In most cases there was an actual perforation. In one it seemed probable that the appendix had burst, and then healed after discharging its contents, which were again accumulating at the time of the examination.

MICROSCOPIC ANATOMY.

The gelatinous substance shows the microchemical reactions of mucin (thionin, mucicarmine, etc.). With the exception of Fraenkel's case the mucinous masses were always encapsuled by recently formed inflammatory tissue, which was usually of extreme delicacy on account of the slightness of the irritation. In one case (Nager) there was evidence that absorption was occurring through the lymphatics. There is a tendency for the peritoneal endothelium to grow over and cover in the foreign substance. On the other hand, the endothelium may persist under cover of a layer of mucinous material, and in this case the cells are apt to become cubical or columnar.

Most observers have found scattered amongst the gelatinous substance chains of cubical or columnar cells of epithelial appearance. Such are present in the sections from my case. Some observers regard these as derived from the epithelial lining of the appendix, others think they are due to transformation of the peritoneal endothelium—a more probable view when we bear in mind the known capacity of these cells to show cubical or columnar forms under abnormal circumstances.

CLINICAL FEATURES.

The cases have come under observation in four different ways:

1. As an unexpected *post-mortem* condition when there had been nothing clinically to suggest its presence.
2. As a cause of slow but pronounced abdominal enlargement, in one case lasting ten years.
3. As an unexpected discovery during an operation for hernia (Hueter's case).
4. During operation for appendicitis. In one case acute appendicitis (Neumann); in one case quiescent appendicitis (case reported here).

In Neumann's case the tumour was found to be localized in the right iliac fossa, and was successfully removed with the appendix. This is the only case which has been treated radically. It and the case I report here are the only ones in which the patient has recovered. The latter case is remarkable in that spontaneous recovery followed abdominal section, with partial removal of the gelatinous material, and without removal of the appendix.

REFERENCES.

- ¹ Werth, *Archiv f. Gyn.*, Bd. 24, S. 100. ² Merkel, *Lubarsch u. Ostertag's Ergebn.*, 1903, Abt. 2, S. 327. ³ Fraenkel, *Munch. med. Woch.*, 1901, M. 24, S. 965. ⁴ Neumann, *Berl. klin. Woch.*, 1909, M. 1, S. 15. ⁵ Oberndorfer, *Verh. deutsch. path. Gesell.*, 1906, S. 235. ⁶ Nager, *Ziegler's Beiträge*, 1904, Bd. 36, S. 88. ⁷ Merkel, *loc. cit.*, S. 329. ⁸ Hueter, *Ziegler's Beiträge*, 1907, Bd. 41, S. 517. ⁹ McConnell, *International Clinics*, vol. iv, series 17, 1907.

PELVIC HAEMATOMA OF OVARIAN ORIGIN.

By THOMAS HOLMES, M.S., M.D. LOND.,

HONORARY GYNAECOLOGIST TO THE PORTSMOUTH MATERNITY CHARITY AND THE EMSWORTH VICTORIA HOSPITAL.

In reading in the *JOURNAL* of January 29th, p. 262, the report of Dr. Lockyer's paper, the cases he quotes, and those quoted by others who joined in the discussion, remind me of a paper I published some three years ago in the *JOURNAL*,¹ the title of which was, On the Cause of Acute Illness supervening during Menstruation. In this paper I gave notes of several cases of illness starting during the menstrual period, the cause of which I believed to be excessive haemorrhage into a Graafian follicle; in one case the haemorrhage apparently ruptured through the follicle and became intraperitoneal, forming a haematocoele. All these cases occurred in virgins, and there was no suspicion whatever of pregnancy.

Since writing the paper I have seen two cases in consultation, tending to bear out the view I took of their origin, which Dr. Lockyer's paper strongly confirms.

CASE I.

A married nullipara, aged 20, was always menstruating on the 28th of each month, but this time started some little time before. She was seized with intense abdominal pain on the left side, and then commenced to lose blood from the vagina.

The pulse was 120, soft and compressible, the temperature normal; there was no pallor, and no shock, but intense and constant vomiting. The breasts were quite virginal, the vaginal discharge was bright red, without clots or shreds in it. There was a little dullness in the left iliac fossa, where tenderness was most marked. The uterus was not enlarged high up, and the cervix not softened. The pouch of Douglas was full of a soft, elastic substance feeling exactly like blood clot, and there was an indefinite mass in the left fornix; rectal examination confirmed this. The patient absolutely refused operation, and was most intractable during convalescence, but was walking about in a fortnight.

CASE II.

I had arranged to operate for another condition; just before the operation she told me of the great suffering she had experienced ever since her last period. On opening the abdomen I found the right ovary enlarged and distended, with blood clot from a Graafian follicle, which was just on the point of rupturing into the peritoneum.

The intense nausea and vomiting, reminding me of an injured testicle, has always struck me as a feature of these cases, as opposed to an extrauterine gestation, and seems to be explained by the injury to the ovary.

I have not referred to modern literature on the subject, but this last week in looking up some of the older writers on diseases of women, I find that Barnes,² who distinctly recognized extrauterine gestations, in his article on haematocoele quoted Nélaton and Langier, who insisted that a great cause of haematocoele arose during the physiological work of ovulation. Churchill³ does not seem to recognize extrauterine gestations, but says that rupture of a Graafian follicle during its extreme congestion at a menstrual period is the cause of haematocoele.

My object in writing three years ago was to draw attention to a class of case which, so far as I knew, was not described in any textbook, or, if the cause were mentioned, was not emphasized sufficiently as the origin of very serious illness. It is not only serious at the time, but, as I hope to be able to show later, may in its minor degrees be one of the determining causes of such chronic sources of trouble as ovarian dysmenorrhoea and prolapsed and adherent ovaries, which often seem difficult to explain in the absence of ordinary infective processes.

Several of my cases occurred a good many years ago, and were not confirmed by operation; but in one case the illness was followed by very disabling dysmenorrhoea. And I believe that, just as in a haematoma of the testicle it may be necessary to remove the organ in some cases, so in some of these cases it may be necessary to do oophorectomy to prevent chronic invalidism; and that although in married women the diagnosis from an extrauterine gestation may be impossible until the abdomen is opened and the part examined, yet one must always in virgins bear in mind the possibility of this origin of a haematocoele.

REFERENCES.

- ¹ BRITISH MEDICAL JOURNAL, 1907, vol. i, p. 190. ² *Diseases of Women*, 1878. ³ *Diseases of Women*, 1874.

A CASE OF FAMILY ALBUMINURIA.

By

J. NEWBERRY FERGUSON, M.B., B.C. CANTAB.,
M.R.C.S., L.R.C.P.

The presence of albumen in the urine is not now regarded as an invariable indication of renal disease. Leaving out of consideration those cases in which albumen may enter the urinary tract below the renal tubules, as in pyelitis, cystitis, prostatic abscess, or urethritis, persons in perfect health occasionally pass small quantities of albumen. The great majority of such cases belong to the class of paroxysmal or functional albuminuria, and there is usually some relation between the passing of albumen and excessive physical exertion, excessive ingestion of albuminous food, emotional disturbances, or some other cause.

The case of a man constantly passing large quantities of albumen over a period of many years, without any apparent cause, must be regarded as rare, and the fact that all the members of the same family present the same peculiarity in varying degrees renders the matter the more worthy of notice.

One of the functions of the kidney, while ridding the blood of the waste products of metabolism, is to prevent