ptoms, which do not, however, outlast the local irritation at the seat of contact, absence of pyrexia and malaise, and the non-involvement of the lymphatic glands. The abundant examples which could be adduced of remote vascular changes brought about reflexly through nervous intervention only, when an organ, and especially a highly sensitive structure such as the skin, is in an abnormal condition, make the former hypothesis more probable.

The local irritation following chloroxylinone causes a long-continued enhanced susceptibility of the nervous organization which predisposes the cutaneous system in general to respond with abnormal activity to bodies which have otherwise little or no claim to be classed as irritants.

Of the non-alkaloidal principles contained in East Indian satinwood: No. I resin is not (as it was employed in this inquiry) irritant to the skin of normal individuals. No. II resin is not devoid of action, for it produced a slight irritant effect in one instance where there had not been any previous dermatitis. No irritation followed the employment of the pure oil as an application to the normal skin.

But to individuals who had already experienced a chloroxylinone dermatitis all three bodies acted as irritants, No. II resin being in this respect very active. No. I resin moderately, and the fixed oil slightly active. In my own case the acquired hypersensitiveness appears to be discriminative in its tendencies, for whilst the satinwood products just mentioned as indifferent in action towards most individuals never fail to occasion dermatitis on auto-application, mustard causes no more than the simple rubefacient effect which is proper to its action.

Whilst in this inquiry, in correspondence with statements founded upon clinical observation of satinwood workers, one of the subjects of chloroxylinone applications has proved refractory to the irritant action of the alkaloid it would be premature to assume that such tolerance has no limit; all that can be safely stated is that he has shown a much greater resistance than the two observers, who each developed dermatitis after application of smaller amounts than have been used by him without definite result. No case has presented itself in the course of these observations which would illustrate the statement made by Jones¹ and Wechselmann,¹² to the effect that some satinwood workers, after a first attack of dermatitis, may acquire resistance towards the irritant, and so remain immune, although still exposed to the contact of the dust; on the other hand, towards the two individuals who reacted to the second application of chloroxylinone subsequent contacts were markedly more severe in their result, and the same may be said of the reapplication of both oily and resinous principles of East Indian satinwood.

REFERENCES.

- ¹ Jones, BRITISH MEDICAL JOURNAL, June 25th, 1904; Bidie, *ibid.*, January 14th, 1905; and Graham, *ibid.*, April 15th, 1905. ² *Trans. Chem. Soc.*, 1909, vol. xcv, fol. 964. ³ BRITISH MEDICAL JOURNAL, January 25th, 1904. ⁴ *Ibid.*, May 23rd, 1908. ⁵ *Deut. med. Woch.*, 1909, No. 32, p. 1389. ⁶ *Trans. Chem. Soc.*, 1909, vol. xcv, fol. 965. ⁷ *Deut. med. Woch.*, 1903, No. 32, p. 1389. ⁸ *Loc. cit.* ⁹ *Loc. cit.* ¹⁰ BRITISH MEDICAL JOURNAL, 1908, vol. ii. ¹¹ *Loc. cit.* ¹² *Loc. cit.*

The St. John's House of Rest at Mentone will be reopened on November 1st. The institution is one which was founded just thirty years ago to enable clerical and other professional men to secure at small expense a period of rest in a favourable climate after the occurrence of some definite illness or when deemed in danger of a general breakdown. An anonymous benefactor has recently placed at the disposition of its authorities a sum of £100, in order to enable them to assist prospective patients on the journey out. Of the two honorary secretaries, the one resident in this country is the Rev. W. H. Oxley, the Vicarage, Petersham.

ACCORDING to some figures recently supplied by the Department of Commerce at Washington, U.S.A., the export trade of that country in patent medicines has much grown of late years. Even at export valuation, which represents the first cost of goods and leaves out of consideration the prices at which they will ultimately be sold, the proprietary medicines exported last year from America aggregated in value to £1,400,000, as against a total of £400,000 some fifteen years ago. This increase, spelling as it does a corresponding increase in the unhappy practice of self-drugging, would in any case be a matter for regret, and still more regrettable is the fact that nearly one-third of the whole of these goods are sent into this country.

CYSTIC OVARY IN THE PELVIS.

BY

EDWARD LAKE GOWLLAND, M.B.LOND.

THIS case presented several points of interest, and seems to me to be worthy of record:

C. E., aged 68 years, had for three days suffered complete retention of urine, relief only being obtained by the use of a catheter; there had been no action of the bowels for the same period. Previous to this she had for three or four months some slight difficulty in starting micturition, but no trouble with the bowels and no pain. The menopause occurred at the age of 52 years; there was a history of profuse menorrhagia for twelve years before the menopause. She had had no children, but several miscarriages.

Dr. Garrett, of Faversham, called me to see this patient after she had been unable to pass urine naturally for three days. The abdomen was not distended and moved well with respiration; a tumour could be felt occupying the whole hypogastric region, and reaching to within three fingerbreadths of the umbilicus; it was hard, non-fluctuating, fixed, and not at all tender. The percussion note was dull over the tumour, but resonant in the flanks.

On vaginal examination a large hard tumour was felt pressing forward the posterior wall of the vagina; the cervix could not be felt. It was most difficult, owing to the size of the mass, to examine the vagina at all thoroughly. Rectal examination also was most difficult, there being hardly room for the examining finger in the rectum, the condition reminding one exactly of a retroverted gravid uterus. The tumour was of almost stony hardness and absolutely fixed.

Operation.

The patient was removed to the Faversham Cottage Hospital, and I operated the same evening, expecting to find an impacted fibroid.

An incision was made from the umbilicus to the pubes. The bladder wall was found to be much thickened; the uterus, normal in size, was pressed forward and upward by a tightly-distended cystic ovary, to which it was firmly adherent over the whole of its posterior surface; the tumour was a multilocular cystic left ovary, which had developed downward and outward between the layers of the broad ligament, and now filled up the whole pelvis, having formed dense adhesions to all the surrounding structures. It was quite impossible to insert the fingers between the tumour and the sacrum, so tightly was it wedged in the pelvis and so dense were the adhesions.

Five separate cysts were punctured and their contents evacuated; the fluid could not be measured accurately, as a good deal of it escaped into the peritoneal cavity. The left tube and broad ligament were ligatured and divided, and thereafter adhesions were broken down and the tumour enucleated with considerable difficulty. A large-sized rubber drain tube was passed well down into Douglas's pouch, as the separation of adhesions had left a large oozing surface, the end being brought out at the lower angle of the wound. The wound was closed by catgut sutures in separate layers.

After-History.

The tube was removed in twenty-four hours and recovery was uninterrupted, the temperature never rising above the normal.

In all cases of abdominal section, except those for enterostomy, I order a large dose of castor oil forty eight hours after the operation. I always give fairly large quantities of liquid nourishment quite soon after the operation, and I have never had any reason to regret this practice.

The special points of interest in this case are:

1. The sudden onset of complete retention of urine. No advice had been sought till three days before the operation.

2. The difficulty of diagnosis due to the extreme hardness of the tumour. On commencing the operation, I quite expected to have to perform supravaginal amputation for impacted fibroid of the uterus.

3. The denseness of the adhesions. After freeing the tumour, the posterior uterine wall was quite raw and ragged.

4. The sterility of the cyst contents. It was impossible, owing to the depth of the cysts, to evacuate them without a considerable quantity of the fluid escaping into the peritoneal cavity.

The tumour itself was an ordinary multilocular cystic ovary with a considerable overgrowth of the fibrous stroma, the lower part, which occupied the depths of the pouch of Douglas, being intensely hard, and cutting almost like a carcinomatous mass.