some cysts to relieve the tension, which was a source of great suffering. The patient made a rapid recovery from the operation, but died in six months.

Looking at these four cases of malignant disease, one cannot but feel that the deaths, following shortly after the operation and with but little suffering, were better for the patients than the lingering death in the last case, though this one is more satisfactory to the surgeon. In such cases, it is very hard to refuse the patient the last chance of life, though one knows that neither surgery nor the surgeon will gain anything but discredit from an exploratory operation.

The sixth case was one of hydatids of the omentum and pelvic peritoneum, removed during the seventh month of pregnancy, the patient making a good recovery; but, as I am publishing it in full as a separate case, I shall not say more about it here.

TWO CASES OF REMOVAL OF SMALL OVARIAN TUMOURS ON ACCOUNT OF UTERINE HÆMORRHAGE.

By LAWSON TAIT, F.R.C.S., Birmingham.

E. R., AGED 41, the mother of four children, consulted me in June 1873, on account of profuse menorrhagia, which had been in existence for fourteen months, was becoming rapidly more serious and had reduced her to a condition of marked anæmia. On examination, I found that the uterus was normal in size and pushed over to the left side, but that it was associated with a tumour about the size of a cocoa-nut, which was evidently cystic, and, from its attachment to the uterus, was probably ovarian. I placed her upon a treatment consisting of large doses, fifteen grains, of bromide of potassium, with ergotin, one grain, in order to check the hæmorrhage. For this purpose, I also applied astringent and caustic applications to the interior of the uterus, but all to no effect. The menorrhagia continued quite as profuse till September; and then, as it became perfectly evident that something more must be done, I resolved to remove the tumour. This I did on September 9th. I made the usual median incision, and, when the tumour was displayed, I found that it was an ovarian cyst on the right side, with no very well defined pedicle, and with a number of very large sinuses in its walls. I tapped it and removed it from the pelvis, drawing it well out, and then I applied a circular clamp as close to the uterus as I could. A small mass of secondary cysts was pulled above the clamp with great difficulty, and the clamp was fastened really round a part of the cyst. The patient did remarkably well after the operation. On the seventh day, the clamp begun to separate, and then it became evident that the part of the cyst-cavity which remained was suppurating, and it discharged large quantities of pus. On the twelfth day, the clamp came off. For about a month after the operation, the cavity discharged freely; but then the opening began to close, and the patient suffered much pain. I therefore passed a double drainage-tube through the cavity and left it there about six weeks. I then removed it, and the whole track closed in a few days, and the patient remains to this day (September 1878) permanently well. Ever since the operation, her menstruation has been perfectly regular and normal in quantity, and now she is in robust health.

The only explanation of this curious case upon which I can venture is, that the metrorrhagia must have been due to the large venous sinuses which I found in the tumour. One or more of these probably ran through the cornu of the uterus, and thus contributed a supply of blood larger than usual. That the removal of the tumour, leading to the destruction of these sinuses, cured the metrorrhagia strongly supports my hypothesis.

E. T., aged 41, single, was sent to me by Dr. Raper in April 1873, on account of extreme anæmia, the result of profuse menorrhagia. She presented an appearance as if every drop of blood had left her face. She had noticed a lump in the lower part of the abdomen for some months, and during her menstrual periods this lump was the seat of severe pain. When examined, this was found to be a tumour reaching almost up to the umbilicus, free, movable from above, soft but not fluctuating, and attached undoubtedly to the uterus. This organ was high up and somewhat behind the tumour and to the right side.

The nature of the tumour was not clear, but I placed in my notebook an alternative diagnosis of a soft pediculated uterine myoma, or an ovarian cyst with thick contents. I determined to remove the tumour.

On May 22nd, she was placed under the influence of methylene ether by Dr. Raper, and I was further assisted by Dr. James R. Chadwick, of Boston, U.S.A., and Mr. W. J. Foster. I made an incision four

inches in length and displayed a tumour of bright pearly lustre, but having a curious purple hue, such as I had not previously seen. To the touch it had a most singularly heavy and doughy feeling, and, when punctured by the trocar, nothing passed through the tube. I therefore made an incision into the cyst, and squeezed out a quantity of dark purple stuff of a putty-like consistence. I was thus able to draw the tumour out through the wound, and, finding that it had a well-marked pedicle, I secured it by a clamp, and finished the operation in the usual way. The other ovary was perfectly healthy, as was also the uterus.

The patient recovered from the operation without any trouble, and has since remained quite well, though she has never menstruated, and has suffered from the usual climacteric distress.

When I came to examine the cyst and its contents, I found that the latter consisted entirely of inspissated blood, and the source of that blood was evidently a large ulcerating surface which existed on the inner wall of the cyst. I think it very likely that the cyst originally contained the ordinary albuminous fluid found in such cavities; but that when this ulceration occurred the walls of the Graafian capillaries gave way, especially perhaps at the menstrual periods, and hæmorrhage into the cyst occurred. In the intermenstrual period, it is likely that absorption of the liquor sanguinis occurred, and thus the peculiar putty-like contents of the cyst were manufactured. This, of course, does not explain the occurrence of the uterine hæmorrhage; and upon this matter I am unable even to speculate. There can be no doubt that the tumour was directly the cause of the hæmorrhage, because it ceased absolutely upon its removal; but it is impossible to see how hæmorrhage into a cyst should involve hæmorrhage from the uterus.

These two cases afford interesting illustrations of the exceptional conditions which sometimes oblige us to remove small ovarian tumours, in opposition to what should certainly be the rule, to leave them alone till they are so large as to interfere with the patient's organic functions.

CLINICAL MEMORANDA.

NOTE ON INTERMITTENT ALBUMINURIA.

THE late volume of *Guy's Hospital Reports* contains a very valuable and interesting paper by Dr. Moxon on "Chronic Intermittent Albuminuria". Dr. Moxon specifies the existence of a *remittent* form of the disease as well, but confines his description of cases to the first variety. Probably it is not possible to draw a clear line of distinction between the two, but that they pass by intermediate forms the one into the other. Dr. Moxon has had no experience of the disease, except in young men; on the other hand, the two or three cases I have seen have been in young women, or rather in growing girls between the ages of fourteen and sixteen, and all of them suffering under anæmia, with a *bruit de diable* in the cervical veins. There is one special point connected with these cases not commented on by Dr. Moxon to which I wish to draw attention; viz., that, if such cases be kept in bed or strictly in the *recumbent* position, the albumen will disappear altogether; at any rate, this is my experience. In one case, occurring in a young relative of my own, and in whom I have made some hundreds of observations, examining the urine night and morning for many weeks together, I never once obtained albumen in that passed on first leaving bed in the morning; and it was this fact, when first noticed, that led me to order the patient to be kept in bed altogether. She was so kept for three weeks, and albumen never once appeared the whole time. Although during this period she grew fat and lost apparently her complaint, she was so evidently not improved in health that I could not continue the experiment; but the very first day that she left her bed the albumen reappeared. Several times since, for trifling ailments, as a cold, she has stayed in bed an odd day or so, and the albumen has disappeared. In another case, I have made a similar experiment, though not carried to the same extent, and with a similar result.

That the albumen can be made to appear and disappear in such a singular manner, simply according to the position of the body, proves almost indubitably the mechanical nature of the affection, or, as Sir W. Gull says, that it depends upon atony of the vessels and nerves. When the body is in the upright position, the weight of the column of blood is too much for the weakened vessels.

The case on which my observations have been chiefly founded has now been going on for nearly two years, and indeed may have been longer, as the patient had been very languid and anæmic for some months before; but it had not been considered necessary to examine the urine. However, although the albumen still continues in the evening urine, she is steadily gaining in health and strength. I feel certain, from the numerous conversations that I have held with different pro-