

roid behind the pectineus, the femoral in front of it. The distinctness of the thyroïdal swelling; the feeling, on manipulation, of its being covered by a greater thickness of parts; the impossibility of getting down to the neck of the rupture with the fingers, and the absence of all tendency to turn up would be the points mainly to be relied on. In my own case there was not the slightest impulse communicated to the swelling when the patient coughed, (but this might occur in the case of any rupture tightly strangulated,) and there was the peculiarity of the attack commencing with cramp, and severe pain in the leg and thigh of the affected side, arising, no doubt, from pressure upon the branch of nerve found during the operation lying over the rupture. When still more fully developed, the existence of this rupture would, of course, become more evident, and the diagnosis from femoral rupture easier, the base of the sac being situated more internally and lower down than in the femoral variety.

In performing the taxis, keeping in mind the direction of the sub-public opening, pressure should be made in a direction outwards, backwards, and upwards.

With regard to the operation, I did not experience any great difficulty in its performance; but I was fortunate in having a spare person to deal with. I cannot suppose that the division of the heads of the triceps muscle, as advised by Gaderman, (South's Chelius,) can ever be necessary. In Mr. Obré's operation, the pectineus was divided; in my own case, however, there was no difficulty in getting down between the borders of the pectineus and adductor longus. Differences in the precise mode of proceeding will be necessary, according to the position to which the rupture has advanced. The size of the muscles also in different persons will have an effect in modifying the steps of the operation.

Newcastle-upon-Tyne, 1856.

ON A

CASE OF OVARIAN DISEASE:

OVARIOTOMY; DEATH ON THE THIRD DAY FROM DESTRUCTION OF THE BRONCHIAL MUCOUS SURFACE.

By C. BLACK, M.D. LOND., F.R.C.S., &c.

THE subject of the present case was R. S—, a woman of bilio-sanguineous temperament, aged forty-nine years, and the mother of three children, the first of which was born at the expiration of two, the second at the end of eleven, and the third eighteen years after marriage. For some time before marriage, and until the birth of the first child afterwards, she was delicate in her general health, and frequently suffered from dyspepsia; but after the birth of the first child until two years ago—a period of nearly twenty-four years—her health was exceedingly good. During this period menstruation was regular. In November, 1854, she suffered from inflammation of the right ovary, from which she recovered, and remained well until October, 1855, when she again suffered from ovaritis. This time, however, all the local symptoms were confined to the *left* inguinal region. She again recovered, and remained in good health until the beginning of the present year, menstruation in the meantime being regular. About this period her abdomen began to enlarge; and, as she had not menstruated during the last three months, she thought that she might be pregnant; but, as she had some doubts upon the matter, I was requested to give her the benefit of my opinion. The result of my examination was unfavourable to her view, and led me to the conviction that she suffered from ovarian disease. The abdomen was uniformly distended, and as large as that of a person at the close of the fifth month of pregnancy. There was distinct fluctuation; but, as yet, no solid tumour could be detected in any part of it. An obscure uneasiness in the left inguinal region, a similar sensation in the left sacral region and corresponding hip, and the fact of her having lately suffered from ovaritis on the left side, were the principal data which induced me to locate the disease in the corresponding ovary. The patient herself did not know in which inguinal region the swelling first showed itself.

The treatment consisted in the exhibition of mercurial alte-

ratives, different preparations of iodine, an occasional drastic cathartic, and the almost constant use of diuretics, frequently combined with light vegetable bitters. The abdomen was for some time at first well rubbed, every night and morning, with camphorated oil, or with an embrocation composed of the tinctures of opium and aconite, and soap liniment; after which it was swathed in a broad flannel bandage. At a subsequent period of the treatment, the daily application of the compound tincture of iodine was made to the skin over the site of the disease. The diet consisted of light, nourishing food, and as much active exercise was permitted as the patient could undergo short of fatigue.

Under these and similar measures, the fluid portion of the disease was six times removed by the kidneys and bowels conjointly; but by the former in particular. After the first removal of the fluid, manipulation of the abdomen detected a solid, moveable tumour, about the size of the closed fist, in the left inguinal region. This, after each succeeding evacuation, was found to have increased more and more in size, until at length it occupied nearly the whole of the left side of the abdominal cavity. Shortly after this all medicinal measures ceased to exert any influence either in removing or arresting the disease. Thenceforth the steady enlargement of the abdomen encroached so much upon the breathing capacity of the lungs, that the patient was at length unable to assume the recumbent posture. At this juncture, as immediate relief was urgently demanded, paracentesis abdominis was performed, and nine pints of bloody, serous-looking fluid were evacuated with relief to the breathing.

A considerable amount of prostration followed the operation, which required a week's careful attention to remove. On the second day after the operation the patient, without any apparent cause, complained of a fixed, somewhat sharp pain about the angle of the sixth rib on the right side, which was aggravated by pressure during inspiration. There was an occasional dry cough; but a total absence of all sympathetic fever. Auscultation detected, in the spot indicated, a limited pleuritis in the exudative stage, which quickly yielded to the application of a blister, and other remedies. Immediately after the subsidence of pleuritis, slight bronchial catarrh was excited by accidental exposure to cold. This also yielded in the course of a few days to the remedies prescribed, and thenceforth the patient's health steadily improved, until the abdomen had again become so distended that further operative procedure was necessary. The question of ovariectomy, with all its risks and dangers, had already been submitted to the patient and her friends; and, after due deliberation, uninfluenced by the expression of any medical opinion, she desired to submit herself to the operation. Her general health was now as good as, in the opinion of three of my medical brethren and myself, it could be under the particular conditions of her case. An early day was, therefore, fixed for the operation; but, in the meantime, the pressure of the tumour upon the diaphragm and lungs increased so rapidly, that it was deemed necessary to perform ovariectomy two days before the appointed time. At this juncture the following particulars were noted:—

The abdomen was full and rounded, but not quite so bulging on the left as on the right side. The distance, however, from the umbilicus to the superior spinous process of the ilium was somewhat greater on the left than on the right side. The skin of the abdomen was smooth, shining, and penciled with numerous enlarged veins. On the left side a distinct tumour could be felt, occupying the space from above the left short ribs to the ilium and pubis, and from the linea alba anteriorly to the lumbar region posteriorly. The abdominal walls could be slid over this tumour, which felt to have an irregular surface. When the patient lay on her back, and attempted to rise without the assistance of her hands, the recti muscles started forth, thus indicating that the tumour beneath was not adherent to them. By vaginal examination the uterus was found to be of its proper size, moveable, and its os and cervix not perceptibly deflected to either side.

Operation, twelve o'clock a.m., Oct. 5th.—The temperature of the patient's apartment having been raised to 75° Fahr.; the air of the room having been impregnated with the vapour of hot water, by means of a large kettle kept constantly boiling, in order to lessen the risk of exciting peritonitis; and the patient's legs and thighs having been bandaged with flannel rollers, and subsequently encased in two pairs of worsted stockings, to prevent too great a reduction of animal temperature during the necessary exposure upon the operating table, chloroform was given, at first slowly, then somewhat more rapidly, until the patient became insensible. An incision was now made from a point three inches above the umbilicus to

the pubes, dividing the skin and subjacent tissue, and laying bare the tendon formed by the juncture of the aponeuroses of the oblique and transverse muscles of the abdomen. At the umbilicus, this incision was made to diverge a little to the left, to avoid cutting through that part. The linea alba was next divided to the extent of two inches, commencing one inch below the umbilicus. At this point the peritoneal sac was first entered, immediately on doing which a little ascitic fluid escaped. This opening was enlarged to the extent of admitting the two forefingers of the left hand, with which the contiguous surface of the tumour was explored. It was found to be non-adherent to the abdominal walls; and, on inspection through the wound, it appeared of a dull, pearly-white colour with a bluish tinge. The peritoneum, to the extent of the original incision, was next divided by a blunt-pointed, curved bistoury, guided by the two forefingers of the left hand, the points of which were kept a little in advance of the point of the instrument. In the upper part of the wound the omentum was thus prevented from coming into contact with the bistoury. The left hand was now introduced into the peritoneal sac, and the tumour explored in every direction. Two adhesions to the omentum, and a fibrous band uniting the tumour to the parietal peritoneum just above the middle of the crest of the left ilium, were divided, and the tumour was then attempted to be lifted forward through the wound. It was, however, found that this could not be done without enlarging the original wound, to avoid which the sac, which presented at the wound, was perforated by a middle-sized trocar, and its contents were received into a vessel. The reduction of size thus brought about enabled me, without any difficulty, to lift the whole mass through the wound; and, by giving it an inclination to the right side—the direction which it appeared to take from its own weight—its pedicle was at once brought into view. This was from two to three inches long and four inches broad. It was now, for the first time, made apparent that the more solid portion of the tumour, which was first observed in the left inguinal region, and which, during the remainder of its growth, was confined to the corresponding side of the abdomen, was in reality the right ovary, which had changed its position to the left side.

A double ligature of very strong hemp, well waxed, having been passed round its pedicle, and having been tied with all the force which I could employ, the latter was divided on the tumour side of the ligature, and the mass removed. The operation had now lasted seventeen minutes. The uterus and left ovary having been examined and found healthy, the edges of the wound were at once brought together by interrupted sutures, placed one inch from each other, long strips of adhesive plaster, reaching across the abdomen, were placed between the sutures, another broader strap was placed perpendicularly on each side of the wound, to keep down the transverse plasters, and a further broad strip across each extremity of the transverse ones. A strip of lint, spread with spermaceti ointment, was next placed over the wound, a fold of dry lint above this, and lastly, a broad bandage of strong calico encircled the abdomen. This was kept in its position by two strips of calico attached behind, brought between the thighs, and fastened in front. The patient was now removed to her bed, her lower extremities were wrapped in hot blankets, and the temperature of the room was allowed to fall to 65° Fahr. A few minutes after being placed in bed, she vomited twice, after which there was no further sickness. Two grains of opium were now given, the room was darkened, and the patient left in the charge of the nurse, to whom strict injunctions were given to preserve the greatest quietude.—Two o'clock P.M.: Expresses herself as feeling very comfortable; skin warm and perspiring; pulse 110; slight oozing of bloody, serous-looking fluid from the lowest point of the wound.—Six P.M.: Has slept at times about ten minutes; no pain of the abdomen; pulse 106, soft and compressible; skin hot and perspiring freely; complains of irritation about the top of the sternum, and of a frequent, short, teasing cough. Auscultation detects slight, sonorous rhonchi in the large bronchi of both lungs, but more marked on the left than the right side. Ordered, liquor acetate of ammonia, one ounce and a half; liquor potassæ, half a drachm; ipecacuanha wine, half a drachm; spirit of nitric ether, two drachms; mucilage of gum acacia, one ounce and a half; water, to six ounces: mix. One ounce to be taken every second hour.—Ten P.M.: Has slept several times since last visit; cough still troublesome, though not so frequent; breathing slightly accelerated; pulse 112, soft and compressible; skin hot and perspiring; tongue clean; slight thirst; has not passed urine since the operation. The catheter was introduced, and six ounces of highly coloured urine, in which was a large quantity of free uric acid, were withdrawn.

The food to consist of sago or arrowroot gruel, groat gruel, and barley water.

Oct. 7th, Nine o'clock A.M.—Has passed a quiet night, but did not sleep longer than ten minutes at one time. Respirations 24 per minute; cough still troublesome, and accompanied by a frothy expectoration: mucous rhonchi heard more or less throughout the bronchi of both lungs, louder and coarser in their character on the left than on the right side; no pain beyond a mere soreness of the abdomen; slight oozing of a very faintly bloody fluid from the lowest part of the wound on coughing; pulse 120, small, soft, and easily stopped; skin hot and perspiring; tongue large, flabby, injected, and covered on its dorsum with a slight, moist, dirty-white fur; thirst and appetite moderate; bladder not evacuated since last visit. The catheter was introduced, and half a pint of highly-coloured urine—specific gravity 1.026, and containing free uric acid—was withdrawn. Continue medicines and diet.—Three P.M.: Respirations 30 per minute; cough frequent, short, and troublesome; sputum aerated, tenacious, of a dirty-white or faintly reddish-brown colour, and is seen by the microscope to consist essentially of the elements of the bronchial membrane, together with blood-discs, and a very moderate quantity of mucoid and exudative cell-growth; slight soreness of the abdomen, but no distinct pain or tenderness on pressure; no tumidity; pulse 140, small, and easily stopped; skin warm and moderately perspiring; thirst moderate, appetite deficient; bowels not moved since the operation; sleep very short, and interrupted by sudden starts, accompanied by an expression of alarm on the countenance; no pain or uneasiness of the head; perfect coherence. The catheter was again introduced, and five ounces of highly-coloured urine, free from uncombined uric acid, were withdrawn. To have beef-tea added to her diet. Ordered, sesquicarbonate of ammonia, four scruples; ipecacuanha wine, half a drachm; water, three ounces. Citric acid, four scruples twelve grains; spirit of nitric ether, two drachms; water, three ounces. To take one large spoonful, in a state of effervescence, every second hour; with one of the following pills:—calomel, three grains; compound ipecacuanha powder, fifteen grains; with sufficient confection of roses to make six pills. A cantharides plaster to be applied to the sternum.

8th.—Ten A.M.: I remained with her during the whole of last night. She slept the greater part of the night, but awoke frequently, occasionally starting from her slumbers with considerable alarm. During the night she complained of shifting pain in the bowels, accompanied by flatulent distension, which was at once relieved by hot fomentations of poppy decoction, and by a warm-water enema. These were quickly followed by the discharge of much flatus per anum, and by the immediate disappearance of pain. This morning she expresses herself as feeling better. Respirations 28 per minute; cough not quite so frequent; expectoration copious and easy; pulse 120, larger and soft; no pain of the abdomen, except when shaken by the cough; no flatulent distension of the bowels; no oozing from the lower part of the wound; skin warm and perspiring; tongue moist, slightly covered with a white fur; thirst and appetite moderate; has evacuated the bladder by natural effort; urine clear, of a bright straw colour, and free from uncombined uric acid. Continue medicines and diet.—Three P.M.: The same. Blister risen well.—Eight P.M.: Breathing more oppressed; respirations 36 per minute; expectoration very abundant; the slightest cough raises the sputum; the bronchi contain a copious secretion; alæ nasi visibly raised in inspiration; no lividity of lips; pulse 130 per minute, small and easily stopped; abdomen free from pain or tumidity; has several times passed flatus per anum; bladder twice evacuated by natural effort since last night; some degree of restlessness; countenance expressive of alarm; takes beef-tea and other food with relish. To continue same medicines and diet, and to take half an ounce of wine in sago-gruel in the space of two hours.—Eleven P.M.: Breathing less hurried; respirations 32 per minute; pulse 126, somewhat larger and stronger; faint, dry friction-sound in left sub-clavicular and supra-mammary regions. Other signs and symptoms as before. To have the left chest, not encroached upon by the blister, constantly fomented with hot poppy decoction.

I remained with her during the night. At one o'clock A.M. on the 9th instant, her condition became much worse; the chest signs increased in expression of failing vitality; the animal temperature rapidly fell; wandering pains in the abdomen, chest, and head occasionally manifested themselves; slight incoherence followed; and she sank at half-past five the same morning.

(To be concluded.)

October, 1856.—31 Days.

Week ending—	Barometer. Corrected Mean.	THERMOMETERS.				Adopted Temperature of Air.	Adopted Temperature of Evaporation.	Dew Point.	Elastic Force of Vapour.	Weight of Vapour in Cubic Foot of Air.	Wind.	RAIN.	
		Dry.	Wet.	Highest	Lowest							Amount	Days
	Inches.	°	°	°	°	°	°	°	Inches.	Grains.		Inches.	
Saturday, 4th ...	29·536	55·2	52·1	60·6	52·3	55·3	52·2	46·9	·351	4·0	S. W.	·59	4
„ 11th ...	30·018	52·0	51·9	60·0	53·5	53·9	53·8	51·3	·412	4·6	N. E.	·70	6
„ 18th ...	30·059	52·2	50·9	59·2	51·7	53·3	52·0	48·4	·370	4·2	W.	·44	4
„ 25th ...	30·335	52·8	50·2	60·2	50·3	53·5	50·9	46·1	·338	3·9	Variable.	·03	1
Monthly Mean, from 1st to 31st, inclusive.	30·121	51·7	50·1	59·1	50·1	52·6	51·0	47·1	·353	4·0	S. W.	1·31	13
Inches.													
Highest reading of barometer on 25th						30·505	Highest reading of thermometer on 5th						65°·5
Lowest reading of barometer on 15th						29·935	Lowest reading of thermometer on 29th						38°·1
Monthly range						·520	Range of temperature in the month						27°·4

November, 1856.—30 Days.

Week ending—	Barometer. Corrected Mean.	THERMOMETERS.				Adopted Temperature of Air.	Adopted Temperature of Evaporation.	Dew Point.	Elastic Force of Vapour.	Weight of Vapour in Cubic Foot of Air.	Wind.	RAIN.	
		Dry.	Wet.	Highest	Lowest							Amount	Days
	Inches.	°	°	°	°	°	°	°	Inches.	Grains.		Inches.	
Saturday, 1st ...	30·289	46·7	45·6	54·8	43·0	47·3	46·2	43·8	·299	3·4	E., S. W.	·32	2
„ 8th ...	30·388	45·3	43·4	51·3	43·2	46·1	44·2	40·0	·268	3·1	E.
„ 15th ...	29·801	39·1	36·8	44·8	37·5	39·9	37·6	34·6	·201	2·3	N. W.	·33	3
„ 22nd ...	30·158	43·3	42·4	48·1	40·6	43·6	42·7	39·6	·263	3·0	W.	·18	3
„ 29th ...	29·791	41·0	39·0	49·1	39·6	42·5	40·5	36·1	·230	2·7	N. W.	·61	5
Monthly Mean, from 1st to 30th, inclusive.	30·045	42·0	40·0	48·3	40·1	42·9	40·9	36·5	·233	2·7	N. W.	1·31	12
Inches.													
Highest reading of barometer on 7th						30·611	Highest reading of thermometer on 1st						57°·8
Lowest reading of barometer on 11th						29·359	Lowest reading of thermometer on 30th						27°·8
Monthly range						1·252	Range of temperature in the month						30°·

December, 1856.—31 Days.

Week ending—	Barometer. Corrected Mean.	THERMOMETERS.				Adopted Temperature of Air.	Adopted Temperature of Evaporation.	Dew Point.	Elastic Force of Vapour.	Weight of Vapour in Cubic Foot of Air.	Wind.	RAIN.	
		Dry.	Wet.	Highest	Lowest							Amount	Days
	Inches.	°	°	°	°	°	°	°	Inches.	Grains.		Inches.	
Saturday, 6th ...	29·813	36·5	36·6	41·6	31·4	36·5	36·6	35·1	·216	2·5	S. W.	·40	1
„ 13th ...	29·354	52·1	51·1	56·9	50·3	52·8	51·8	49·4	·372	4·1	S. W.	1·10	5
„ 20th ...	30·245	40·4	39·4	45·7	37·2	40·9	39·9	37·2	·234	2·7	N. W., S. W.	·11	2
„ 27th ...	29·544	37·3	36·4	44·2	37·2	39·0	38·1	35·5	·220	2·5	N. W., N. E.
Monthly Mean, from 1st to 31st, inclusive.	29·772	41·1	40·5	46·5	38·4	41·7	41·1	38·9	·250	2·9	S. W.	1·92	9
Inches.													
Highest reading of barometer on 16th						30·596	Highest reading of thermometer on 8th						59°·4
Lowest reading of barometer on 25th						28·848	Lowest reading of thermometer on 28th						25°·0
Monthly range						1·748	Range of temperature in the month						34°·4

Quarterly Summary.

Barometer. Corrected Mean.	THERMOMETERS.				Adopted Temperature of Air.	Adopted Temperature of Evaporation.	Dew Point.	Elastic Force of Vapour.	Weight of Vapour in Cubic Foot of Air.	Wind.	RAIN.	
	Dry.	Wet.	Highest	Lowest.							Amount	Days
Inches. 29·979	44·9	43·5	51·3	42·9	45·7	44·3	40·8	Inches. ·279	Grains. 3·2	S. W.	Inches. 4·54	34

Yearly Summary.

Barometer. Corrected Mean.	THERMOMETERS.				Adopted Temperature of Air.	Adopted Temperature of Evaporation.	Dew Point.	Elastic Force of Vapour.	Weight of Vapour in Cubic Foot of Air.	Wind.	RAIN.	
	Dry.	Wet.	Highest	Lowest.							Amount	Days
Inches. 29·913	49·8	46·6	57·7	46·3	50·4	47·1	42·4	Inches. ·309	Grains. 3·51	S. W.	Inches. 21·73	134