southern coast; or with a place in the interior, such as Cheltenham, 60.8 deg. But English patients of other classes than consumptives are in the habit of exposing themselves to high temperatures, and are apt to neglect the best season for baths. In former days, most baths were visited in spring and at the fall, as the Americans still call it, or in the early summer and late autumn months. But the English crowd all their visits into the hottest season of the year. They rush to foreign or to home baths in one mass at the end of July or beginning of August. At that period of the year the sun is very powerful; and most of the Pyrenean and a great many German baths, being situated in narrow gorges or in small basins, become heated up intensely, and may prove injurious in cases in which the influence of high temperature should be avoided.

Ems in particular, which is the German spa most resorted to for pulmonary affections, becomes especially warm and oppressive. Many people, including the Germans, who need scarcely be in these days characterised as stolid in any of their practices, have begun to think that it may be well to avoid these high temperatures, and have begun of late years to seek in summer the higher lying baths, or even to be satisfied with a residence in places of considerable elevation above the plains. The balance of evidence seems to show that, for consumptive patients in particular, an elevation of from 3000 to 4000 feet in Switzerland, and of course less in more northern regions, is quite sufficient. Cases of threatened consumption certainly often derive much benefit from summer visits to such heights, especially along with the judicious use of a milk diet.

How well aware the Germans are of the value of visits to such places in improving the general health—*Sommer Frische*, as they call them (and they are equivalent to the Hill Stations to which we have now for a long period resorted in India with a wonderful degree of refreshment)—is evident from the long classified list of elevated health-resorts in different parts of Germany to be found in Reichert's elaborate report in Schmidt's *Jahrbuch* for last year.

English readers may find an account of some of them in Dr. Theodore Williams's book on the *Climate of the South of France*, and a more extended list of them in an article in the *Quarterly Review* for July 1870, just before the war broke out. It is well worthy of consideration, whether many a patient may not gain more by the pure air he will breathe, and the quiet life he will lead at such places, especially such as it has not become the rage of the English to frequent, than by a hurried visit to a fashionable bath, where, amidst its amusements and dissipations, all regular treatment is often forgotten, and the waters of the spring do not obtain a fair trial.

NOTES ON MEDICINE AND SURGERY.

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OVARIOTOMY.

CASE I.—Miss S., aged 40. The disease was first observed two years before she came under observation. Fluctuation was distinct. The uterus was healthy. The tumour was removed, and found to be bilocular, without any solid matter. The pedicle was long, and was secured by Mr. Spencer Wells's clamp. The sac contained seventeen pints and a half of a thick brown fluid. The patient has made a complete recovery, and is now in good health, five years after the operation.

CASE II.—Mrs. F., aged 32, fair, with light red hair, well made, married ten years, but had never conceived. Menstruation was regular, but scanty. About fourteen years ago, she suffered from irritation of the bladder, and complained of a burning feel low down at the left side of the abdomen. After she was married, she consulted a physician, who told her that she had an enlarged womb. Five years before she came under observation, the abdomen began to enlarge, and the irritation of the bladder completely subsided. For four years, the swelling gradually increased; but in the last six months, it had more than doubled its size. The wave, on percussion, was distinctly perceptible from side to side; no creaking sounds were detected with the stethoscope. The uterus was healthy.

The tumour was removed on October 8th, 1868. Just as the first incision was about to be made, violent vomiting set in, and the operation was postponed to the afternoon, when it was performed. On the cannula being plunged into the tumour, about seven pints of dark clear fluid escaped. The lower part of the abdomen became flaccid, but the upper remained unchanged. The cutting portion of the cannula was again protruded and pushed through the septum. The rest of the fluid then escaped, and the cyst was withdrawn without any difficulty, and, the pedicle being long, was secured with the clamp. The wound was

closed with carbolised silk-sutures. The whole quantity of fluid removed was thirty pints. On the fifth day, the sutures were removed; there was not a drop of suppuration. The clamp was removed on the fourth day. On October 31st, she left town well. She is now, more than two and a half years after the operation, in robust health.

CASE III.—Mrs. P., aged about 45, came from the country. The tumour had existed for a long time. She had repeated attacks of inflammation. The tumour was so large that she could not rest in bed, and the only position in which she could sleep was sitting on the floor on a pillow, leaning forward with her arms on the seat of a chair. She was of dark sallow complexion, with black hair, and very much emaciated. The tumour was evidently adherent over the whole anterior surface. There was distinct creaking, and a very large quantity of solid matter. The case being unpromising, her condition and the probabilities of the operation being explained to her, she elected to have the tumour removed.

She was completely chloroformed, and the usual incisions were made down to the cyst, which was found adherent—partly by new, partly by old adhesions. These were easily separated. The trochar was then plunged in, and the tumour partially emptied, when it was found that the greater omentum was spread out over the whole upper portion of the cyst, and was adherent in many places to it. It was carefully separated, and all bleeding points were carefully secured with fine silk ligatures. There were no adhesions behind. The pedicle was secured with the clamp, and the wound closed with sutures. She went on well up to the third day, when peritonitis set in, with darting pains through the abdomen. However, she took plenty of nourishment, though she frequently vomited. On the eighth day, she got a sudden start, a friend unexpectedly coming from the country, and entering her room without notice. She sank rapidly, and died on the ninth day. At the necropsy, there was found to be extensive peritoneal effusion, but no bleeding whatever into the cavity.

CASE IV.—Mrs. —, aged 35, came to town, as she considered, about the eighth month, to be confined in Dublin. Her medical attendant visited her occasionally until she had gone two months past her time, when Dr. Churchill saw her, and discovered an ovarian tumour of large size. She was nearly twice as large as a woman at her full time. After several examinations and consultations, ovariectomy was decided on. The steps of the operation were most curiously like the last; there were numerous adhesions, and the omentum was spread out over the tumour, and adherent. The pedicle being very short, the coil clamp was used, and answered very well. She lived to the fourth day, and then sank from diffuse peritonitis. The *post mortem* examination showed extensive peritoneal effusion, but no bleeding.

UTERINE TUMOUR OBSTRUCTING DELIVERY.*

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The history of complicated cases occurring in midwifery practice is always of interest to practitioners of the obstetric art. When the case terminates in the recovery of the patient, the medical attendant narrates the facts of the case with a certain amount of self-pride and gratification at his success. At the same time, the accounts of cases ending fatally are of equal, if not greater, interest, although there is not the same amount of satisfaction in relating them. The case, the particulars of which I am about to narrate, belongs to the latter class; and it is only on account of its presenting peculiar features that I bring it before you this evening.

On Easter Tuesday afternoon, I was sent for to see Mrs. D., aged 37, who was in labour with her ninth child. I had previously attended her in several of her confinements, all of which were tedious: the last child was still-born, it having been dead some days previous to birth. On the present occasion, I found the funis and left foot presenting. The liquor amnii had escaped, and the uterus was firmly contracted round the body of the child. The pains were only slight and at long intervals. I found it impossible to reach the other foot, and a considerable amount of traction on the foot presenting, had no sensible effect upon the child. Consequently I considered it advisable to leave nature to herself, in the hope that, in a few hours, uterine action would set in and the labour be terminated. The patient had very little pain during Tuesday night; and on Wednesday morning, finding that no progress had been made, I gave her a good dose of ergot. This had the effect of bringing on the pains, which, however, produced little or no effect upon the child. The patient seemed to be becoming exhausted, so I determined to obtain assistance, administer chloroform, and deliver. Mr. Welford was kind enough

* Read before the Sunderland Medico-Chirurgical Society.