REPORT OF A SUCCESSFUL CASE OF OVARIOTOMY.

By GEORGE ASHDOWN, M.R.C.S.,
Surgeon to the General Infirmary, Northampton.

MISS A., a delicate young lady, aged 21, of short stature and fair complexion, enjoyed moderately good health until the spring of 1871, when she first began to notice an enlargement of the abdomen. In November of the same year, her general health began to fail; and she consulted me at the close of the following December. I found her very weak and feeble, much emaciated, with considerable abdominal swelling. I diagnosed right ovarian dropsy, and advised one tapping, to ascertain the connexions of the sac, and to allow her health to improve, the stomach being able to retain very little nourishment.

On January 2nd, 1872, I saw her at home with her usual medical attendant, Mr. Williams, and removed eight pints of gelatiniform fluid. No bad symptoms followed; her appetite returned, and she gradually acquired strength, so that on March 14th her health was sufficiently improved to justify the operation of ovariectomy, which I performed, assisted by Mr. Williams, in the following manner. The patient was placed deeply under chloroform by Mr. Cogan. I then made an incision, six inches in length, below the umbilicus, dividing the abdominal wall on a broad director, and evacuated the fluid, amounting to eight pints and a half. The sac had no adhesions. The pedicle was easily brought into view, and was secured by a double strong carbolised silk ligature. The ends were cut short, and it was returned to its normal position. The opposite ovary was found healthy, and there was no hæmorrhage. The wound was stitched with carbolised catgut ligatures, and carbolic plaster and oil applied, covered with chloralum-wool and a suitable bandage. The pulse and general condition were very favourable; and, before her removal to bed, a morphia suppository (half a grain) was inserted. The temperature of the room was 68 deg., and was maintained at this for some days, taking care that there was a free admission of pure air into the apartment. Vomiting came on during the night, without pain, and was checked by hydrocyanic acid.

The temperature on the following day rose to 104.5 deg., and the pulse to 168, causing us some anxiety. On the 16th, the pulse fell to 132; temperature to 100. She gradually recovered from this date; and, on the 30th of March, she was in good health.

The catheter was used for the first few days, and the most absolute rest enjoined. The weight of the cyst was fourteen ounces. There were five smaller cysts embedded in the walls of the primary one. The catamenia appeared five weeks after the operation, and her general health was excellent.

CLINICAL MEMORANDA.

ON THE INFLUENCE OF LIME IN DRINKING-WATER
ON THE PRODUCTION OF STONE IN THE
BLADDER.

IN the JOURNAL of September 28th, Dr. Murray, of Newcastle, attributes the frequency of calculous disorders in Northumberland and Durham, with a host of other dire disorders, to the use of drinking-water containing lime and magnesia. On this theory, it seems to me that it would be very difficult to explain the almost complete immunity from stone in the bladder enjoyed in this neighbourhood (near Frome). We have in this district a great variety of strata, most of them calcareous—*e.g.*, chalk, lower oolite, and mountain-limestone; and the drinking-water (obtained from wells and springs) is, therefore, almost always very hard; yet stone in the bladder is a disease all but unknown. I have inquired of all my medical friends in Frome, several of whom have practised in the neighbourhood for thirty years, and I can hear of only a single case. Cases of renal calculus and nephritic colic occasionally occur; and I have tested calculi of uric acid and of oxalate of lime that have been passed. The uric acid diathesis is also sometimes seen; but I never saw a case of phosphatic deposit, except in connection with inflammation of the bladder. In the colliery district of Somerset, calculus seems more common; Dr. Waugh, of Midsomer Norton, tells me that he has seen three cases in the course of eight years. I am not able, however, to state whether the water in that neighbourhood is hard or not. It may be that the combination of lime with magnesia is more prejudicial than lime alone. I find, however, that magnesia is present in the calcareous deposit that forms in kettles here. Beer and cider are

here the usual drinks of adult men. Dr. Murray says nothing about any other beverage than water. Are we to infer that this is the usual beverage in the North? Cases of goitre are sometimes met with here. I have found them improve under the use of iron. It appears to me important, for several reasons, that water, otherwise pure, should not be condemned merely on account of its hardness, especially as we know that lime is an important constituent of the human body.

H. FRANKLIN PARSONS, M.D., Beckington, Somerset.

THERAPEUTIC MEMORANDA.

GALVANO-EMESIS.

A FEW days since, some children were brought to my house, having eaten poisonous fungi. Two of them were in a state of collapse, almost pulseless, unable to swallow, with the jaws set, and frothing at the mouth. None of them had vomited. One of them was apparently dying; and I was preparing to try to assist failing respiration by galvanism, when the thought struck me that, if I could by the same means excite contraction of the stomach, vomiting would probably ensue. I therefore passed one of the poles by a suitable conductor to the top of the œsophagus, and applied the other by a wet sponge to the epigastrium, using the interrupted current. Vomiting was immediately produced in both cases, and a quantity of the fungus was rejected. The children are now well. I am not aware that what I may call "galvano-emesis" has been before made use of, but should think, from the success which attended my first trial of it, that it will prove a valuable agent in similar cases. I omitted to mention that the children were insensible to the vapour of the strong liquor ammoniæ; it could not, therefore, have been the mechanical irritation which caused the vomiting.

CHARLES FOX, M.D.

Birmingham, September 1872.

TRAUMATIC TETANUS TREATED WITH HYDRATE OF
CHLORAL: RECOVERY.

R. R., AGED 19, fell with his left knee under the wheel of a heavily laden waggon (about three tons). I was called to him November 20th, 1871, at 11 P.M., and found extensive laceration of the soft parts, extending from the inner side of the middle third of the thigh across to the outside of and far below the knee, crushing open the knee-joint, and exposing the articular surface of the outer tuberosity of the tibia. There was no bleeding when he was first seen by me, though his friends said he had lost a great deal of blood at the time of the accident. The wound having been well sponged to remove dirt and grit, was brought together with sutures and strapping, the leg was put on a back-splint, and carbolic acid lotion constantly applied by means of wetted lint. Two grains of opium were given internally. On November 21st, he had slept fairly well. The pain was not so severe as expected. On the 23rd, extensive suppuration had set in; large quantities of most offensive, green, frothy purulent matter swelling up from the joint. A large piece of integument in front of the thigh being dead and black, the sutures were removed. The patient now suffered intense pain, which was relieved to some extent, and sleep at night procured by opium. Up to December 12th, the case progressed well; but now tetanus set in, fixing the jaw, extending down the neck, back, round the chest and abdomen, rendering micturition most painful and difficult, with frequent spasm. Hydrate of chloral in fifteen-grain doses was ordered to be taken every two hours. The second dose produced two hours' sleep; the same effect followed each dose the patient awaking every two hours almost to the minute. Port wine and beef-tea were given with each dose of chloral.

December 13th.—He had slept well, with the exception of the periodical wakings during the night, remaining awake but a few seconds each time. Spasms continued frequently during sleep, but were less severe. On being roused, he could open his mouth and protrude his tongue.

December 23rd.—Opisthotonos was severe for the first time. The spasms were very frequent. He still slept from dose to dose of chloral. He now was attacked with measles.

January 7th, 1872.—The measles ran a severe course. The tetanic spasms were much less frequent and severe. He took nourishment well, and could masticate. He was said to have passed the night without a spasm. The tongue had cleaned, and could be easily protruded. He was ordered to take the chloral every four hours. From this time the dose was gradually decreased, with no return of tetanus.