

coagulation has commenced during life, and in such circumstances as the present it will always be found that there has been a marked depression of vital power for some time previous to the final extinction of life. In the puerperal state there appears a peculiar tendency to coagulation of the blood. This increased tendency is due probably to an excess of the fibrinogenous element in the blood at this period, such as exists in acute inflammatory diseases. The blood of pregnant women is said to differ from blood ordinarily in its deficiency of red corpuscles, and in its increase of white corpuscles and of fibrine. This cannot, however, be considered sufficient of itself to determine the formation of a thrombus; but, as a predisposing cause, there can be no doubt it plays an important part. The actual cause must, I think, be looked for in the condition of the uterus itself. In most cases of thrombosis, whether of the heart, pulmonary artery, iliac veins, or other part of the circulatory system, occurring after confinement or abortion, there is generally some obvious defect in the act of parturition which has preceded; and, among these defects, feeble contraction of the uterus and hæmorrhage are perhaps the most frequent. It is quite true that occasionally thrombosis of the iliac or femoral veins, resulting in what is called phlegmasia dolens, may occur after a good confinement; yet this is by no means common, and where it does happen under such favourable circumstances, it is not perhaps so much that the uterus has done its part well, as that its actual condition and failure have been carelessly observed.

In the present case I have no doubt the proximate causes of the formation of a thrombus were uterine hæmorrhage and deficient cardiac power. The right ventricle, sharing in the general exhaustion of the system, was unable completely to expel its contents. During the enfeebled systole the retained blood was whipped as it were of its fibrine by the carneæ columnæ, and the resulting clot, attached at first to the apex and depressions between the fleshy columns, increased in size by layer after layer until nearly the whole cavity was filled. Most probably the first deposit was at the apex, for here the thrombus was so firmly attached that I had difficulty in tearing it away. Between the carneæ columnæ also it was closely adherent.

How long the fatal issue might have been averted by prolonged rest in the recumbent posture it is impossible to say; but, under any circumstances, the existence of a thrombus of such considerable size would appear quite incompatible with any great prolongation of life. Had suffocation been prevented there would have been a great liability to separation of a portion of the thrombus resulting in embolism of some branch of the pulmonary artery upon the slightest exertion by the patient.

Organisation rarely proceeds to any great extent in clots formed in the right side of the heart. Sometimes possibly they become absorbed; but generally, if life is prolonged, they become disintegrated and softened, producing secondary changes in the heart and bloodvessels.

Poynton, Stockport.

ON TWO CASES OF OVARIOTOMY.

By W. WHALLEY, M.D.

CASE 1.—Mrs. W. V—, aged twenty-six, married two months, was confined at the full term of an illegitimate female child nine years ago. Had had no abortion or miscarriage. The patient first consulted me in May, 1877. That peculiar physiognomy described as the “*facies uterina*” was strikingly characteristic of the disease in this case, and there were unmistakable indications of a general failure in her health. She believed herself to be about seven months advanced in pregnancy. Menstruation had been irregular as to periodicity, quantity, and duration, sometimes continuing three weeks.

From the patient's narrative I was led to doubt the existence of pregnancy, and suggested the propriety of making an examination in the presence of some married acquaintance. To this she readily acceded. Accordingly, on the 12th of May, in the presence of her mother-in-law, I examined her. The body presented a peculiarly blanched appearance; the extremities were œdematous; the abdomen was enormously distended. A hard irregular growth, of the size of a foetal

head, was felt on the left side of the median line. From this growth cystic formations could easily be traced through the attenuated abdominal parietes. They occupied nearly the whole of the abdominal cavity. On palpation fluctuation was discernible in the larger cysts. When the patient was placed on her back percussion sounds were clear between the upper margin of the tumour and the ensiform, but uniformly dull in both loins, and over the prominent parts of the abdomen. On vaginal examination, a large unyielding body was felt, resting on the brim of the pelvis, behind which the fundus of the uterus was pressed against the spine, and the os was situated immediately beneath the arch of the pubes. The diagnosis of multiple ovarian tumour was given.

On June 26th three of the cysts were tapped by the trocar. It was first introduced midway between the umbilicus and the ensiform cartilage. About a quart of thick, viscid, greenish-coloured fluid, resembling linseed-tea, passed. The trocar was again introduced about four inches to the right of the umbilicus, when several pints of amber-coloured fluid were evacuated. It was then introduced into the solid portion of the tumour, about four inches to the left of the umbilicus, and a brown, grumous fluid, of the consistency of treacle, passed. Altogether about ten pints of fluid were removed. An attempt was made to improve the health of the patient. She was ordered a full and nutritious diet, and took chalybeates for nearly three months. Her general health was much improved, but the tumour became larger than before, necessitating a second tapping, which was done, as on the former occasion, by inserting the trocar at different points into its separate compartments. On this occasion eleven pints of fluid were removed. The cysts, however, soon refilled, and attained such an enormous size as to cause great discomfort and inconvenience. She was prevented from discharging the active duties of life; she became wasted and enfeebled; in short, a condition of things existed which was incompatible with prolonged existence. She became impatient as the tapplings were of no avail, and was very solicitous to have the tumour extirpated.

Seeing that the patient's existence could only be protracted at most for a few months, I did not hesitate to give her the chance of a doubtful recovery, believing the operation to be perfectly justifiable. Ovariectomy was accordingly performed on August 21st, 1877. Ether having been administered, I commenced by an incision of five inches, from the umbilicus downwards, in the course of the *linea alba*. The largest cysts were successively tapped and emptied. Altogether about ten pints of fluid were removed. On introducing the hand into the abdomen, the tumour was found firmly adherent anteriorly, and in the right and left iliac fossæ. The adhesions were long, very firm, and extensive, and required considerable force to detach them. The tumour was connected to the left side of the uterus by a pedicle about four inches long, from two to three inches broad, and about the sixth of an inch thick. This was transfixed by a double carbolised catgut ligature, and tied in two halves. The cyst was then separated, and the pedicle returned into the abdomen, after cutting off the ligatures short. The uterus was healthy. There was some venous hæmorrhage from the abdominal parietes. This being arrested, and the pelvic cavity carefully sponged out, the incision was closed with the continuous suture, strips of adhesive plaster, and a bandage, and the patient removed to bed. Vomiting followed the operation, but soon passed off. The solid portion of the tumour weighed 14 lb. 14 oz.

The state of the patient after the operation was not very satisfactory. She presented a very blanched appearance; the pulse was 140 per minute, and extremely feeble. She passed a tolerably good night, free from pain. During the first week she suffered at times with abdominal pains, and much flatulence. The diet consisted of beef-tea, mutton-broth, arrowroot, bread-and-milk, thin gruel, barley-water, ice, soda-water, and lithia-water, the last being administered when the urine was observed to deposit urates. The sutures were removed on the eighth day, and the wound was united. The pulse ranged from 110 to 120, and was very feeble during the week. On the eighth day, the bowels were relieved by an enema. The appetite began to improve, and hopes were entertained of her recovery. On the tenth day, the patient had a severe attack of pain in the bowels, which lasted some hours; the pain, pulse, and temperature increased, and unmistakable signs of peritonitis declared themselves. This was treated in accordance with the rules usually practised. When symptoms of exhaustion

manifested themselves, the patient was kept up with wine, brandy, and champagne, repeated as frequently as the irritable state of the stomach would permit. On examining the abdominal wound, the upper portion was found to have been slightly opened, having been occasioned by the violent retching and vomiting. It was at once closed with sutures, &c. She died from exhaustion on the thirteenth day. A post-mortem examination could not be obtained.

CASE 2.—M. J—, aged twenty-three, unmarried, of rather short stature, slender, fair complexion, auburn hair, and sanguine temperament. Father living; mother died at the age of thirty-three from consumption. Has two brothers living, aged respectively eighteen and twenty, and one sister living aged twenty-six—all in good health.

The patient first consulted me on Nov. 10th, 1877, relative to an enlargement of the body, which she first observed three years before, after suffering from a severe pain in the left side. The body had increased slowly from that time until the last three months, when it began to enlarge very rapidly. The catamenia commenced at fifteen years of age, and appeared regularly until the abdomen began to enlarge; it has since that time recurred fortnightly, but has never been profuse. The patient's general health had remained good. On examining the body, a large, hard, irregular substance was felt occupying the lower two-thirds of the abdominal cavity, extending much higher on the left side than on the right. The protuberant parts of the abdomen were dull on percussion, while the sides and the space between the umbilicus and ensiform cartilage were more or less resonant. Upon careful palpation, fluctuation was detected in the largest cyst. Per vaginam the tumour was felt resting on the brim of the pelvis; the uterus was slightly depressed, but otherwise normal in position. The case was judged to be one of multiple ovarian tumour. Its nature was explained to the patient, who at once expressed her determination to have it removed as soon as possible.

On November 23rd, 1877, I performed ovariectomy. Ether having been administered, an incision about four inches long was made, midway between the umbilicus and pubes. The largest cysts were successively tapped and emptied with the syphon-trocar; and, altogether, about six pints of fluid were removed. The adhesions, which were anteriorly to the abdominal walls, were readily separated by inserting the hand between the latter and the tumour. The pedicle, which connected the tumour to the left side of the uterus, was about three and a half inches in breadth, about a quarter of an inch thick, and of just sufficient length to admit of a Wells' clamp being applied and fixed outside the peritoneal cavity. This having been done, the pedicle was divided and the tumour removed. There was very little hæmorrhage. The peritoneal cavity having been sponged out, three silk sutures were introduced into the abdominal opening above, and one below the pedicle; the stump of the latter was freely touched with the solid perchloride of iron (as is taught and practised by Mr. Spencer Wells), which effectually prevented decomposition of these tissues. The uterus was healthy. The wound was covered with a piece of folded lint, pads of cotton-wool were applied, the body was supported by long strips of adhesive plaster and a flannel belt, and the patient placed in bed. "Ether sickness" supervened, but proved transient.

The patient passed a good night, but the following day she complained of slight pains in the back and abdomen, and was at times troubled with flatulence: the former symptoms were efficiently relieved by enemata, consisting of beef-tea and laudanum; the latter, by the occasional introduction into the rectum of an elastic tube. On the third day after the operation the catamenia appeared at their wonted time, and continued, as on former occasions, for three days. The patient's dietary was similar to that adopted in the first case. She began to micturate voluntarily on the fourth day. The bowels were relieved by an enema of water gruel and castor oil on the eighth day, and acted spontaneously on the tenth day. The wound was dressed from first to last with dry lint. The temperature ranged during the first nine days from 100° to 100·4° F., and the pulse from 98 to 102; after the ninth day both temperature and pulse remained normal. The pedicle and clamp did not separate until the fourteenth day, after which the wound soon healed, and the patient made a rapid and perfect recovery—being impatient to resume her ordinary household duties—at the expiration of a month from the date of the operation.

Bradford, Yorks.

A Mirror

OF

HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

MR. MAUNDER'S CLINIC.

WE recently had an opportunity of seeing several instructive cases among Mr. Maunder's patients, some of which were at a more advanced stage than they are usually met with at hospitals. A brief account of some of these may be not uninteresting.

One case was that of a man, about forty-five years of age, on whom Mr. Maunder had, seventeen years before, performed Pirogoff's operation of amputation at the ankle-joint. It is well known that when M. Pirogoff first proposed to modify Syme's admirable operation by leaving that portion of the calcaneum into which the tendo Achillis is inserted, many objections were raised, and it must be allowed that later experience has shown that these objections were not altogether imaginary or fictitious. In addition to other drawbacks, it was alleged that the remnant of os calcis might, at the time of operation, be in a state of incipient disease inappreciable to the naked eye, or might subsequently become affected; or, allowing it to be healthy, it might not unite firmly with the tibia and fibula, either in consequence of want of adequate reparative activity or of displacement of the fragment produced by the unopposed action of the muscles of the calf. But none of these inconveniences had occurred in Mr. Maunder's case. Apparently firm bony union had taken place, and the stump was both sound and serviceable.

Another case was that of a man, about thirty-two years of age, who had had the elbow-joint excised eight years ago by Mr. Maunder's method. Ever since the operation the man has been actively engaged as a porter in a provincial work-house. He uses both arms equally well, and, except when the maimed limb was uncovered, it was difficult to say which elbow had been operated upon.

Another case worthy of notice was that of a female, aged thirty-five, who gave a history of having suffered from obstructed bowels for two years. There was a long, narrow stricture of the rectum, and the buttocks were riddled in all directions with sinuses discharging pus and liquid fæces. Her condition was deplorable, and her expression of misery very great. Mr. Maunder performed left lumbar colotomy by transverse incision. The bowel was quickly exposed, and the operation rapidly completed. It was then pointed out that colotomy was sometimes performed in cases of complete obstruction, and was then only palliative; but in this instance there were reasons for hoping for a curative effect. The primary object was to relieve the extreme sufferings of the patient; afterwards, when the artificial anus was established, and the flow of fæces diverted from the rectum, an attempt would be made to dilate the stricture, and thereby to restore the natural passage, and give the sinuses a chance to heal. Should these desiderata be secured the artificial anus might be closed.

CENTRAL LONDON SICK ASYLUM, CLEVELAND-STREET.

UNUSUAL DISTENSION OF THE BLADDER SIMULATING
OVARIAN TUMOUR.

(Under the care of Dr. LEDIARD.)

E. M'L—, aged seventy-six, charwoman, was admitted on January 23rd, 1878. She had had nine children; had been healthy all her lifetime up to her climacteric, which occurred at forty-two years of age; had had swelling in the belly for two years. Her face had never swelled, but the legs had for five or six weeks, and for the past four months she had kept her bed. The abdomen had increased in size