was able to turn in bed. Tongue moist; sores healing; bowels acting freely and naturally. Temperature 100 deg.; pulse 128 at 9 A.M. In the course of the day she had a severe rigor, with clammy perspiration, lasting an hour. Temperature fell to 97 deg., and towards evening rose to 98 deg. At 9 P.M., I found her much as she was before the rigor. I injected a quarter of a grain of morphia. During all these days, her diet was chiefly milk and beef-tea.

September 21st, 22nd, 23rd, 24th. During these days, her condition varied much. She had frequent heavy perspirations and attacks of faintness.

September 25th, 26th, 27th, 28th, 29th. Her condition was very low; the tongue was at times parched and dry. Pulse 120; temperature 98 deg. night and morning. She had great dyspnoea and heavy perspirations. The abdomen was very distended, and tender to touch.

September 30th. Mr. Spencer Wells tapped the abdomen, drawing off from the peritoneal cavity about eight pints of sero-purulent fluid. The operation was borne well.

October 1st. She slept six hours; and was greatly relieved; the abdomen was soft and less tender. Pulse 130; temperature 99 deg. Her general aspect was greatly improved. After a careful examination of the fluid, Mr. Wells considered it to be ovarian fluid, and that a cyst had burst into the peritoneal cavity.

October 2nd, 3rd, 4th. Her condition improving. Tongue moist and clean; bowels regular; all other symptoms favourable. The abdomen was again distending; and, as the fluid increased, the line of the upper border of a cyst and of the distended transverse colon became very manifest to the eye, as well as on percussion.

I am indebted to Mr. Spencer Wells for the following account of the operation which he performed on October 5th.

"The usual antiseptic precautions having been taken, Dr. Day administering methylene, and assisted by Mr. Manley Sims and Mr. Thornton, I divided the abdominal wall from one inch below the umbilicus downwards for about six inches. A cyst which was adherent in front was opened and emptied; extensive parietal adhesions were separated, and several pints of ovarian fluid were removed from the left side of the pelvis, where a cyst had given way. Adhesions to the omentum were also separated, and to the transverse colon, which also adhered to the abdominal wall across above the umbilicus. The cyst was then drawn out, and it was found (as there was no pedicle) necessary to separate it from the right side and back part of the uterus, and from the front of the psoas muscle, which we left quite bare. One large artery was tied close to the right Fallopian tube, and two others in the situation of the right spermatic artery. Much lymph and blood-clot were sponged from the peritoneal cavity and Douglas's pouch. The left ovary could not be found, it was so closely surrounded by adhering coils of intestine. The uterus was of normal size, but was connected on the left with adherent intestine, and on the right it was laid bare by the separation of the adherent cyst. The wound was united by silk sutures, and was covered by layers of thymol gauze, secured by adhesive plaster and a bandage." The cyst weighed one pound fifteen ounces, and the fluid measured about eight pints.

She was very faint and semi-collapsed after the operation; pulse at wrist scarcely perceptible. Weak brandy and milk were administered constantly. Towards the evening, she gradually recovered.—9.30 P.M. She was quite warm and perspiring. She felt very exhausted, but not in pain. Temperature 99.5 deg.; pulse 130.

October 6th. A quarter of a grain of morphia was injected.—9 A.M. She had passed a restless night; had taken food well; expression better. Temperature 99.5 deg.; pulse 130.—9 P.M. Temperature 101 deg.; pulse 130. She passed a quiet day.

October 7th, 8th. She was weak and restless; no pain. Temperature, morning, 99 deg.; night, 101 deg. Pulse 130 to 140.

October 9th. She was still weak and restless; her aspect was worn and pale. All stitches but one were removed; wound healthy. A quarter of a grain of morphia with one-thirtieth of a grain of atropia was administered.

October 10th. She was very feeble; no abdominal tenderness. Pulse 140; temperature 102 deg. Skin very clammy. Pus was oozing from the holes where the sutures were; the rise in temperature was ascribed to this cause.

Oct. 11th, 12th. She was very low and nervous. Pulse feeble and almost uncountable; temperature 101 deg. morning, 102 deg. night. Pus was still oozing from the tracks of the sutures. She took liquid food pretty well. There was no abdominal tenderness.

Oct. 13th. The last stitch was removed. Temperature still remaining 100 deg. morning, 102 deg. night. Her appetite was very variable. Pulse 138 to 140.

Oct. 14th, 15th, 16th. The wound was healthy; the general condition much the same. No change in temperature or pulse.

Oct. 17th, 18th, 19th, 20th. During these days, she remained very weak and nervous. The skin became very yellow and the motions white. A calomel and colocynth pill was given night and morning; also, a mixture of digitalis and iron every four hours. Temperature 100.5 deg. night and morning; pulse 120.

Oct. 21st, 22nd, 23rd. There was no change in the general symptoms; the bowels acted indifferently; the wound was healthy. About this time, was noticed a tenderness in the left iliac fossa; the thigh was somewhat swollen and tender.

Oct. 24th. She had great pain all down the left leg, the calf being especially tender; there was no swelling of the foot.

Oct. 25th, 26th, 27th, 28th, 29th. During these days, she made considerable general progress. The wound was discharging slightly, but looked healthy and almost healed. The left leg was hard and tender along the femoral vein; the leg and foot were much swollen; the knee was flexed and she could not get it straight. Pulse and temperature gradually fell from 100.5 deg. to 98.2 deg.

Notwithstanding the phlebitis, she got up Oct. 26th; went to Brighton Nov. 12th; and returned from Brighton Dec. 13th.

She began to walk with a stick Dec. 20th, and may now be said to enjoy remarkably good health.

I can hardly imagine a case where a formidable operation could be performed under more unfavourable conditions of the patient; and yet the result has been most satisfactory to her and her family, and most gratifying to all those who take a pride in the progress of surgery.

CASE OF SUCCESSFUL DOUBLE OVARIOTOMY, DONE ANTISEPTICALLY.*

By JAMES MURPHY, M.D., B.A.,

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THE present generation has become so familiar with ovariectomy, and its glorious successes, that it is with a certain amount of diffidence I bring forward the notes of a single case, where other more-favoured surgeons publish their triumphs in twenties, and even in hundreds; still, I trust the details of the following case will be found of sufficient interest to justify its publication.

On July 6th, 1878, Mrs. G., aged 39, who had had eight children born alive during the past twenty years, and four miscarriages within the last two years, consulted me, more on account of general *malaise* than for any feeling of pain or uneasiness referable to any particular part. As she had the peculiar pinched appearance characteristic of ovarian disease, I requested her to undo her clothes, and, on palpation of the abdomen, found fluctuation in an irregular-shaped tumour that occupied the right iliac region and reached nearly to the umbilicus, extending beyond the middle line of the abdomen. On examination, I found the uterus slightly retroflexed, but otherwise normal as to length of cavity, size, position, etc.; but through the vagina could be clearly distinguished, on the left side, a small irregular fluctuating tumour, about the size of a small orange, which became more distinct by pressure being made on the other tumour; and when thus pressed down the smaller tumour could be pressed against the side of the pelvis, and detained there, while the larger one was permitted to reascend into the abdomen—thus showing that it was in no way connected with it. It thus (with the other ovarian symptoms which it is needless to enumerate) became quite clear that I had to deal with a case of multilocular cyst of both ovaries; though, as a rule, disease of the second ovary is very difficult, if not impossible, to diagnose. I could not discover any pelvic adhesions there. As the case seemed suitable for ovariectomy, I informed the patient and her husband fully of the necessity of the operation, also of its attendant risks, but strongly recommended her to submit to it. To this she readily assented, and I commenced the preparatory treatment at once by ordering her to remain in bed the greater portion of the day, thus to accustom her to the enforced rest which would be necessary after the operation. The pain, which after a little became more decided, was relieved by bromide of ammonium, in half-drachm doses—a medicine that I have often found useful in the treatment of ovarian disease. The vomiting was troublesome and difficult to subdue, but the bromide of ammonium relieved this symptom also to a considerable extent; and a week before the operation, as her urine became scanty, she was put on half-drachm doses of tincture of perchloride of iron and spirit of nitrous ether, which rendered the urine clearer and much more copious. As I failed to convince a medical friend, whose opinion I value highly, that fluctuation existed in the larger tumour, I tapped one of the largest cysts in it, and removed a large bowl of clear brown fluid by means of

* Read before the North of England Branch.

the aspirator. Though the needle I used was no bigger than a duck-quill, and the abdominal wound healed at once, the opening in the cyst failed to do so, and the result was a copious discharge of fluid into the peritoneum, which it so irritated that a considerable amount of ascites was present at the time of operation.

The operation was performed on August 15th. The patient was put under the influence of chloroform, which, when properly given, I believe to be less liable to cause sickness than ether; the latter also being very apt to give rise to a troublesome cough, which lasts some days, if not more, and is very distressing and dangerous to a patient after ovariectomy. I left bichloride of methylene out of the question, as I have no personal experience of it; but from the strong recommendation of Mr. Spencer Wells, I purpose soon to try it. And here I may say that, though I have given chloroform close upon a thousand times, I have very rarely met with sickness where circumstances permitted it to be administered four hours after a light repast; and the more I see of its administration, the more firmly am I convinced that it should be given *slowly and gradually*, notwithstanding the high authority against this method of administration. The abdomen was opened from the umbilicus to within an inch of the pubes, and a large quantity of ascitic fluid came away over the waterproof sheeting; the latter was that used by Professor Lister for his dressings, which, from its thinness, fits closely and firmly to the abdomen. The peritoneum was then found very red and velvety in parts, caused by the irritation from the fluid which escaped from the cyst. The tumours were removed in the usual manner; the larger had a long pedicle, which was secured by Mr. Wells's calliper-clamp; the smaller one, as is usual, was almost sessile, and its clamp was transfixed and secured by a thin carbolised silk ligature, the ends of which were cut short and returned with the pedicle into the abdomen. The toilet of the peritoneum was then carefully completed, the adhesions not being numerous and entirely parietal and omental; the wound was then closed by eight wire sutures, and on the wound lay the clamp. Antiseptic precautions were used in every detail, and over the gauze a flannel bandage was secured round the patient, who was then placed in bed; and, as she soon complained of pain, a suppository, containing a grain of morphia, was introduced into the rectum.

She soon rallied well and rapidly from the operation, and, at 11 P.M., her temperature was 100.4 deg., and she had neither pain nor sickness. Everything progressed favourably and she was up on the sixteenth day, her temperature being highest on the third morning, when it reached 101.5 deg. in the vagina. All went on well until September 21st, thirty-seven days after the operation, when I was hastily summoned to her, and found her suffering from double pneumonia. Large poultices were immediately applied to her chest in front and at the back, and brandy and ammonia were freely given; but on my return in two hours' time, she was almost comatose, quite insensible, and unable to swallow. Brandy was now freely given *per rectum*, and the poultices continued. Next morning, she was something better, and slowly recovered, though she had two relapses, in one of which she was very near dying. In ten days, she was much better and stronger, when vomiting set in, which soon became faecal in character; and, on examination of the rectum, it was found completely blocked up by large masses of scybala; these were removed, after which she made a rapid recovery.

REMARKS.—The points of interest in this case are chiefly the diagnosis of both tumours before operation; the perfect success of the antiseptic treatment, the wound healing without pus or smell; the entire absence of peritonitis after the operation, though the peritoneum was found in a red condition from the irritation of the cystic fluid (*vide* Mr. Wells's two hundredth case, edition 1872, page 80); her recovery from double pneumonia after such a serious operation; and finally, the complication of faecal vomiting.

THERAPEUTIC MEMORANDA.

THE ACTION OF PODOPHYLLIN.

DURING the past three weeks, four cases have come under my notice in which evil has resulted from the action of podophyllin. In three of the cases, the drug had been administered by unqualified persons; in the fourth, the mischievous results arose from the specific action of the medicine, and clearly showed how, in some cases, it will give rise to very painful tenesmus and griping, which, under special circumstances, it is not difficult to understand, might tend strongly to irritate the uterus, thus acting indirectly as an ecboic.

In the first case, I was consulted by Mrs. A. for symptoms threatening a miscarriage. She has for several years been labouring under chronic uterine and ovarian disease. I take it that no thoughtful physician would have administered podophyllin under such circumstances; but a

druggist, to whom she applied for a "liver-pill", took it upon him to do so. On the next day, the 10th instant, severe griping and tenesmus began, followed by miscarriage on the 18th.

In the second case, similar results at about the sixth month followed the use of podophyllin pills supplied by a druggist within the past few weeks.

On the 17th instant, I was consulted by a Newcastle gentleman, whose wife had been prevailed upon by a friend to take one podophyllin pill for biliousness. It produced intense abdominal pain, with grievous tenesmus, followed by discharge of mucus and blood *per anum* to the amount of at least half a pint. She being a delicate woman, this was accompanied with much exhaustion.

The fourth case is that of a gentleman, the subject of a torpid liver, to whom a quarter of a grain of podophyllin was prescribed night and morning. The effects were extremely unpleasant; for, though no great amount of purging occurred from the three pills that were taken, the bowels were for two days racked with severe colicky pains and tenesmus, which had to be relieved by rectified opium. This likewise soothed the accompanying nervous and irritable mental condition.

There is a popular prejudice against mercury, which prejudice has been assiduously nursed and cradled by various interested persons, often solely moved by malice against our long-suffering profession. It can hardly, I think, be doubted that this so-called "vegetable mercury"—I believe unwarrantably so called—must be administered with quite as much caution, in properly selected cases, as the mercurial preparations.

It would be well to remember that, when patients are bothered with their bowels, it is not the purgative effects of a medicine that are generally required, but the alternative; so that a half, or may be a quarter, grain of calomel, or one-sixth of a grain of podophyllin, night and morning, will frequently—indeed, almost invariably—produce more beneficial and lasting results than the larger doses. Dr. Dyce Duckworth has written that "podophyllin is uncertain in action, and often productive of griping, even when guarded with henbane".

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TOXIC EFFECTS OF LINSEED-MEAL.

SOME years ago, my attention was first called to an unusual effect produced by the action of linseed-meal upon the skin and mucous membrane. A respectable man called to consult me respecting an ulcer of the leg, for which I ordered a linseed poultice. He, however, told me that if he did as I advised, his face would become red and swollen, and that he would be unable to see the next day. Ascertaining that the effects soon passed off, I requested him to apply the poultice, and call upon me the next morning. This he did, when, to my surprise, I found his face swollen and red, with the eyes slightly inflamed. The rash slightly resembled urticaria, accompanied by slight burning and itching. He informed me that linseed-meal always had this effect upon him; and that upon one occasion it produced the swelling, etc., from—unknown to himself—his carrying a few miles, for a neighbour, a package of meal in a basket.

Since then, I have met with four or five other cases, all well marked and undoubtedly referable to the presence of linseed-meal. The last case was even more remarkable, from the mucous membrane of the air-passages as well as the skin being involved. A few months since, I was called to attend an infant suffering from pneumonia. I ordered linseed-meal poultices to the chest, but was informed by the mother that if she applied them her own face would become red and swollen, and her breathing would be affected. Knowing from experience that some of these effects could be produced by linseed, I requested her to apply hot fomentations instead, but, the child becoming worse during the night, she put on the poultice. Next morning when I called, I found her face much swollen and red with an urticarious rash, inflamed eyes, quick and sharp pulse, hot skin, and breathing laboured and gasping, somewhat resembling hay-asthma. The chest was resonant, with dry rhonchus. This state would, however, have passed off in a day or so, but an incautious re-exposure to the linseed brought on another and so severe attack, that it was more than two weeks before she perfectly recovered. This lady stated that to her the smell of linseed-meal was as pungent as that of pepper. This specific action of linseed upon the mucous surfaces might possibly explain its use in affections of the mucous membranes.

JAMES GEORGE PARSONS, M.D., F.R.C.S.

PRESENTATION TO DR. O. WOODS.—An address and handsome timepiece have been presented to Oscar Woods, M.B., Resident Medical Superintendent of Killarney District Lunatic Asylum, by the officers of that institution, on the occasion of his recent marriage.