sacrum, pubes, or groins, according to the seat of pain, and they must be of a size and frequency to meet the particular emergency; at the same time, if the action be severe, mercury may be required, either exhibited internally, or applied by poultice or friction over the morbid part. Along with these appliances, sedatives may require to be employed, such as morphia or aconite internally, or the belladonna plaster externally, following the blisters. If the nausea, or other dyspeptic symptoms be urgent, draughts of columba will be advisable, in conjunction with soda or magnesia, and hydrocyanic acid. When the symptoms of engorgement are subdued, local astringents may then be used, with good effect, but not before; and if decided ulceration exist, of an indolent character, such as cannot be subdued by the above means, nitrate of silver may be necessary, though I would wish to convey to you that, under the condition of much vascular turgescence, such applications as those of the speculum and nitrate of silver, are only likely to increase the mischief, and are not desirable till the vascular action and ulceration have assumed a sluggish and indolent form. If any very solid indurations exist, the potassa fusa may also be of great use, but I shall treat of that when we meet again. Let me only now conclude by observing, that all such inquiries and appliances are to be carried on with the greatest delicacy and regard to the patient's feelings, to whatever rank of life they may belong, but that they are not to be prefaced by foolish apologies, or by formally asking permission to do this or that. All examinations of the kind, when instituted by judicious men of a proper age, are entered upon as a mere matter-of-course duty, the same as in obstetric practice. The woman knowing her sufferings, and having confidence in her attendant, complies with what is requisite in silence; but any unnecessary apologetic requests will only cover her with a sense of shame, and expose you to ridicule, and, ten to one, end in a refusal. Thetact, required, however, in such matters, is perhaps natural, and not to be acquired, for good feelings will produce good manners—good beyond all the artifices of studied refinement.

ON THE

DIAGNOSIS OF CHRONIC OVARIAN TUMOURS.

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"Hydrops ovariorum ut plurimum steriles annosaeque mulieres occupat difficilius cognoscitur et vix sine sectio cadavere."—Boerhaave (*Aph.* 1223.)

(a) Cysts of the Liver have been mistaken for Ovarian Cysts.

NUMEROUS cases of this description might be recorded. Mr. Harvey, (*Lancet*, 1849, p. 183,) has drawn attention to a case of cyst of the liver, which was considered ovarian. An amber-coloured fluid was

withdrawn, and extirpation was contemplated, when inflammation set in, and the patient died. On opening the body, the cyst contained pus. In this case there was no jaundice, as sometimes occurs, to help the diagnosis. We know of several similar cases. In one, of cirrhosis of the liver, with extensive ascitic effusion, the abdominal swelling was so far considered ovarian by one of the ovariologists, who prides himself the most on the accuracy of his diagnosis, that he wanted to extirpate the tumour. Thus an ovarian tumour does sometimes assume varieties of form, sufficient to deceive the most experienced. An instance of this came very lately to our knowledge, where several who were consulted, denied altogether the ovarian origin of the tumour, attributing it to the liver, though, after death, it was proved to depend upon the ovary.

How to avoid such errors.—It will not be difficult to do so before the tumour has attained to a great size. It will be found descending from above downwards; and the pain, if any, is referred to the hypochondria, and not to the ovarian region, but sometimes there is no, or but little pain, in the beginning of such cysts; and we are seldom applied to before the diagnosis is complicated by their increased size. Then the patient may help us by affirming whether she previously suffered pain in the hypochondriac region, whether the tumour began in the side, whether jaundice had been one of the incidents in the patient's history. A cyst in the liver may be inferred by the distinct perception of the *fremissement* indicating hydatid bodies which are much more frequent in the liver than in the ovary. In cases of insurmountable difficulty, when the patient has not had jaundice, and is too dull to help one to unravel the intricacies of her case, the decision must be deferred. It must, however, be borne in mind, that hydatid cysts, (if left to themselves,) are in in general fatal long before the tumour has attained anything like the enormous size other encysted tumours are capable of. The displacement of the liver has been noticed in some rare instances, and might at first sight be considered a morbid tumour in both sexes, or an ovarian tumour in women, but it could not be displaced without its absence from the right hypochondrium being made visible by the depression of the abdominal walls.

(c) Cysts of the Spleen may be mistaken for Ovarian Tumours.

Case.—I have seen, says M. Tavignot, (*Journal des Connaissances Med. Chir.*) a fibrous tumour of the spleen, thirty-five centimetres in length, extending to the brim of the pelvis, and which was taken to be an ovarian cyst. The tumour was evidently fluctuating, still on being punctured not a drop of liquid escaped. On opening the body the cyst was found full of hydatids of all sizes.

Remarks.—We know so little about the functions of the spleen, (and such cysts are so very rare,) that whenever a similar instance occur, it will doubtless be similarly mistaken. One great advantage of the plan we have proposed for the cure of ovarian dropsy, (treating it by the application of potass. fus c. calce,) is, that in

case of an error of diagnosis, the treatment applies equally well to the cure of hydatid cysts of the liver and of the spleen. The case just related was most favourable for that plan of treatment. The hydatids might have been evacuated, the mother membrane peeled off, and a cure effected, as in numerous cases of hydatid cysts of the liver so treated, first by M. Recamier, and afterwards by many others, both at home and abroad. There are several well-authenticated instances of the enlarged spleen descending into the abdomen; and as its absence, unlike that of the liver, would not be immediately missed, there would be nothing to indicate the nature of the tumour, while if it occurred in a woman, as it most frequently does, this solid tumour, surrounded by intestines unconnected with the womb, might be thought ovarian, and with difficulty shown to be otherwise. Riolan saw four cases of the enlarged spleen, descending in the hypogastric region, and in two the spleen so adhered to the womb that it could not be removed from the dead body. Morgagni has published a similar instance observed by Maufredi; the spleen weighed three pounds, and was six inches square. In the case of Madame de Pozzi, the spleen for twenty-four years had occupied the hypogastric region, and the woman was safely delivered of three children. The disease has been taken for pregnancy, (Drelincourt.) Morgagni says he has only read of ten cases—six in women, two in men, and two not stated. They were in general painless.

(b) *Encysted Tumours of the Peritoneum may be mistaken for Ovarian Tumours.*

Notwithstanding the assertions of B. Bell, (in his "Surgical Lectures,") of Chopart and Desault, (*Traité des Maladies Chirurgicales*, Vol. 2, p. 348,) of Boyer, (*Traité des Maladies Chirurgicales*, Vol. 8, p. 346,) of Bricheateau, (Art. "Kyste du Die," en 60 Vol.,) encysted tumours of the peritoneum are very uncommon, otherwise these authors would have been able to describe the complaint. In the absence of such description, we shall condense a case, which well illustrates this singular disease; it was published by M. Fano, (*Union Med.*, Vol. 8, No. 106.)

Case.—Claude Blin, aged 48, entered the Hôpital du bon Secours, December 18, 1846. He stated that until the previous April he had enjoyed good health, but then he felt a small tumour in the left hypochondrium, when, as it increased in size, he entered for a short time in July, the Hôpital St. Louis. Here he vomited bile several times, the tumour increased until the December above named, when the circumference of the abdomen just above the umbilicus measured *eighty-six centimetres*, the abdomen being distended by a tumour, which formed a more considerable swelling on the left side. The tumour was irregularly round, and was dull on percussion on the left side, as high as eight centimetres above the crest of the ilium, and in the whole of the left iliac fossa. When grasped with both hands it gave an obscure sensation of fluctuation, and in some points, more particularly at the epigastrium, a *crackling*

sound. Dr. Moneret, in whose wards the patient was placed, determined to open the cyst by *potassa fusa*, and between the 25th of January and the 23rd of February, eight applications were made. The adhesions of the cyst to the abdominal walls being deemed sufficient, M. Denonvillier plunged a trocar into the eschar, and withdrew about twelve pints of an albuminous liquid, like coffee-grounds. An oval tumour could then be felt, its longest diameter inclining from the left hypochondrium to the right inguinal region. The following days the pulse rose. A mixture of *fœtid pus* and gas came out on pressing the cyst.

March 8th.—Barley water was injected, and repeated daily into the cyst, with good effect. The patient was able to get about, and could take half his portion of food.

April 23rd, and following days.—Injections were made with wine, or weak brandy and water, to effect inflammatory adhesion of the sac. This did not give pain or fever to the patient.

27th.—The female sound did not penetrate easily. Efforts were made to pass it, and when tepid water was injected, the patient felt excruciating pain, and the liquid did not return, as usual, by the sound. The patient died at midnight, after symptoms of acute peritonitis, which nothing could alleviate.

Post-mortem examination thirty-four hours after death.—The pelvis contained a considerable portion of a sero-sanguinolent liquid, in which false membranes floated; the intestinal circumplications had an amaranthine colour, and patches of purulent matter were deposited where the injection was greatest. To the left of the abdomen the *gastro-colic* epiploon was lined by a red flesh-like substance, which extended to the adhesions formed all round the fistulous opening, and on passing the sound through the fistula, it became evident that the cyst had been ruptured during the patient's lifetime; all round the orifice of the fistula were solid adhesions, of about the size of a shilling, formed by the peritoneum, so thick as to look fibrous. The cyst was large enough to contain a man's fist, and was formed in the smaller cavity of the peritoneum; it was limited above and in front by the stomach and the transverse colon, laterally by the spleen and the descending portion of the colon, below by the *great epiploon*, and posteriorly by the vertebral column. The cyst itself was not cancerous, but of a cellular structure, and of considerable thickness; it was lined by a dark membrane, contained fragments of the same colour, and exhaled a fœtid-odour. The other organs presented nothing unusual.

Remarks.—The form of the abdomen would have excluded all thoughts of ascites. The manner in which this tumour, notwithstanding its growth, left unimpeded all the functions of the body, might perhaps have prevented its being considered to be connected with the liver or the kidney, but certainly if it had occurred in a woman, it would have been set down as ovarian. The uterine sound is our only means of distinguishing such a tumour from an ovarian, and that not by positive

information but by negative signs. "I have found, (says Dr. Simpson) however, advantage from the negative information given in other ways by the bougie, even when the tumour was abdominal in its seat. An example will best illustrate my meaning. In a case sent to Edinburgh a few months ago, for the purpose of having some opium given in regard to its nature, an immense abdominal swelling that was present, and which had been supposed by some medical gentlemen who had seen the patient to be ovarian, was shewn not to be so by sufficient evidence of the following nature. The uterus was displaced obliquely backwards, and the fundus of the bladder was displaced to the right iliac region by the abdominal enlargement, circumstances which were easily ascertained by introducing the uterine sound into the cavities of both these organs. Further, the uterus, although displaced, was quite moveable, and when its fundus was turned by the bougie towards the site of either ovary, the abdominal tumour lifted up as high as possible towards the epigastrium. No obstruction was met with, nor was this great change upwards in the direction of the tumour found to produce any dragging effects upon the uterus, as held by the bougie or its connections, effects which, unless under the improbable supposition of a pedicle several inches long would have inevitably occurred if the diseased mass had originated in, or was connected with, the ovaries or uterine appendages. So far the evidence was negative, but so far important. I may add, that other characters of a more positive nature,—the history, the particular form, and consistence of the tumour, its position in point of substance as ascertained by percussion, &c., seemed to show, seeing that it was not ovarian, to be in all probability one of those hydatigenous tumours that sometimes form in the tissue of the omentum, and whose physical symptoms during life in many respects correspond with those of ovarian dropsy."

(q) *Can a Lumbar Abscess be mistaken for an Ovarian Tumour?*

We know of no case of this mistake, but when on the one hand we reflect on the obscurity and size of some of these abscesses, and remember on the other, that every species of voluminous swelling occurring in woman, has been ascribed to ovarian disease, we should not be surprised at the mistake, the more so as the swelling in both diseases generally occupies the pelvic region; but when these large collections of pus are the result of caries of the vertebrae, or some other bone, there is a deep-seated pain not met with in ovarian dropsy—an inability to walk, a certain amount of vertebral deviation and of acute symptoms so well known, that such a mistake cannot easily be made.

(r) *Various Diseased States of the Intestines may be Mistaken for Ovarian Dropsy.*

It seems strange at first, that a canal formed of such thin tunics should ever be able to represent large ovarian tumours, but when we remember that the canal may be partially obstructed, and its tunics are susceptible of

surprising distension; when we reflect how beautifully their great length is suspended around the small area of the mesentery, so that each fold is perfectly free, so long as its peritoneal covering remains sound, but may become glued to the adjoining folds when the peritoneum is inflamed we are no longer surprised to find that the various morbid states of the intestines have often embarrassed the most eminent, and led the inexperienced into deplorable errors. And here we must recal to the readers's recollection that the tumour may cap itself with the intestine, and on making a rectal examination, the walls of the rectum were felt so strongly pressed together, that the first impression is, that the tumour is intestinal, so much does it seem to rise from the intestinal surface.

(s) *Tympanitic Distensions of the Intestinal Canal have been mistaken for Ovarian Tumours.*

By referring to Dr. Atlee's table the reader will find that in six cases this strange mistake has subjected the patient to the operation of gastrotomy, and the operator to the annoying reflection of having made an egregious blunder. Mr. S. Lee says:—"I have been lately consulted by two patients who supposed, and who had been told, that they were labouring under dropsy. At first one was thought to be pregnant, but latterly dropsical. She certainly presented a peculiar appearance. The abdomen was very much distended, almost to the size of the full period of gestation, and her gait was that of a pregnant woman. On examination however, the uterus was found to be healthy, the abdomen greatly tympanitic. This tympanitis has now entirely disappeared, and the patient is as small as ever she was." Dr. Corfe also mentions having seen repeated instances of meteorismus simulating pregnancy, disappear after marriage and childbearing. When the accumulation of air gives rise to such an error of diagnosis, it is generally also accompanied by some temporary accumulation of fæces, or by an accumulation of fat in the mesentery and abdominal walls. Hysterical persons are most subject to it. The tympanitis may not necessarily be intestinal, for if the case of M. Josat, ("Thèse de la Tympanite, 1840,") be not an example of idiopathic peritoneal tympanites, in the rigorous expression of the term, it leaves no doubt as to the possibility of the production of gases in the peritoneal cavity from decomposition of substances effused in its cavity. Other cases are scarcely to be depended upon, for in the best authenticated, such as those mentioned by Combalusier, a mass of hydatids was present in the peritoneal cavity; and that related by Dusseaux ("An. Jour. de Med. Chir. and Phar., tom. li., p. 308, 14, anno 1779) leaves one in doubt of the seat of the pneumatose, whether the intestines or the peritoneum; but whether in the one or the other is a mere object of scientific precision, for its diagnosis with ovarian tumours is equally easy.

How can this error be prevented?—Resonance on percussion may be considered almost an infallible sign because it is only in very rare and evident cases of ovarian disease, that air is introduced into or generated in an ovarian cyst. But in the re-

corded instances of tympanites being mistaken for ovarian tumours, the practitioner was aware of the evidence of tympanites, but he believed that in addition to the distension of the intestines by air there was also some morbid tumour to produce an extensive abdominal swelling. Before examination therefore, it is very important to empty the bowels by a brisk purgative, to give the patient a thorough cleansing out and flushing by Dr. Burns's injection tube, for diarrhœa may coexist with stercoral tumours; the liquid fæces have been known to pass through a tunnel made in the solid fœcal tumour, or else between the tumours and the mucous membrane of the intestine. A course of tonic medicine should be given to correct that state of the mucous membrane which causes the stomach to generate wind; ten grains of inspissated ox gall, given every night, has been known to produce the desired effect, and an abdominal bandage will also help the effects of medicine. If the patient be repeatedly examined during this course of treatment, all opportunity of mistake will be avoided. In the same way we have seen a supposed case of ovarian dropsy cured by repeated doses of castor oil. Valsalva and some other writers have seen the stomach so enlarged and distended as to come down within a short space of the pubes, but this could not lead to any error of diagnosis, for the variability of the dimensions of the tumour, its dull sound after repletion, and the extent of tympanitic sound when the stomach is without food, must prevent any mistake.

(1) *Cancerous and other Tumours of the Intestines might be mistaken for Ovarian Tumour.*

Thus Munro (secundus) removed from the colon of a woman an intestinal concretion weighing four pounds, and similar cases have been met with. Cancerous tumours of the intestines are unfortunately still more frequent, and their central position, and their being moveable and surrounded by intestines may lead to an erroneous view of the case.

How to avoid Mistakes.—The implication of the intestines by such tumours gives rise almost always to a frequency of gastro-intestinal symptoms which are not often met with in ovarian disease, vomiting or nausea, deranged digestion, colics, alternate constipation, and diarrhœa are met with, and if the tumour be of long standing, other suspicious tumours may be met with in other regions, and the patient may likewise present the yellowish hue peculiar to those who suffer from that constitutional disease; but in some cases it will still be difficult to distinguish the tumour from the hard irregular ovarian tumour.

(2) *Ovarian Tumours have been confounded with Hernia.*

Case.—A woman, 72 years of age, known to have umbilical hernia, was suddenly taken with abdominal pain and with frequent vomiting. There was also constipation and meteorismus, the pulse was frequent and small, and the features choleraic. As usual, the hernial tumour could not be reduced, but it was soft and

without pain. Many of those consulted proposed *le débridement*, but this was rejected by the majority. The next day the patient died, and on opening the body M. Goyrand found that she had died of acute peritonitis, caused by the rupture of an ovarian cyst, and the effusion of its contents into the peritoneal cavity. (*Vidal Patho. Ext.*, tom. iv., p. 580.) We have already related a still more interesting case, wherein a prolongation of the ovarian cyst descended into the crural space, and wherein alarming symptoms of intestinal obstruction would have justified the operation for hernia. Such case, by the peculiarity of the symptoms as well as by their extreme rarity, must always puzzle the most intelligent.

11, York Street, Portman Square,

[To be continued.]

CASE OF CANCRUM ORIS,

WITH NECROSIS OF A LARGE PORTION OF THE INFERIOR MAXILLARY BONE, FOLLOWED BY RECOVERY.

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JOSIAH HILL, of Cope, near Bedford, aged five years and a quarter, was recovering from typhus, which had attacked several members of the family, when a swelling of the right cheek made its appearance, rapidly increasing, and becoming red, hard, and shining. The swelling was the most prominent and tense in the lower part of the cheek, opposite the lower jaw; and the surrounding œdema extended to the nose, right eyelids, (which were closed,) and to the right ear. On examining the interior of the mouth, which was done with some difficulty, owing to the swelling, irregular and jagged ulceration of the cheek and gum was observed, at a point corresponding with the central hardness, and covered with a dark-coloured shreddy slough. On the third day a bright red spot appeared externally in the centre of the swelling, which speedily assumed a purplish hue, and the cuticle became raised by a sanious fluid underneath. At this period there was considerable fœtor of the breath, and a flow of offensive saliva from the mouth. The skin was hot, the pulse quick, thirst urgent, and the patient was delirious at night. The central livid spot increased rapidly in size, and on the sixth day was larger than a crownpiece, circular, and with a deep-red colour of the surface surrounding it. On the seventh day a line of demarcation could be detected, and a small quantity of foetid discharge escaped from the slough, which gradually began to separate at its edges. The saliva, which had hitherto been pale, now became of a dirty-brown colour, and extremely foetid, so that the room was scarcely tolerable. The slough gradually loosened, and came away on the sixteenth day, when a large surface of the inferior maxillary bone was found to be denuded, and of a brownish colour. The surrounding œdema gradually subsided, and the febrile symptoms gave way