition remained satisfactory. A consultation was advised, but the patient was lost sight of until several weeks afterward, when, during my absence, another physician was called, on account of trouble in micturition, with considerable pain. He stated that the uterus was found pressed downward upon the neck of the bladder, and on pushing it high up the pain was instantly relieved, and he did nothing more. From this time the tumor steadily but rapidly increased in size, extending over into the right side and filling the entire abdomen. Meanwhile it developed renewed trouble in micturition, and caused constipation and dyspnoea. There was no pain in the tumor itself, nor failure of the general health, until the latter part of the year 1874; at this time the measurement around the body at the most prominent point was thirty-eight inches, taken while the patient was lying down. The skin of the abdomen had become quite thin; distended veins in great numbers coursed over the surface; the dullness on percussion extended over the entire abdomen; the sense of fluctuation was indistinct and indefinable. No change of outline resulted from altered posture. The skin was movable over the tumor in places only. The entire mass was quite firmly fixed in the pelvis. The uterus was strongly anteverted, with the cervix flattened against the pubes; the sound entered two and three fourths inches, and moved the uterus, which was small, quite freely, considering the pressure above. There was fullness with indistinct fluctuation high up in posterior vaginal cul-de-sac, and uniform fullness was felt in rectum. Menstruation, which had been normal, now became irregular and painful. The patient emaciated rapidly, and was troubled at times by oedema of the feet and ankles; this latter condition disappeared after bandaging and the use of stimulating lotions. The more general discomforts were hiccough, the passage of flatus through the compressed intestine, and the sensation of weight in the abdomen.

The opinion had been early given that the case was one of ovarian cyst, probably multilocular. This diagnosis was confirmed by a surgeon as well qualified as any in this portion of the State, one who a few years ago, in opposition to the diagnosis of several other physicians, had confirmed my opinion in a similar case, in which the tumor after its removal was found to be a multilocular ovarian cyst of large size. In the present instance an operation was advised, and preparations were made for it, although the patient was able to move about the house at times. In the early part of January, 1875, her general health failed more decidedly, and she had four or five hysterical convulsions each day. At this time another surgeon was called, who, without disputing the diagnosis, advised a delay in operating until the general condition might be improved.

The remarkable points of this case are now to be reported. Within ten days after the last consultation the patient's condition became wholly altered. Leaving her one day in a state of comparative comfort, I found her the next affected with severe convulsive attacks, chills, with fever and sweating, pain in the tumor, pinched countenance, and small, quick pulse. By the 10th of January the tumor had entirely changed; it was softer, and fluctuation was easily made out; the abdomen was considerably smaller; the veins, previously so prominent, became emptied, and the skin could be easily taken up in folds. On January 11th an aspirator-needle was inserted midway between the umbilicus and the pubes, and a pint of odorless pus was drawn; the needle then became obstructed, and, the patient being much relieved, nothing more was done until the 19th, when, convulsions and the other symptoms recurring, a trocar and canula were introduced, and several pints of pus, mixed with gelatinous matter and sloughy-looking strings, were evacuated. A long probe passed through the canula could be swept about or passed in any direction, to the extent of eight or nine inches. It was designed at the time of operating to leave the canula for the purpose of drainage; but when the sac appeared empty the instrument was withdrawn, and the orifice was closed with adhesive strips. At this time the case was considered to be a desperate one, but the patient improved rapidly, the convulsions were arrested, the sac never refilled, the extent of dullness became less each week, and at this date (October, 1875) the patient is a robust person, full of life and vigor.

In conclusion, it may be remarked that among the reports of cases I have been unable to find one like the foregoing. Ovarian cysts appear not to suppurate very often, especially when they have reached considerable size. Even when suppuration occurs, the progress of the case is unlike that here noted. Possibly it may be said there was an error in the diagnosis, but certainly the history is not that of any other disease affecting the pelvic region.



RECENT PROGRESS IN PATHOLOGY AND PATHOLOGICAL ANATOMY.¹

BY R. H. FITZ, M. D.

PATHOLOGICAL ANATOMY.

Aneurisms. — Professor Köster² spoke to the Lower Rhine Society, at Bonn, with reference to the origin of aneurisms. The commonly accepted idea that these are due to chronic endarteritis and its meta-

¹ Concluded from page 473.

² *Berliner klinische Wochenschrift*, 1875, xxiii. 322.