

Bixby (G.H.)

The Histories of Six Cases of
Ovariectomy.

BY
GEORGE H. BIXBY, M. D., BOSTON,
FELLOW OF THE AMERICAN GYNECOLOGICAL SOCIETY.

REPRINTED FROM
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THE HISTORIES OF
SIX CASES OF OVARIOTOMY.

CASE I.—December 5, 1881, I was requested by Dr. Henry I. Bowditch to see a patient with him in his office who was suffering from great distension of the abdomen. In order to insure a thorough examination, she was advised to enter the Carney Hospital. Two days later, at the hospital, the following history was elicited: Miss D., aged fifty-seven, a native of Maine, is of long-lived parentage. The father, whom she resembles, lived to the age of ninety. The mother died of phthisis.

History of Menstruation.—First appearance at sixteen, in normal type; at seventeen she suddenly became stout, but very anæmic, and the menses failed to appear for three successive months. A vigorous tonic treatment in the course of time was followed by a dissipation of the unnatural flesh, the return of the menses, and a complete restoration of the general health. Menstrual life ever after and the climacteric at forty-nine were free from complication. Since her thirtieth year she has lived in the extreme West. There she had typhoid and afterward intermittent fever. For some years past she has resided in the territory of Montana.

At the age of forty-two, on one occasion while bathing, her attention was suddenly directed to a firm, smooth growth in the left ovarian region, of the size of the palm of the hand. She paid

no attention to it, and a few weeks later was unable to find it. In her fifty-fifth year the abdomen commenced gradually to enlarge, and, eight months later, materially interfered with respiration and locomotion.

The case was correctly diagnosed by her family physician, Dr. Chalmers, of Ogden, who advised her to return home and seek relief.

November 15th she left Montana for Boston, arriving on the 28th, having traveled thirteen days in coaches and steam-cars without reclining. During this extraordinary journey she partook of only three full meals. This abstinence was necessary in order to control the constant tendency to emesis, caused by the upward pressure of the enormously distended abdomen. Her diet consisted of tea, milk, and fruit. Notwithstanding this remarkable experience, she arrived in Boston a little fatigued, but without injury. At present, a week after her arrival, having fully recuperated, she seems to be in the enjoyment of excellent general health.

Inspection.—The patient is a brunette, above the average stature, with prominent features, a countenance suggestive of firmness, endurance, and a wiry temperament. There is general emaciation, especially of the chest and superior extremities. Abdomen largely distended.

Palpation.—Girth of abdomen at umbilicus, forty-one inches.

Percussion elicits universal dullness anteriorly, of which the wave is unbroken, clearness in both flanks, and a solid mass in the left ovarian region, of the size of a foetal head.

Diagnosis.—Cystic degeneration of the left ovary.

Dr. Gilman Kimball, of Lowell, kindly examined the case, and confirmed my views. An operation was advised, and at once accepted. From the foregoing history I felt justified in predicting a favorable prognosis.

January 16th.—Four weeks and two days since her departure from Montana, eighteen days after her arrival, one week in hospital, without any special preparation except an enema the night before, and also half an hour previous to the operation, in the presence of Dr. G. Kimball, of Lowell, Dr. Henry I. Bowditch, Dr. Lyman, Dr. Weston, Dr. Bundy, and Dr. Woodworth,

of Boston, and with the assistance of Dr. Bundy, and Mr. H. W. Boutwell, and Mr. C. W. Sparhawk, internes of the hospital, and members of the Harvard Medical School, the operation was undertaken with strict antiseptic precautions. Strength of spray, one to sixty. The latest modification of the Crosby bed, furnished me by Messrs. Codman and Shurtleff, was employed as an operating-table. Length of incision, six inches. There were slight adhesions anteriorly, apparently recent. The tumor consisted of a large central monocyst, inclosing a solid multilocular mass, in the left ovarian region.

The pedicle, of medium length, was transixed with a needle armed with a ligature of stout English braided silk, each part tied separately, the ligatures being passed around the whole, and with much force tied a second time, then seared, and finally dropped into the pelvis. The wound, closed with seven silver sutures, was antiseptically dressed, and the patient left indefinitely, as is my custom, on the operating-bed. Weight of cyst and contents, seventy pounds.

Subsequent History.—Briefly: from the first to the sixth day average pulse 100, temperature 99° F. From the sixth to the tenth day, pulse 100, temperature 98°. From the tenth, and after, normal pulse and temperature.

The following points are worthy of separate mention:

1. Urine voided voluntarily from choice from the first day.
2. Fourth day, natural and painless dejections, and ever after with the occasional aid of an enema.
3. Seventh day, removal of stitches; wound healed by first intention.
4. Fourteenth day, removed from the operating-bed and the room. The change might have been made as early as the eighth day.
5. Sat up two hours without discomfort on the nineteenth; walked about her apartment on the twenty-first; was discharged on the twenty-fourth day.

CASE II.—Miss F., aged twenty-eight, a native of New Bedford, consulted me December 28, 1881, for an enlargement of the abdomen. Her father and sister died of phthisis. Her mother, whom she resembles, still lives in the enjoyment of good health. Since her fifteenth year she has worked more or less in a cotton factory, where her labor required much lifting. The catamenia first appeared at sixteen in normal type, three to four days' duration. The function continued normal, and her health was excellent until the twenty-second year, when, no doubt from overwork and confinement in the vitiated atmosphere of the mill, she became debilitated, anæmic, and generally bloated. The menses failed to appear for eight weeks. After a few weeks of tonic treatment her health commenced to improve, and in due time the catamenia returned and she was fully restored to health. This favorable condition of affairs continued three years and a half. In her twenty-sixth year the menstrual interval was reduced to two weeks. In the autumn of 1880 the abdomen commenced to enlarge gradually until June, 1881, when the distension was so great as to interfere with both respiration and locomotion. About this time her family physician, Dr. George T. Hough, of New Bedford, pronounced the case ovarian, tapped, and entirely emptied the cyst.

The beneficial result was soon manifest by improved appetite and digestion, a return of the interval of menstruation to normal, and a corresponding effect upon the general health.

The tumor gradually refilled. At present the abdomen is distended to its utmost capacity.

Inspection.—The patient is a blonde, below the average stature, with an unusually bright and cheerful countenance. There is general emaciation; the girth of the abdomen at the umbilicus is thirty-six inches; percussion elicited dullness anteriorly, with signs of fluctuation with an unbroken wave. In the left ovarian region a smooth, solid mass, of the size of a fist, is easily felt.

Diagnosis.—Cystic degeneration of the left ovary. Operation advised.

The operation was appointed for the 3d, but had to be postponed one week. If the calculation were accurate, this would bring the next menstruation to within less than a week of the

operation. As her condition would admit of no further delay, this fact was not considered a bar to immediate operative procedure. Accordingly, January 10th, without any special preparation, save a laxative the night before and an enema the morning of the operation, in the presence of Dr. Kimball, of Lowell, Dr. S. G. Dearborn, of Nashua, N. H., Dr. Bundy, Dr. Weston, Dr. Woodworth, and Dr. Doble, of Boston, and Mr. H. W. Boutwell, of the Harvard Medical School, interne at the hospital, the operation was undertaken with strict antiseptic precautions. Strength of spray, one to sixty. Length of incision, five inches. There were no adhesions. The tumor consisted of a central monocyst, with a semi-solid mass inclosed, the latter situated in the left ovarian region. Weight of tumor, fifty pounds. The pedicle, of medium length, was unusually broad, and, with the subjacent tissue, uterus, etc., presented unusual vascularity. An attempt was made to enucleate a portion or all of it, but was abandoned on account of the hæmorrhage which followed before proceeding very far, but enough had been done to convert the original pedicle into two distinct portions, each of which was transfixed, separately ligated, seared with a black-hot cautery-iron, and dropped. The wound was closed with seven silver sutures and dressed antiseptically, and the patient, like the last, left indefinitely on the operating-bed.

Subsequent History.—*January 10th.*—Operation ended at 1 P. M. Shortly after recovery from the effects of ether a decided tendency to nausea was controlled by vigorous fanning; 6 P. M., pulse 120, temperature 101° F.; return of nausea; partially controlled by fanning, hypodermic injection, and mustard to the epigastrium.

11th, 9 A. M.—Nausea continued, and occasional vomiting during the night; pulse 110, temperature 100° F. 6 P. M., nausea; vomiting entirely controlled by hypodermic injection and a suppository of opium and belladonna, and absolute rest given to the stomach. Thus far no nourishment by the mouth. Injections of beef tea and brandy every four hours. Restless, but stomach at rest.

12th, 9 A. M.—Pulse 110, temperature 100° F. 12 M., pulse 120, temperature 100.4° F.

13th, 9 A. M.—Pulse 128, temperature 102·2° F. 12 M., pulse 110, temperature 101° F.; peritonitis suspected; wound and abdomen examined; no signs discovered; menses appeared; cause of rise of temperature accounted for; the catamenia continued four days, during which the pulse averaged 104, the temperature 99·2° F.; after their cessation the pulse came down to 100, and the temperature to 98° F.

From this time the case proceeded without complication.

Points of Special Interest.—1. The vascular condition of the viscera and the sudden and extraordinary rise of temperature were no doubt owing to the approach of menstruation.

2. An unusually abundant flow of apparently healthy urine from the first.

3. Natural dejections daily after the sixth day.

4. Stitches removed on the seventh day; wound found to have entirely closed by first intention.

5. Removed from operating-bed and room on the eighth day.

6. Sat up on the fourteenth, walked about on the sixteenth day.

7. Twenty-fifth day, discharged; rode fifty miles to her home.

CASE III.—Miss C., aged sixty, a native of Ireland, a cook by occupation, entered the Carney Hospital November 1, 1883.

She is a brunette of medium stature, looks feeble and careworn.

Menstruation appeared at fifteen in normal type, with a duration of three days, until the fifty-third year, when the climacteric was reached without complication.

Emaciation is general and extreme. The abdomen, of the size of pregnancy at full term, girths thirty-five inches.

Percussion elicits dullness anteriorly, clearness in both flanks, and marked signs of fluctuation.

She first noticed a swelling in the right ovarian region two years before. Its growth has been gradual but constant.

The case was pronounced ovarian, and a portion of fluid drawn by aspiration confirmed the diagnosis.

The chances for an operation were gladly accepted, and the following preparatory treatment was inaugurated:

Ten grains of the bromide of sodium at night; two drachms of the elixir of the tincture of chloride of iron, with gentian, after meals.

At the end of ten days, the general nervous irritability having fully subsided, the bromide was suspended, and the use of drachm doses of citrate of lithium twice daily for ten days concluded the primary treatment.

November 20th.—Ovariectomy was undertaken under strict antiseptic precautions; strength of spray, one to eighty.

Present and assisting, Dr. W. G. Wheeler, of Chelsea, Dr. Michael Gavin, of Boston, Mr. Devine and Mr. Hall, internes of the hospital.

The primary incision was made in the usual manner, each layer of the abdominal wall divided in turn, until the peritonæum was reached. This membrane was so firmly adherent to the ovarian sac that their separation was impossible, necessitating a large opening through both. Firm and extensive adhesions required the employment of the entire hand within the abdomen.

The cyst was raised, the pedicle ligated, clamped, cauterized, and cut free. The abdominal and pelvic cavities were carefully and thoroughly cleansed (a process requiring at least twenty minutes). The ligatures were cut short, the pedicle was dropped, and the wound was closed by silver sutures and antiseptically dressed.

The operation required an hour and forty minutes. At the close of the operation pulse was 130, temperature 101.4° F.

Directions for the Night.—No nourishment of any sort. Stomach to be allowed absolute rest. Enema of brandy and beef-tea every third hour. Urine to be drawn every fourth hour. Against nausea, subcutaneous injections of morphine and atropine. Mustard to the epigastrium; vigorous fanning; ice-pills.

Elevated temperature; ice-cap to head; heat to the extremities.

21st, A. M.—Rested quietly. No sign of nausea. Pulse 130, temperature 101° F.

22d, A. M.—Again a quiet night. Pulse 130, temperature 99° F. At 9 A. M., a teaspoonful of milk, at short intervals, was rejected by the stomach; at the end of three hours without nausea.

23d, A. M.—Quiet night under the influence of subcutaneous injections; milk diet resumed and well borne. A troublesome cough annoys the patient night and day.

24th, A. M.—A comfortable night; cough partially controlled by opium. Some alarm felt in regard to the effects of the coughing upon the healing of the wound.

24th, P. M.—Three uppermost stitches removed. At this part, wound healed by first intention; lower portion open, and emitting a purulent, offensive discharge. Wound dressed antiseptically under spray. Extra precautions taken in swathing and dressings. General condition excellent; urine free; abdomen flat.

Examination of chest shows an abundance of fine moist râles.

25th, A. M.—Respiration much embarrassed. Temperature 100°, pulse 120.

25th, P. M.—Somewhat despondent at times; delirious; tongue coated, but moist.

26th, A. M.—Slight general improvement; wound fast healing. Pulse 118, temperature 99°.

27th, A. M.—Slept well. Temperature 98°, pulse 116.

28th.—Pulse 116, temperature 98°. Cough continues unabated. Brandy enema suspended. One ounce whisky every hour by mouth.

29th, A. M.—General appearance not so favorable. Expectoration very profuse. Whisky and nourishment continued in increasing quantities. Condition of stomach continues excellent; rejects nothing, notwithstanding the large quantities of nourishment and stimulants, and the frequency of their administration.

30th; *A. M.*—Seems very feeble. A poor night; rested only by repeated use of opium. Cough painfully troublesome, taxing her strength at every attack. Temperature 101° , pulse 120.

December 1st, *A. M.*—Expectorated, during an attack of coughing, two drachms of fresh blood. Another poor night.

Skin cold and clammy; features pinched.

1st, *P. M.*—Looks haggard and careworn; cold perspiration covers the entire body. State of depression well-nigh amounting to collapse. Can hardly last till morning. Nourishment and stimulants have been pushed all day by the mouth and by enema, and ordered to be continued with the same vigilance during the approaching night.

2d, *A. M.*—To our great surprise, the patient is still living, but feeble. Nourishment and stimulants continued and increased. Notwithstanding the feeble condition, the stomach receives and retains everything. Recurrence of the depression at the usual time, not far from 4 *P. M.*, but apparently not quite so profound as last night. Cough continues; wound entirely healed.

3d, *A. M.*—Has taken a large amount of egg-nog, milk, beef-tea, and stimulants during the night; apparently a little brighter, but still feeble. The stomach still faithful to its duties.

3d, *P. M.*—A recurrence of the state of depression about the usual time, less severe, and of shorter duration.

4th, *A. M.*—Unmistakable signs of general improvement. Has had a comfortable night, all things considered.

4th, *P. M.*—Depression at the usual time, but of much shorter duration; general *morale* of the patient much improved.

5th, *A. M.*—Decided improvement. Nourishment and stimulants borne without discomfort. At 4 *P. M.*, scarcely any depression; absence of clammy perspiration; cough persists.

6th, *A. M.*—Fair night. Improvement without interruption from day to day.

9th.—Sat up an hour.

17th.—Walked across the room.

29th.—Left for home, entirely well as far as the operation was concerned, but with the cough persisting.

January 1st.—Upon an examination at home, it was found, in

spite of all precautions, that the incessant coughing had produced a well-marked ventral hernia the size of a small peach, which, however, was easily controlled by a properly fitting abdominal supporter. The cough continued, but with less severity.

Points of Especial Interest.—1. The presence of chronic bronchitis months before the operation, assuming, apparently, an acute form almost immediately after.

2. The remarkable condition of the stomach, notwithstanding the feeble state of the general system, to which condition, together with the vigilance of the internes and the Sister in attendance, the patient owes her life. Excepting in the collapse of cholera, I have never seen a patient reach so low a state and recover.

CASE IV.—Mrs. B., aged forty-three, native of Nova Scotia, of healthy parentage, consulted me June 21, 1883.

Inspection.—She is a tall, robust person, apparently in the enjoyment of perfect health.

Menses appeared at fourteen with regular type, and a duration of eight to ten days. She has had ten children, two miscarriages. She first noticed a swelling in the left ovarian region two months before.

Palpation.—The abdomen is densely covered with adipose tissue. In the right ovarian region a firm, round, regular, smooth mass of the size of a foetal head is easily made out, pediculated, more or less movable from side to side. There is no evidence of fluctuation, nor does it possess the inelastic feel of a fibroid. Bimanual examination fails to detect any connection of the tumor with the uterus.

Diagnosis reserved. I did not see the patient again until the last of September. A most extraordinary change in her condition had taken place. This noble specimen of a woman, whom I had seen two months before apparently in the enjoyment of perfect health, had emaciated to a degree beyond recognition.

Emaciation is extreme and general. The abdomen the size

of pregnancy at term, girl forty-two inches, with decided evidence of fluctuation anteriorly. Clearness in both flanks.

There is no question as to the cystic nature, and an exploratory incision was advised. Still in doubt, the day before that appointed for the operation I removed by aspiration a portion of the contents. Instead of simple ovarian, the fluid was ascitic, of a dark color, and heavily charged with blood and sediment. This discovery postponed the operation indefinitely.

Dr. W. G. Wheeler saw the patient with me a few days later. We arrived at the conclusion that these rather obscure signs hardly justified the radical operation without first tapping clear down. On the following day I removed by aspiration, from the right side, four quarts of bloody serum. Introducing the needle at the left, a small portion of semi-solid, gelatinous matter was only obtained. No reaction followed the tapping. After three days was allowed to get up. She felt much relieved, and went on very comfortably. Even went out to walk and drive.

After three weeks she showed signs of refilling, and had had several distressed spells. The appearance of the catamenia again postponed the operation. Five days after cessation of the catamenia of three days' duration, it having been conclusively shown that relief was impossible by tapping, an exploratory incision was advised. The preparatory treatment had been concluded before the first postponement.

December 11th she entered the Carney Hospital.

On the 12th, in the presence of Dr. Martin Pierce, of New Bedford, Dr. William G. Wheeler, of Chelsea, Dr. George H. Lyman, Dr. W. C. B. Fifield, Dr. Hugh Ferguson, Dr. McKenzie, Dr. Robert Bell, and Dr. Pebble, of Boston, and Mr. Devine and Mr. Hall, internes of the hospital, an exploratory incision was undertaken under strict antiseptic precautions. Strength of spray, 1 to 80. The incision of four inches came down upon the peritonæum, firmly adherent to the sac. It being impossible to separate them, I proceeded at once to make a large opening, hoping thereby for a rapid and complete evacuation. A small portion only escaped, for the contents were made up of a series of cystic formations, containing

colloid matter. With the whole hand and arm within the interior of the cyst, the latter were thoroughly broken up and literally scooped out. The size of the tumor thus diminished would have enabled its passage through the abdominal incision but for the extensive adhesions which held it firmly *in situ*. By gradual and persistent effort the last attachment was finally reached and separated. The adhesions were nearly all of a chronic character, requiring much force to detach them. They occupied the entire anterior wall as far up as the umbilicus. Sweeping round posteriorly and to the right, they extended as far up as the liver and stomach. This protracted and rather violent procedure, added to the free hæmorrhage, made a profound impression upon the patient, manifested by a flagging pulse. By the repeated use of brandy, by enema and hypodermically, and by raising the foot of the bed, she soon rallied, and the operation was proceeded with. At length the cyst was raised up attached to a pedicle of medium length and width. Very near its attachment to the cyst there sprang a peculiar flat growth, apparently cartilaginous in its nature, the size of the palm of the hand, suggestive of malignant disease.

Both were clamped and separately ligated, cut free, and cauterized; ligatures left long. The left ovary was found in a condition of cystic degeneration the size of a fist.

This in turn was clamped, ligated, cauterized, and ligatures left long. Sustaining the three stumps well out of the pelvis by means of the long ligatures, the toilet of the peritonæum was undertaken. The sticky, tenacious nature of the contents bid fair to render the task an endless one. After at least twenty-five minutes of sponging in every possible direction, and finally by filling the abdomen full to overflowing with carbolyzed spring water (completing its evacuation by turning the patient well upon one side), both cavities seemed to be entirely free. The three ligatures were now cut short and the pedicles dropped in turn, the left side first. Five silver sutures closed the wound, which was antiseptically dressed. She rallied soon from ether, but, notwithstanding repeated subcutaneous injections, continued restless and wakeful.

13th, A. M.—Pulse 140, temperature 102°. Has been rest-

less the entire night. Occasional naps from opium. Nervous and apprehensive. A tendency to involuntary eructations of hot, tasteless fluid. Urine scanty. On the whole, a poor night.

14th, 2 A. M.—Found her in a peculiarly excitable state. Pulse very feeble. Perfectly conscious, apparently appreciating the seriousness of her symptoms. At 9 A. M. she rallied somewhat, but was still very feeble. At 3 P. M., quite suddenly, she sank without a struggle. She died from exhaustion, there being no evidence of peritonitis or septicæmia.

Remarks.—The rapid progress, duration being less than seven months, was suggestive of the malignant nature. Menstruation occurred, with a duration of several days, when both ovaries were in a condition of cystic degeneration, the right being entirely disorganized, the left, the size of a fist, still showing portions of normal tissue. Aided by this experience in a similar case, I should be tempted, after confirming the diagnosis by aspiration, even in an early stage, to remove the growth. The earliest symptoms which suggested unfavorable terminations were the wakefulness and restlessness for hours after the operation, and the almost complete suppression of the secretion of the kidneys.

CASE V.—Miss D., aged twenty-five, native of Massachusetts, entered the Carney Hospital, October 29, 1883.

The patient is a brunette, a thin, slender person, below the average stature. Her parents still live. On the mother's side an aunt is supposed to have had cancer of the breast.

Menstruation appeared at sixteen, in normal type, with a duration of six days, with an occasional lengthening of the interval. Two years before she first noticed a swelling in the left ovarian region of the size of an egg.

At present the abdomen is the size of pregnancy at term, girding thirty-five inches.

Percussion elicits dullness over the anterior portion of the abdominal wall, clearness in both flanks, with distinct evidences

of fluctuation, with an unbroken wave. As an aid to the diagnosis, I removed by aspiration a portion of the contents, which proved to be ascitic, of a dark-brown color.

Diagnosis reserved. The following is a report of the analysis of the fluid by Dr. Gannet, pathologist of the hospital: "Color red; reaction alkaline; albumin $1\frac{1}{2}$ per cent.; moderate amount of sediment containing cholesterin cells; numerous large, degenerated fat-cells. The fluid may in all probability be not ascitic, nothing against ovarian, although not sufficient evidence in other points to say absolutely that it is." This report tended to strengthen my doubts entertained at the time of the aspiration, which were based upon the following experience: Some months before I aspirated, and later made an exploratory incision in a case which proved to be malignant disease, in which the fluid was of precisely the same nature as the case under consideration.

The patient was sixty years old. The discrepancy in the ages of these persons, the unquestionable evidences of the cystic nature in the younger, encouraged me to offer her the chances of an exploratory incision.

She was now placed upon the triple preparatory treatment. The latter concluded November 27th. On the 28th the operation was undertaken under strict antiseptic precautions. Strength of spray, 1 to 80. Present and assisting, Dr. W. G. Wheeler, of Chelsea, Dr. Hugh Doherty, Dr. McKenzie, of Boston, and Mr. Devine and Mr. Hall, internes of the hospital. The primary incision was made in the median line three and a half inches below the umbilicus. On reaching and dividing the peritonæum, a gush of brownish-colored fluid followed, disclosing the characteristic pearl-colored cyst, much to the relief and delight of the gentlemen who had watched the case with so much interest and anxiety. The pedicle was clamped, transfixed, ligated, ligatures left long, the cyst cut free, and stump cauterized. A small amount of ascitic fluid in the pelvis carefully sponged out, the ligatures cut short, the pedicle dropped, five silver sutures closed the wound, and an antiseptic dressing completed the operation.

Directions for the night precisely the same as in the foregoing case.

29th, A. M.—Temperature 100°, pulse 109. Several hours of quiet sleep. Milk taken at 4 A. M., and well borne. Abdomen flat.

December 1st.—Temperature 99°, pulse 108. A quiet night. Milk well borne. No signs of nausea. Urine free and of normal color. 6 P. M., complained of pain in the limbs. 9 P. M., catamenia appeared.

2d, A. M.—Temperature 110°, pulse 99.5. Restful night; menstruation persists; all going well.

3d.—Pulse 110, temperature 99°; urine free; no signs of nausea; menses ceased. Removed two upper sutures; at this point wound healed by first intention, lower portion open and suppurating. Remaining sutures removed. Wound antiseptically dressed twice daily.

4th.—Temperature 99°, pulse 108. Wound still discharging. All going on well; food taken and enjoyed.

5th.—Temperature normal, pulse 105. Wound entirely healed; improvement uninterrupted.

13th.—Stood erect for the first time; had sat up days before. At once complained of pain in left limb. Examination showed that the limb was decidedly larger than the right. Sensitive on pressure; general aspect suggestive of phlebitis. Ordered permanent rest in bed and anodyne liniment; limb to be wrapped the entire length with a flannel bandage.

20th.—Pain and swelling in limb entirely subsided. Discharged well.

CASE VI.—April 6, 1884, I was called by Dr. W. H. Taylor, of New Bedford, to see Mrs. G., suffering from an abdominal tumor. The patient was twenty-four years of age, a native of England, thirteen years in the country. A sister died of phthisis. At nineteen she commenced work in a cotton factory.

Menstruation appeared at fourteen, with normal type, with a duration of seven days. Married at twenty-two, she gave birth to a child one year later. The labor was followed by post-partum hæmorrhage. The child was nursed. The convalescence was of short duration, without complication. She soon resumed her labor in the mill, at the same time nursing her child. Five weeks after confinement she noticed a swelling in the right

ovarian region, and declared the abdomen had not fully subsided since the birth of her child. The tumor grew apace; the swelling became general; at present, nine months after the discovery, the abdomen is as large as pregnancy at term.

Inspection.—The patient is a blonde, with a bright, hopeful face; below the average stature.

Palpation.—Girt of abdomen, thirty-six inches; umbilicus protrudes; emaciation is general; at the left there are several round, smooth, solid masses the size of a small peach.

Diagnosis.—Cystic disease of the right ovary; operation advised. As a preliminary step, the child was weaned. As the menses had not appeared since confinement, it was deemed advisable to await the return of the function. In the mean time the usual preparatory treatment was carried out.

April 26th.—Dr. Taylor announced the appearance of the catamenia, and their cessation on the 1st of May. She entered the hospital May 6th, riding fifty-five miles by rail. On the 8th—in the presence of Dr. W. H. Taylor, of New Bedford, Dr. J. G. Pinkham, of Lynn, Dr. W. G. Wheeler, of Chelsea, Dr. S. W. Doris, of Winchester, Dr. Leonard, Dr. Ferguson, Dr. Burrell, Dr. Doherty, of Boston, Mr. Hooker and Mr. Bastow, internes—the operation was commenced under strict antiseptic precautions. Strength of spray, 1 to 80. From the excessive distension of the abdomen and the protrusion of the umbilicus, I had fully expected a gush of ascitic fluid to follow when the abdominal cavity was reached. To our great surprise and satisfaction, the cyst wall presented immediately.

A few fresh adhesions, occupying a space the size of the hand, yielded to slight force. The cyst was now raised, attached to an unusually long pedicle. The latter necessitated ligation in three distinct parts, and finally all were included with one ligature, making a single pedicle. The unusually brief process of cleansing the peritonæum having been concluded, the wound was closed with five silver sutures and antiseptically dressed.

The subsequent history can be told in comparatively few words.

Up to the third day pulse continued 110, temperature 101°. Urine free and of good color; not the slightest evidence of nau-

sea. At 12 m. of the third day an extraordinary change became evident. Pulse rapidly rose to 130, temperature to $103\cdot4^{\circ}$. Nausea and vomiting ensued, accompanied by repeated defecations. Menstruation occurred on the third day. On the fourth day there was a sudden fall of temperature and pulse—viz.: pulse 110, temperature 101° . From this on improvement was uninterrupted; the sutures were removed on the seventh day. She sat up on the tenth, walked about the apartment on the 13th. Left for home on the 20th, three weeks less one day.

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