leave them to the expostulation and reproof of the more faithful of their brethren, who will certainly not fail to hurl at them some denunciatory text from the dreamy delirious revelations of their prophet Samuel! But you may say, surely not all of them are simpletons: surely some of them have shown ability in other matters. It may be so. I am not here to inquire what precise amount of mental soundness or capacity is compatible with a belief in the homœopathic system. It would border on such medico-legal investigations as those in which we have to ascertain whether competence to the management of affairs may be predicated of a mind that is subject to some particular delusion.

That laymen of great powers of mind have adopted homœopathic treatment for themselves or their families, should go for nothing. They are not led to it by reasoning, but by what they fancy to be experience, and which is indeed only empiricism. Every pestilent quackery that has ever been palmed upon the world has numbered among its victims the wise and the witty, as well as the dull and the ignorant. And the wise have adopted it because they have not been wise in all things. They were sick; they swallowed decillionths of oyster shells; and they got well. This is their argument, and its fallacy is too obvious to deserve even a momentary comment.

Pardon this long digression; but the subject is so important that it ought not to pass without some emphatic notice. I strongly advise my brethren to take an uncompromising part, not only by refusing to co-operate, even in the most indirect manner, with homœopathic practitioners, but also to show the public in what light we regard these marauders. I need not tell you that the only really remunerative cases to the general practitioner, (except in the feeling of satisfaction in the discharge of an arduous duty, in the achievement of success in a difficult art, and in the thought of having saved a life, or assuaged pain and distress,) are those in which his duty consists mainly in standing by the bed-side of the patient, ready to interpose, if in his judgment any emergency arises; though they are cases to the cure of which nature alone is usually adequate. Nothing can really compensate him for the anxiety incident to the life-and-death encounters in grave cases, to say nothing of fatiguing days and broken nights. If, therefore, his attendance is sought by a family in such cases only, (and the instinct of the patient or his friends will generally lead them away from homœopaths on such occasions,) he is justified in requiring that his reward should be very different from what it is when he has all kinds of cases submitted to him.

I have no fear that this view of the case can be considered mercenary. Everywhere it is allowed, that from no profession is more gratuitous aid received by the public, and I am proud to believe that it is held to be one of the highest privileges of the profession that it has the power, and is allowed to render help to mankind as a labour of love. But as our patients often quote to us, "The labourer is worthy of his hire," so we may urge that the hire should bear relation to the kind and the degree of the labour. To employ a

soldier on no service but fighting in pitched battles, bivouacking on malarious plains, or leading the "forlorn hope" of a storming party, and then to tender him for such service the same pay as a soldier who is engaged all the year round, and has ordinary garrison duty, or the light routine of the parade ground, in a frequent exchange for the hardships and perils of a campaign, would surely be considered to be very unreasonable and very unjust, yet it is a case precisely parallel with that to which I have just adverted.

I trust that I have not gone too near the borders of levity in some of the remarks which I have ventured to offer to your consideration. Believe me that no one can feel more deeply than I do the seriousness of medical practice. We ought ever to nourish a sentiment of reverence for our art, and a solemn conviction of the weightiness of the interests which are involved in it. To say nothing of the value of the lives of the good, the great, the wise, the brave, and the beautiful, the issues of which are in our hands as far as they can be in mortal power; to say nothing of our high vocation of imparting succour and relief to the helpless and suffering, we ought to go to our work in the spirit of priests and hierophants—men who have to minister in holy things, men who have to tend the sacred lamp of life, to guard and sustain the temple of the human body—that fabric on which creative power has lavished most marvellous resources, most consummate artifice. Let us constantly bear in mind that pregnant saying of the German sage, Novalis,—“We touch God when we lay our hands on a human body;” so shall we approach it with fitting reverence.

SUCCESSFUL CASE OF

OPERATION FOR THE REMOVAL OF AN OVARIAN TUMOUR,

WEIGHING TWENTY-FIVE POUNDS.

By JOHN BEALES, Esq., M.R.C.S., HALESWORTH.

Read at the Suffolk Branch Meeting, at Framlingham, June 27, 1851.

IN the early part of September, 1850, I was consulted by Eliza Smith, of Darsham, aged 30, unmarried, for an enlargement of her abdomen, resembling that of a person at the full period of pregnancy. She stated that she had lived in the capacity of lady's maid for the last two years; that in December, 1849, she discovered an enlargement of the left side of her body, which gradually increased up to the month of August, 1850, when she was obliged to seek medical relief for loss of appetite, loss of strength, with wasting of her legs and arms. During the progressive state of this enlargement the catamenia were regular up to the month of April, after which time they returned every fortnight, up to the following August, but in small quantity. During this period she was perfectly free from pain, and her general health suffered but little. Upon examina-

tion I found an ovarian tumour, of a circumscribed character, extending from the left iliac region to the left hypochondriac, very hard to the touch, but towards the umbilicus and scrobiculus cordis soft and fluctuating, as far as the right hypochondriac and the right iliac regions, but evidently in two distinct sacs, moveable as a whole, and free from pain or tenderness, measuring thirty-seven inches in circumference; the patient being only four feet eleven inches in height. The uterus was healthy, high up, and of small size.

From the mobility of the tumour, and from the absence of pain at any time, I proposed the operation of its extirpation by the large incision, which was eagerly acceded to by the patient herself, having also had the sanction of two of my medical friends, as to the propriety of the step.

About the middle of November I removed my patient to a lodging in my own town; and on December 4th I performed the operation, in the presence of several of my medical friends. She took the night before, Extr. Hyoscy., gr. iv.; Extr. Col. c., gr. vj. Ft. Pil. iij.; and had an enema early on the morning of the operation, which cleared the bowels well. My patient was seated upon a couch with her feet upon the ground, and her back supported by a bed-chair and pillows; an eight-tailed bandage having been first placed behind her. Mr. Archibald Dalrymple was seated upon my right to receive the tumour, and Mr. Crowfoot on my left to guard the intestines should they escape at the wound. Mr. Donald Dalrymple kindly administered the chloroform, and she was fully under its influence in about two minutes. Having seated myself nearly opposite to my patient I commenced an incision of the integuments and the peritoneum just below the umbilicus, to an extent of four inches, to within an inch and a half of the symphysis pubis. The fingers of my right hand were passed into the peritoneal cavity, and a few adhesive bands were gently separated on both sides of the wound. The cyst was fluctuating and yielding on the right side, but firm and hard on the left. I then enlarged the incision of the integuments, beginning about three inches below the scrobiculus cordis in the linea alba, and extending it down to the left side of the umbilicus, a distance of six inches, to join the one of four inches made in the first instance. With a blunt-pointed bistoury I divided the peritoneum to the same extent. The wound expanded, but the tumour seemed immoveable. Unintentionally I opened a thin part of one of the cysts, when several pints of thick gelatinous fluid escaped. The tumour was still stationary, so that it became necessary to puncture another sac, when, after drawing off three or four pints of fluid of the same character, the tumour was slowly and gently removed from its cavity. I then, with a curved needle fixed in a handle, with an eye near its point, passed a double ligature of strong silk through the pedicle and tied it in two separate places; but in so doing the silk of one ligature broke, which was immediately replaced by passing an eye probe, armed with another double silk ligature, through the aperture made by the curved needle, and firmly tied. The

tumour was then separated with a scalpel as near as possible to its base. No blood escaped. The uterus was felt, and found to be small and healthy, as well as the right ovary. The integuments appeared almost to close of themselves, and were immediately secured by seven interrupted sutures. The patient was then put to bed, being still and having been under the influence of chloroform for about twenty minutes. She shortly afterwards became sensible. Long pads of lint were placed on each side of the wound, and secured by strips of mild adhesive plaster from one side of the body to the other. The eight-tailed bandage was crossed in front of her and made secure.

Her pulse, before the operation, which took place at twelve o'clock, was 65. At two P.M. it was 80, and she complained only of a general aching. Ordered a quarter of a grain of morphine, in an ounce and half of camphor julep. The temperature of the room to be kept at 75°.

At seven o'clock in the evening her pulse was 96; skin moist; no pain, but a little uneasiness in the bladder.

Half-past nine, P.M.—A little restless; drew off by the catheter half a pint of urine. Repeat anodyne. Ordered half a pint of toast and water for the night, having taken half a pint since the operation. Pulse 96.

December 5th.—Half-past nine A.M.—Has passed comfortable night, with frequent quiet sleeps of twenty minutes at a time; pulse 102; skin moist; tongue moist; has taken nearly a pint of toast and water; countenance cheerful, and says "she does not feel ill;" drew off ten ounces of urine; wound looking well; tightened the bandage; no swelling of abdomen.

Half-past two, P.M.—Has slept for three-quarters of an hour, when some person opened her bed-room door suddenly, and awoke her; pulse 115; skin moist; tongue moist; a little aching at the top of both hips; drew off six ounces of urine; pulse after it 106; has drank half a pint of toast and water since the morning.

Half-past nine, P.M.—Pulse 106; skin moist; tongue moist; a little irritation at the neck of the bladder; drew off five ounces and a half of urine; pulse 100 after it. Repeat anodyne draught.

December 6th.—Ten minutes past nine A.M.—Has had several hours' sleep during the night; awoke at half-past three this morning, and vomited a good deal of green bile, went to sleep for an hour after it, and vomited again; pulse 106; tongue moist, but furred a little at the back part, the tip red; skin moist; wind rumbling in the bowels; the body flat, and no tenderness; feels better since the discharge of bile; drew off half a pint of urine, not high coloured; has taken but little toast and water during the night; is cheerful; the countenance rather sallow. Ordered soda water.

Half-past two, P.M.—Pulse 106, rather full and hard; temperature of room 70°; has taken only two wine-glasses of soda water since the morning; wind in the bowels causing a little pain; no enlargement nor tenderness of the body; urine not drawn off; tongue moist,

Quarter to ten, P.M.—Pulse 106, and soft; skin and not so furred; skin comfortable.

moist; tongue cleaner; countenance cheerful; herself in excellent spirits; has had an hour's refreshing sleep during the evening; has passed wind per rectum; drew off nine ounces and a half of urine; temperature of room 75°; wishes for her anodyne. Continue toast and water in the night, or soda water. Pulse 100 at ten o'clock.

December 7th.—Half past nine, A.M.—Pulse 100, and soft; skin moist; has slept six hours during the night; is cheerful; drew off nine ounces and a half of urine; wound healthy, and closed by adhesion; drank half a bottle of soda water during the night; would like some breakfast. Ordered one biscuit in a cup of tea, and a domestic enema of gruel. Temperature 70°.

Four o'clock, P.M.—Pulse 106; skin moist; has had the enema; half returned dirty, with a great quantity of flatus; did not want to pass water. The nurse had put on clean linen, *contrary to orders*, which accounted for the increase of pulse since the morning.

Half-past nine, P.M.—Pulse 102; tongue moist; skin moist; very cheerful, and says she has passed water at half-past five this evening, eight ounces and half in quantity; has had three quarters of a tea-cup of gruel. *Not* to take the anodyne unless in pain or restless, but to have soda water and a tea-cup of gruel during the night.

8th.—Ten minutes past eleven, A.M.—Pulse 96; tongue clean; skin moist; in excellent spirits, and wants something to eat; had six hours sleep *without* the anodyne; has passed half a pint of urine at four this morning, and seven and half ounces at nine; also a good deal of flatus per rectum; wound healed; removed *all* the sutures; ordered a cup of tea and a soft boiled egg; she drank half a bottle of soda water in the night, and a cup and half of gruel.

Four o'clock, P.M.—Pulse 115; tongue moist; skin moist; had been a little excited, hearing me complain down stairs of the door of the house being left open. Ordered a cup of tea and a little dry toast.

Half-past nine, P.M.—Pulse 100; skin moist; tongue clean and moist; passed six ounces and half of urine; bowels *not* relieved; ordered half an ounce of manna in half a pint of gruel; during the night says, *she should not know she had a wound in her body at all*; has passed wind per rectum.

9th.—Eleven o'clock, A.M.—Pulse 90; skin moist; tongue clean; has had a good night, and has passed ten ounces and a half of urine at two different times; took the manna; feels as if the bowels would be relieved; enjoyed an egg and dried toast for breakfast, with tea and milk; a thick deposit of urates in the urine.

Nine o'clock, P.M.—Pulse 90; skin moist; tongue clean; very easy; feels as if the bowels would be relieved; has drunk nearly a bottle of soda water; some gruel and half a cup of tea this evening, with a piece of brown dried toast, with a little honey upon it; ordered one pill of Pil. Hyd., gr. j.; Ext. Col., gr. ij.; Pil. Rhei., gr. ij.; Ext. Hyoscy., gr. j.; and gruel in the night; body perfectly flat and easy; and has passed flatus per rectum.

10th.—Eleven, A.M.—Pulse 90; skin moist; tongue

clean; free from all uncomfortable feelings; has slept six hours; passed eleven ounces and half of urine since the last evening, and has had one copious pultaceous motion of healthy colour; has had a cup of tea with an egg in it for breakfast, and some dry toast. Ordered a custard pudding and soda water for dinner.

Half-past eight P.M.—Pulse 96, soft; skin moist; tongue clean; felt a good deal of pain in the back; felt as if she would be unwell; has passed a pint and a quarter of urine since the morning; enjoyed her pudding and soda water for dinner; wound from the ligatures discharging healthy pus.

11th.—Half-past two, P.M.—Pulse 96; skin moist; tongue clean; has had relief in the bowels and has passed three quarters of a pint of urine, and slept six hours. Ordered arrow-root pudding and beef-tea for dinner; a little jelly occasionally; discharge by ligatures healthy.

12th.—Visit twice; pulse 90; going on well.

13th.—Ten minutes to one, P.M.—Pulse 90; bowels relieved; tongue clean; complains of a little sickness. Ordered beef-tea and pudding, with a little wine and water.

Eight o'clock, P.M.—Pulse 100; feels weak; great discharge from the wound by the ligatures. Ordered a pint of beef-tea in the night, and wine and water if faint. Pulse increased, by the nurse allowing two strangers to visit her, *contrary to orders*.

14th.—Has had a good night; pulse 100; tongue clean; bowels naturally relieved; great discharge from the wound. Ordered chicken for dinner, and wine and water.—*Vespere*: Pulse 90. Discharge less.

15th.—Pulse 82; tongue clean; discharge less, and feels better.—*Vespere*: Pulse 80. Has taken mutton chop and wine and water for dinner. From this date she went on well, with daily relief in the bowels, good nights; was able to sit up and walk about her room every day, taking mutton, beef, or game for dinner, and a glass or two of port wine.

25th, (Christmas day).—One ligature came away, the discharge became less, and on the 30th of December the other ligature came away. The first ligature came away on the twenty-first day after the operation, the second on the twenty-sixth day.

31st.—Is very cheerful; wound where the ligature came out yesterday just healed; *no* discharge, and *feels perfectly well*. I examined the uterus per vaginam, and found it high up, but quite natural.

January 1st, 1851.—Came down stairs perfectly recovered *exactly* one month from the operation.

5th.—Catamenia returned, and lasted four days.

11th, (Sunday).—Went to church in the morning.

Circumference of the abdomen *before* the operation thirty-eight inches and a quarter. Length from scrobiculus cordis to symphysis pubis, *before* the operation, fifteen inches. Length of incision ten inches. Circumference of the abdomen, six weeks *after* the operation, twenty-six inches and a half. Length of cicatrix seven inches and a half.

Description and dissection of the Tumour, by Mr. Donald Dalrymple.—The tumour, which measured,

after removal, three feet two inches in its *largest* circumference, and two feet one inch and a half in its *smallest*, and weighed twenty-five pounds, presented a smooth shining surface of peritoneal covering. It was a multilocular cystiform tumour, marked by several lines or bands of a denser, whiter, fibrous tissue than the rest of the cyst, corresponding with the septæ of the cysts. The walls of the cysts are composed of three distinct coats:—*First*, a peritoneal layer; *secondly*, a middle or fibrous layer of unequal density; and *thirdly*, a rather thick membranous sac, containing fluid. The peritoneal coat is thin, smooth, and shining, and free from any of those opacities which result from inflammatory action; it is very closely attached to the fibrous layer, except at the pedicle, where it was loosely reflected, and gave passage to several very small arteries, (*i. e.* very small compared with the size of the tumour), none being larger than a common probe; several much larger returning veins, and several nerves. The middle coat is also thicker at the root, and on it ramify the arteries, veins, and nerves. It varies much in density, and at the periphery of some of the cysts it is very thin. The inner coat has the appearance of having in some of the cysts, two layers. This is more distinct in the smaller than in the larger ones. The membrane is slightly rugous, and varies in colour; in some places pale, in others of a slight ochre colour, with many minute vessels ramifying on it. Some of the cysts are very *large*, containing three to four pints; some very *small*, and placed one within another like a nest of boxes; at one point as many as five are so placed. The fluid varies in density and tenacity in the different cysts; in the *smaller* ones being clearer and thinner; in the *larger*, more thick, and of a yellowish green hue. The average specific gravity 1010. It contains a very large proportion of albumen, more than its specific gravity would have led me to believe. It became putrescent in about fifteen days when exposed, evolving ammonia and sulphuretted hydrogen very freely.

I should estimate the quantity of fluid at about twenty-two or twenty-three pints, counting what was lost at the time of the operation.

CASE OF A RARE VARIETY OF SPINA BIFIDA.

By EDWARD T. HUGHES, M.D., MOLD.

Read at the North Wales Branch Meeting, held at Denbigh, June 17, 1881.

JOHN M., aged 24, well made, and enjoying robust health, applied to me on the 8th of July, 1846, for advice respecting a tumour situate over the left buttock, which had burst on the previous evening, and discharged a large quantity of a thin, clear, colourless fluid, and to day, during his walk to Mold, a distance exceeding three miles, had continued to do so most profusely. The tumour, previous to bursting, was

described to me as being the size of a man's head, and occupied the whole length of the sacrum and coccyx, extending a little over the mesial line on the right side, but on the left covering half the buttock. It was not painful to the touch, except at the part where it had given way, which was rather below its centre. The feel of its lower portion was thick and fleshy, but in the upper, notwithstanding the wrinkled state of the skin evinced its greatly diminished size, fluctuation was evident, and by slight pressure the escape of fluid was materially increased.

The outer envelopes of the tumour appeared to have undergone a gradual process of thinning, and to have given way from this cause rather than from any ulcerative process; and, deprived of their support, the sac had in like manner been unable to resist the pressure of its contents, which now filtered through a network of delicate fibre, formed by the separation of its tissue, to the extent of a square inch. The external surface of the sacrum was not at all tender to the touch; but at the junction of this bone with the coccyx there was a distinct opening, and the part when pressed was painful. I carefully examined the whole length of the spinal column, and could not discover any defect or tenderness. He had not at any time experienced either numbness or debility of the limbs. His head was well formed. His senses were perfect. The only particular worthy of notice was the dilated state of the pupils, which in no way affected his vision. Beyond the discomfort occasioned by the constant dribbling from the swelling he made no complaint, its reduction in size being rather a relief than otherwise. The fluid, on examination, exhibited slight traces of albumen.

The following history confirmed my opinion that the case was one of spina bifida:—

Soon after birth a tumour, the size of a walnut, was discovered, extending from the junction of the sacrum and coccyx half down the latter bone; at first it increased slowly, but at the age of thirteen was the size of an infant's head. During his earlier years, and when his own recollection will not serve him, his mother states him to have been a healthy boy, with the exception of occasional headaches, which were always brought on by stooping. When nearly twelve years of age he went into farm service, but when the potato and turnip harvests arrived, and he was obliged to stoop much, his headaches became so frequent and violent that he could not remain in his place. He received little sympathy from his employer, as, in other respects, he bore so completely the appearance of strong health. He describes the pain as dull and heavy, referrible to the fore-part of the head, and always relieved by lying down. He was at this time under medical treatment, but received no benefit from it, for the tumour had not as yet appeared in any way to influence his complaints, and was not mentioned. When thirteen years old he struck it, and was immediately seized with intense headache; from being full and firm it became soft and empty, and it was not until (after several days) it recovered its original condition, that his head was relieved. Position had hitherto in no way interfered