visceral peritoneum covering the tumour, which was then opened and drained by a glass tube. Three deep silk sutures closed the remainder of the incision.

From the time of operation the temperature became and remained normal, the pain ceased, the appetite returned, and with it the cachexia disappeared and flesh was gained. The stitches were removed on the seventh day, and the tube on the ninth. From the time of operation to the healing of the wound not a drop of pus was seen. On examination *per vaginam* at the end of a fortnight the uterus was much less fixed, and the oedema of the cervix had disappeared.

She was allowed to get up at the end of three weeks, and was discharged cured within a month of the operation.

REMARKS.—The cases I have related were all serious, as these cases usually are, and without active treatment I believe they would all have died, either immediately or remotely, as the result of the pelvic disease; whereas, under the operative treatment here recommended, relief was given in all, and complete and lasting cure was effected for several of the patients. The first, second, and sixth cases are the most remarkable as they are the most satisfactory, in that there was an absence of tubercle or other diathetic condition which could retard convalescence. They show also that, although the abscess be never so foul, and though it have been in communication with the bowel or bladder for long periods, it is, with due precautions, quite safe to evacuate it through the peritoneum.

The circumstance that particularly astonished me in Cases I and VI was that, after the evacuation of such foul abscesses and the cleansing of the cavity by syringing with an antiseptic, there should never be even a suspicion of odour or of pus in the subsequent dressings. Case I also shows that there need be little fear of a fecal fistula in opening such an abscess, for the opening into the bowel is probably usually a small sinuous track, otherwise the cavity would be likely to contract and become cured spontaneously and not to persist for years. The complete disappearance of the stricture of the rectum in Case I is worthy of comment, for although I expected some amelioration, its complete cure certainly exceeded my expectations.

It is a difficult matter to lay down any general rules for the treatment of these cases, as each one must be treated on its merits, that is, according to its cause, its site, and its condition. The natural progress of a pelvic abscess is to find an outlet for the discharge of its contents, but as to the course it will select, our anatomical knowledge will seldom enable us to predict it with certainty until the process is well nigh complete. Hence, when we have once made the diagnosis of pus within the pelvis, our course should be, not to wait for Nature's uncertain method, but to evacuate it, and, unless fluctuation can be felt *per vaginam* when the abscess may perhaps be attacked in that direction, the plan of opening the abdomen, searching for, evacuating, and draining the cavity, will, if done *secundum artem*, probably be found to yield the best results.

Since writing the above paper I have successfully operated on four other cases. In one case the abscess was situated in the ovary, and intervened between a small fibroid of the uterus and the rectum; in another the origin of the pus could not be made out, but about 15 ounces were evacuated; in a third the pelvic abscess was lined by intestines, and the pus probably started from a perforated vermiform appendix; and in a fourth a suppurating dermoid cyst had burst into the bladder, through which it was discharging (Fig. 2), the patient at the time being almost at death's door from septic absorption. In the last case the opening into the bladder closed within the week, at the end of which time the temperature had become normal. In all these cases the abdomen was opened and the abscess drained above the pubes, with complete success.

THE well known journal of nervous diseases, the *Centralblatt für Nervenheilkunde und Psychiatrie*, founded and successfully conducted for many years by Dr. Albrecht Erlenmeyer, has now been enlarged in size and widened in scope. It is henceforth to have an "international" character, and Dr. Erlenmeyer will have the assistance of Professor Charcot, of Paris; Dr. van Deventer, of Amsterdam; Dr. W. W. Ireland, of Prestonpans; Professor Kowalewsky, of Charkow; Professor Lange, of Copenhagen; Professor Lombroso, of Turin; Professor Obersteiner, of Vienna; and Professor Seguin, of New York. The actual work of editing will be in the hands of Dr. Hans Kurella, of Allenberg. The publisher is W. Groos, of Coblenz and Leipzig.

UNIQUE CASE OF EXTRAUTERINE PREGNANCY.

By C. M. MACQUIBBAN, M.D.,
Aberdeen.

ON September 5th, 1888, I was called to attend Mrs. E. S., aged 43.

I found her in bed suffering, pain coming in paroxysms, countenance pale and anxious, pulse 96, temperature 100°, bowels constipated; difficulty of voiding urine; abdomen swollen, and more so on the right side; altered last in May; mother of twelve children; had two miscarriages previous to the birth of her last, aged 4 years; labours were natural. I found a swelling on the upper and back part of the vagina, below the os, soft and yielding to pressure. Os was far up; no dilatation nor discharge; no foetal sound; had vomiting, and attributed illness to a bilious attack; breasts natural. Ordered hot fomentations over abdomen, 20 drops of laudanum every four hours, also a dose of castor oil, and, if not better, to send for me. Being relieved she did not send until the 10th. She being in pain I ordered her laudanum as before.

September 13th. Free from pain.

September 17th. Suffering extreme pain of a tearing nature. Ordered 2 grains of opium every six hours.

September 19th. Still pained; has retention of urine; had to use catheter; found the swelling in the same place; bowels constipated. Ordered extra strong seidlitz powder, which operated freely.

September 20th. Swelling still the same; suffering excruciating pain; vomiting; pulse, 100; temperature 101°. Had the following: Tincture of hyoscyamus, $\frac{1}{2}$ ounce; spt. of chloroform, 2 drachms; mucilage, 4 ounces; water to 6 ounces. Sig. A tablespoonful every six hours.

September 21st. Easier, but as I was at a loss to know exactly her case asked her to go to hospital. She demurred. I then proposed consultation with Professor Ogston.

September 22nd. After consultation she was admitted into hospital same night, and operated upon the following day at noon by Dr. Ogston. I saw Mrs. S. the other day, well, doing her household work. The following are the notes by Dr. Riddell, then house-surgeon, Aberdeen Royal Infirmary:

On Saturday, September 22nd, Dr. Ogston was called by Dr. MacQuibban to see Mrs. S., who was supposed to be about four months pregnant, and who had for about three weeks been suffering great pain, with other symptoms, pointing to some uterine complication. Patient had previously been thirteen times pregnant, two of these pregnancies resulting in miscarriages.

On examination, a soft tumour was distinctly made out in Douglas's pouch, and from its character, along with the attendant symptoms, the case was diagnosed as one either of retrouterine hæmatocele, or extrauterine pregnancy. Accordingly, patient was brought to hospital that evening. Hot fomentations were applied to relieve the pain, and patient was ordered to be prepared for operation the following morning, unless the temperature reached 101° in the morning, it being determined to do a laparotomy to determine the exact condition.

23rd. Bowels opened by warm water and soap enema at 7 A.M.

Professor Ogston performed the operation on the morning after admission.

The abdomen having been opened with the usual strict antiseptic precautions, a thin-walled cyst presented itself well up to the umbilicus. This was aspirated with a Potain's aspirator, and, the fluid that came off being of urinous appearance, Dr. Ogston enlarged the puncture opening by a scalpel, and found that the apparent cyst was really an over-distended bladder. This was all the more remarkable, as urine had been drawn off during the night, and the catheter had been used by the ward sister immediately before the patient was placed on the operating table, two-and-a-half pints being then drawn off. The bladder wound was then stitched up with No. 3 catgut, and a soft catheter (No. 20 French) was, after the completion of the operation, tied into the bladder. This catheter was connected with a tube, which could be clamped when necessary by a Pean's forceps, and which led into a tall bottle containing carbolic oil, a continual stream of urine being thus drained off below an antiseptic layer of fluid, which thus always intervened between it and the air. The bladder wound having been sutured, Dr. Ogston next investigated the condition of the tumour,

which had been felt *per vaginam*, and found that there was in Douglas's pouch a cyst independent of the Fallopian tubes and uterus (that is, neither of these were enlarged), and closely adherent to the posterior wall of the uterus. The position of the cyst might be presented as under:

Probable state of parts: Anterior view. Before operation. 1. Uterus. 2. Peritoneum (broad ligament). 3. Vagina. 4. Left ovary. 5. Left Fallopian tube. 6. Round ligament. 7. Cyst.

This cyst was then punctured *per vaginam*, and from it was delivered, by a pile forceps, a well-formed foetus of about four months. The placenta and cord were left in the "false uterus," which was well washed out with salicylic lotion, and a large drainage tube inserted. Large wood-wool pads were placed over the perineum, and the abdominal wound was then stitched up and dressed with the ordinary Lister's dressing.

Probable state of parts: Lateral view. After operation. The marks show the vaginal operation.

Subsequent Treatment.—September 23rd.—Dressed every four hours. Irrigated out vagina and washed out tube with salicylic lotion. Labia, etc., rubbed well with iodoform ointment. Patient had a little milk and beef tea and a little weak tea. Ice in small quantities for thirst. Sleeping draught. Nephenthe πx in aq. cinnamomi every four hours. Temperature 100.6°.

September 24th.—Temperature 102.2°. Abdominal wound dressed. Lister dressing left off and fresh drainage tube inserted. Dressed with gauze and salicylic wool. Abdominal wound to be dressed now every four hours. Temperature at night 98.2°. Catheter changed. Vagina irrigated every four hours.

September 25th.—Temperature 99.6°. Dressed as before. Vagina and tube irrigated with salicylic lotion. Abdominal wound irrigated with carbolic lotion. Patient has had milk and water, tea, and beef tea. Catheter changed at night.

September 26th.—Complains of slight laryngitis. Dry poultice on throat, and ordered pil. ipecac. c. scill. p. r. n. Temperature 100°. Catheter changed at night. Cord and placenta (small) came away while Sister Dorcas was dressing the case.

Foetus removed *per vaginam*. (From a photograph.)

September 27th.—As discharge from abdominal wound is a little foetid the wound is now dressed every two hours. Vagina and tube douched as before with salicylic lotion. Temperature still a little high. Catheter changed at night.

September 30th.—Case handed over to Dr. W. R. C. Middleton, house surgeon, Royal Infirmary, who has completed the notes as below:

October 2nd.—Patient rather troubled with cough and tickling in throat. Steam inhalations ordered, which relieved the irritation. Wound dressed five times in the 24 hours and catheter changed twice a day. Bowels were kept quiet for a fortnight when a warm water and soap enema was given, which acted satisfactorily. After this the bowels were kept open at intervals either by enema or a slight aperient till they acted naturally.

October 4th.—Patient in same condition, but as the dressing and irrigation of the wound at night disturbed her considerably this was discontinued.

October 5th.—Owing to escape of considerable amount of urine from abdominal wound and soaking of the dressings, the wound was dressed once during the night. Wound in Douglas's pouch healed.

October 6th, 7th, and 8th.—Continued to improve. No change in the treatment.

October 9th.—Catheter was removed and left out for two days, but as the escape of urine from abdominal wound increased the catheter was reintroduced. From this time the urine ceased to escape through the abdominal wound. Wound was dressed twice during the day and not at all during the night. Patient's condition continued to improve and on and after October 21st the wound was dressed only once a day.

November 2nd.—The catheter was finally removed and there was no escape of urine in consequence from the abdominal wound.

November 6th.—Patient was allowed to get up for first time. On November 10th she was dismissed, the wound having almost entirely healed up, and the patient being otherwise well.

A LADY obtained the degree of Doctor of Medicine *cum laude* at Amsterdam recently. This is said to be the first time a woman has been admitted to a medical degree in Holland.

A TELEGRAM from St. Petersburg, of the date of April 18th, states that the Russian Legation at Teheran announces the cessation of cholera in Persia.