

be multilocular and colloid. Many cysts were opened and a bucketful of fluid finally drained away. The opening had to be enlarged up to the navel, and after much manipulation and traction an immense semi-solid mass was delivered which was estimated to weigh at least 20 lbs. The pedicle was about 4 inches broad, and had to be ligated in four places under the forceps, which had been applied to enable me to cut away the great mass which was so difficult to hold. The cavity was then thoroughly cleansed, the wound was closed with a dozen silk sutures, and the old lady put into bed. She rallied well, and this evening was very bright and feels perfectly certain that she will get well, and is passing wind and water normally. Pulse and temp. under 100.¹

OPERATION FOR GALL-STONES: CONGENITAL ABSENCE OF GALL-BLADDER: DEATH.

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The following case, although it terminated fatally, still, I think, presents some interest from a pathological as well as surgical standpoint. Congenital absence of the gall-bladder has been found in a few post-mortem cases; no mention, however, has been made, to my knowledge, of the presence of gall-stones in the bile ducts under such circumstances. I also think that no such a case has been operated upon, at least not reported.

Mrs. L., age 63 years, has for the last eight years been suffering from severe paroxysmal pain in the epigastric region, coming on almost regularly after breakfast. About two years ago she called at my office and, as she located the pain over the gall-bladder, and told me that it was at times followed by slight icterus, I made a diagnosis of the presence of gall stones. I prescribed for her with a view to such a condition but, as all medication at the hands of other physicians had hitherto proved without effect, she gave my medicine only a very short trial and, of course, with similar dissatisfaction. About the end of October, 1887, she fell from a chair, striking against her stomach and causing very severe pain over that region, which, however, lessened considerably in a few days. An intense icterus meanwhile made its appearance, combined with severe itching, especially at night, so that it deprived her very much of her sleep. Her appetite was very poor, bowels moved once a day or every other day, stools were grayish-white, resembling putty in color and consistency. Her urine was free from albumen, but rich in biliary coloring matter. (Chloroform test.) Her liver was enlarged, especially the left lobe, but no enlarged gall-bladder could be felt. Her history, however, before the accident, the intense icterus, and a pinching sensation in the region of the gall-bladder made the suspicion of mechanical obstruction by gall-

stones very strong in my mind. As the severe pruritus cutaneous drove the patient almost to distraction, and as she had lost all faith in medicine, she asked me whether an operation might not afford some relief, or at least end her misery in some other way. I told her that we might make an exploratory incision and if feasible we would attempt to remove the gall-stones. Though aware of the dangers of such an operation, the patient eagerly accepted this proposition. The evening before the operation her temperature was 99½, in the morning it was normal.

Operation, Thursday, January 19, 1888.—Patient vomited repeatedly during the administration of ether, also during the operation. I made a T-shaped incision, the transverse cut parallel to and 1½ in. below the ribs, the longitudinal cut externally along the rectus abdominis muscle to a little below the umbilicus. Owing to the large amount of adipose tissue the incision had to be made of such a length. The liver was found enlarged, principally its left lobe. A careful search made for the gall-bladder; it, however, was conspicuous by its absence, and in its place was found a projection of the liver substance, but harder than the surrounding tissue. On pressure I thought I could hear a grating sound. Dr. Caldwell, who was my nearest assistant, independently noticed the same fact. On further examination I also found that this projection contained three solid nodules which suggested the idea of their being either gall-stones or cancer. The introduction of a needle even did not settle the question fully in our minds, and for a moment closure of the abdomen was suggested. After a moment's reflexion, however, we determined to cut down upon these nodules. After I made an incision through about .5 cm. of tissue a few drops of a milky fluid escaped and then I struck a stone 1.5 ccm. in size and the shape of a die; after its removal two more were found, of equal size and shape. I succeeded from this place in introducing a steel sound into the common bile duct and found no further obstruction. The stomach and duodenum were adherent to the liver near the venous duct, but I made no attempt to separate the adhesions. Under considerable difficulty the incision was closed by four silk sutures, and, as I was afraid of some oozing of bile or blood, I left some iodoform gauze at the place, after Miculicz's method (tobacco-pouch), as it perhaps might serve to indicate such an event. As four silver sutures broke during the abdominal closure, not at the place of twisting but where they pierced the peritoneum, I became rather partial to braided silk, and think I will use it altogether in the future.

The patient rallied well from the operation, and for the first twenty-four hours did very well, with the exception that she did not pass over two ounces of urine. On the second day, however, vomiting set in which gradually increased in frequency, so that on the third day it became incessant. Although she swallowed nothing but ice pills she vomited up considerable quantities of greenish-black material. Her temperature never exceeded 100°, pulse and heart-action remained very feeble after the operation, the jaundiced condition of her skin and eyes seemed to clear up. Death ensued about sixty hours after the

¹ March 26, 1888.—These three bad cases made good recoveries, and are alive and happy to-day. I have now had a series of 24 ovarian operations without a death, the last being done in my private hospital seven weeks ago.

operation. During the whole time the quantity of urine, voided through catheter, did not reach 3 ozs.

Post-mortem examination was performed under protest, which made me resort to the pretence that I would remove the iodoform gauze left in for drainage and secure better closure of the wound, it therefore had to be done in a hurried manner. The abdominal wound looked fresh, peritoneum in some places was already well adherent. The bowels were streaked with a little bloody serum but no coagulation was found, except in the transverse cut between the muscles; it had no connection with the peritoneal cavity since the peritoneum under it was well closed. The liver was considerably enlarged, somewhat pale and yellowish, and the wound made for the removal of the gall-stones was in a very good condition, well agglutinated. There were no signs of bile or blood visible. The adhesions between liver, stomach and duodenum could be easily separated. There was absolutely not a vestige of the gall-bladder to be found. The bile ducts were dilated and patent, also streaked with some biliary fluid. The cavity where the gall-stones were located seemed to empty right into the common duct, its walls were thick, and seemed overlaid with a thick stratum of liver substance. The stomach and duodenum were filled with about half a pint of greenish-black fluid. Spleen was normal but somewhat pale. Right kidney was small and quite brittle, of a grayish-red color. Left kidney of normal size, very pale and showed signs of fatty degeneration. The heart was covered with a layer of fat, its walls were thin and very flabby, the valves were intact. The lungs were very pale, but otherwise normal.

REMARKS.—From the clinical course and the post-mortem appearances of the case I gained the conviction that the death of the patient could not directly be charged to the operation. The fatty condition of the heart and kidneys, with consecutive suppression of urine, were more responsible for it. I think had the case been operated upon a little earlier, or could the real condition have been foreseen, the result would have been much better. The operation lasted over two hours, and the bowels were everted and kept in disinfected cloth during most of this time; this was certainly sufficient to produce a severe shock to a patient whose blood had been poisoned with bile for nearly ten weeks, and the degenerated condition of her heart and kidneys would hardly allow her to rally from it fully. Had I known of a similar case that might have served me as a guide there would have been much less delay in the operation. The novelty of the condition made the diagnosis between gall-stones and cancer also somewhat uncertain, which necessarily prolonged the operation. In other words, I could perform the operation in a similar case in about half the time, which would certainly influence the result very much. As the wound in the liver was well agglutinated and no signs of bile or blood oozing were present, I think the strip of iodoform gauze can be done away with in future. This case further teaches that we should not abstain from an operation even if we cannot detect any tumor or enlargement of the gall-bladder.

SARCOMA OF THE SUPRA-RENAL CAPSULES.

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The specimen of tumor that I exhibit was removed, post mortem, from the body of a patient at the Government Hospital for the Insane. The patient was a male, aged 48 years; nativity, Germany; occupation, soldier; mental disease, chronic mania of thirteen years duration. He was at one time violent, but for many years was quiet and did light work in the tin-shop of the institution.

He had for some time suffered from hæmorrhoids, and had lost much blood from this source, and he frequently complained of pain in his right side, attributed by himself to "liver complaint;" on account of this pain he wore his clothing very loose. He was anæmic and his skin was yellowish, but not distinctly jaundiced. Death resulted from exhaustion and anæmia.

The body was in a fair state of nutrition; the skin yellowish; slight prominence of the right hypochondriac region.

The brain and its membranes were first examined, but nothing of interest was revealed except slight internal pachymeningitis, and extreme pallor of leptomeninges and brain.

On thoracic and abdominal section the organs were found to be much displaced by a large oval tumor, situated in the right hypochondriac region beneath the right lobe of the liver. The right lung was pushed upward, and the heart and left lung upward and toward the left, and the liver extended downward five inches below the ensiform cartilage, and across into the left hypochondrium.

The tumor was adherent to the liver and to other structures in the vicinity, except a small portion of the anterior surface which was in contact with the abdominal wall and covered with plastic lymph.

By careful dissection the tumor was removed with the liver, and the specimen was photographed to show the relative size. The tumor when removed from the liver weighed $97\frac{1}{4}$ oz., and measured in its long axis, $8\frac{5}{8}$ inches; in its short axis $5\frac{7}{8}$ inches. It was completely encapsuled; regular in contour; soft, and fluctuated slightly. It was cut through the middle, and $9\frac{1}{2}$ oz. of blood-tinged fluid escaped. The cut surface showed three concentrically arranged nodules, which bulged slightly from the surface, and were mottled and streaked with blood. They appeared to be more recent than the other parts of the tumor and probably were centres of growth. The greater portion of the tumor was brownish in color and very friable, the result of degenerative change.

The capsule was tough and fibrous, and averaged about $\frac{3}{8}$ inch in thickness. The growth of the tumor had caused great atrophy of the right lobe of the liver, and the right border, where stretched over the tumor, was thinned and fibrous. The left lobe seemed relatively enlarged. The weight of the liver was $65\frac{1}{2}$ oz.; the tissue was bile stained, but