seen instances, when a child under a sudden attack of high fever, was seized by bilious vomiting and similar diarrhoea (the evacuated liquids of real cholera have not that character), with an excessive appearance of languor, almost threatening death: when an hour after that happened, fever was gone, and the little sufferer at once relieved to cheerfulness. This again shows how dangerous it might be to directly check bilious evacuations. If, however, this crisis does not appear at an early stage, the effect will scarcely be so complete. The bilious dyscrasy once established, runs a longer course, for several days, even weeks, towards recovery. I have seen it in some instances of young children, to come on suddenly, when, as soon as the bilious aspect appeared, the hypersthenic form of reaction declined into astheny, ending fatally under profuse bilious diarrhoea in three or four days. I have seen it sometimes pass into a kind of low remittent, or gastric form, to be spoken of on a further occasion.

The transition of bilious fever into icterus, as in adults, I do not remember to have seen in young children. There is another transition: that into bilious dysentery, which, though fever may sometimes considerably decrease in such case, still forms a very dangerous affection for the tender age. The extraordinary heat which we have here just at present, (July, 1852,) proves also in this country as productive of bilious affections, though certainly they are more violent in Italy or Hungary.

The treatment consists of emetics and purgatives, according to directions given, when we spoke on febrile gastric disorder, and in the use of acids against hypercarbonization and bile. The emetic, the sooner the better; but if the child is above three or four years, even the third or fourth day of it will allow yet the use of the emetic, whilst children under two years, will before that time have fallen into astheny, and no more admit that remedy.

Amongst purgatives, whenever the skin is very hot and dry, and the dryness of the mouth indicates a similar state of the gastric mucous membrane, in general in very high fever, I prefer the liquid ones to others, *f. e.*, from one ounce and a half to two ounces of simple infusion of senna, with two to three drachms of sal. sedlitz; under other circumstances, however, one or two full doses of calomel may be useful.

The *antibilious indication* I use to fulfil by the following:—R. Acet. Rub. Idæi, dr. iij.; Aquæ Dest. Simp., oz. ij.; Acidi Tartarici, scr. ss.—gr. xv.; Syrup. Rub. Idæi, vel. Citr., dr. iij. Every hour or two one or two teaspoonfuls. As to the treatment of hepatitis, pneumonia, meningitis, or other complication, it is too well known to be mentioned in this place, and must be applied in stronger or more moderate measure, according to the degree of those local affections, and the stage of fever; but it can scarcely be inculcated too much to the young practitioner, that *if liver and gall-bladder are turgid with bile, in vain we subtract blood from the head, lungs or liver, and in vain we order "antibilious" medicines*; the emetic alone can lay the foundation of successful treatment in this case.

ON THE DIAGNOSIS OF CHRONIC OVARIAN TUMOURS.

By E. J. TILT, M.D.,

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"Hydrops ovariorum ut plurimum steriles annosæque mulieres occupat difficulter cognoscitur et vix sine sectio cadavere."—Boerhaave (*Aph.* 1233.)

(i) *The Impregnated Womb may be mistaken for an Ovarian Tumour.*

NOTWITHSTANDING the greater degree of perfection of our means of diagnosis, our knowledge is still so imperfect that the most eminent practitioners often fall into erroneous diagnosis.

Cases.—M. Taignot relates that a country doctor in France was consulted by a girl for an abdominal swelling, which she persisted in denying the possibility of being physiological. Thus led astray, he, with an inexcusable precipitation, punctured what he supposed to be an ovarian cyst. Premature labour brought from the womb an eight-months still-born child, and the mother died three months after.

Dr. Corfe in his lectures, (*Medical Times*, July 15,) states:—"I knew of two circumstances in the country where the patients have been tapped for supposed dropsy, and the *post-mortem* examination brought to light that they were both advanced in pregnancy." But such cases are not confined to country practitioners, Professor Murphy, whose well-earned reputation cannot suffer from the avowal of a mistake, informs us that in two cases he had mistaken pregnancy for ovarian dropsy. Mr. Phillips told us that, in a case upon which he was called in consultation, (with two of the most eminent physician-accoucheurs in town,) the tumour had existed eleven months. The two obstetricians said it was ovarian, but Mr. Phillips thought it pregnancy and advised the husband to wait as women were often wrong in their calculations; and some time after the lady was confined. We also, once made a fatal mistake of this description, and record it in order that others may seek for and know how to wait for the signs by which the error may be avoided.

Case.—In June, 1849, we were consulted by the wife of an officer, and at first sight were struck with the emaciated appearance and care-worn expression, so characteristic of an advanced stage of ovarian growths. The patient was 40, and had been married nine years without having been pregnant. Some months previously and after derangement and suspension of the monthly function, a swelling of the abdomen made her hope that she was in the family way, and a month before calling upon us she had consulted Dr. Mayo, of Winchester, who after a careful examination, pronounced her case to be one of ovarian dropsy. Feeling still confident that she was pregnant she came to town.

From a careful examination of the womb and breasts, and after seeking in vain for the sound of the foetal

heart over the tumour, we pronounced her to be suffering from an ovarian tumour; ordered an iodine treatment, to be followed out by her medical attendant, and an abdominal bandage to be worn. We heard nothing more of the patient until six months after, when her husband wrote to inform us that she had been delivered of a full-grown male child (still born) at exactly nine months after she had been persuaded that she was pregnant, and six months after her visit to town. We know of several instances wherein a successful effort of procreation towards the decline of life was considered to be ovarian dropsy, and of the patients being given up to nature, who brought about a radical cure after the tumour had been retained nine months in the womb.

(i) *Ovarian Tumours are sometimes mistaken for Pregnancy.*

This error of diagnosis is no less frequent than the one previously noticed, but more fortunate, as it presents the intempestive or fatal interference of art. All who have written on ovarian dropsy, have related cases of women in whom that complaint has been considered pregnancy, both by the patients themselves and their medical attendants. Madame Boivin, in her valuable Memoir ("Sur une des causes frequentes de l'avortement") has enumerated nine very interesting cases of this description which occurred in her practice, and in some of them nothing could dissuade the patients from their conviction. The strong desire for progeny, the arrest of menstruation, the appearance of mammary symptoms, and the assurance on the part of the patient, who has already borne children, that she feels the child; such are the grounds which also lead astray the medical man, particularly if he feel a regularly round tumour, rising, as does the womb, from the pubes to the umbilicus, instead of descending from the umbilicus to the pubes, as do many other tumours. Some have attempted suicide, under the conviction that the natural consequences of unlawful connection were becoming manifest; while others, who under the sanctity of the marriage tie, could contemplate any amount of abdominal swelling with the same feelings of pride as those ascribed by Tacitus to Agrippina, could not bring themselves to relinquish their long cherished hopes of progeny. If the frequency of this mistake be as great as we have said—if falling into such an error of diagnosis either causes the death of the patient, or unbecomingly fosters her delusions, it behoves us carefully to inquire how such an error may be avoided.

In the first place let the practitioner make up his mind to consider every woman as pregnant who may consult him for an abdominal enlargement, however old the patient may be, or of however high the rank, or spotless the virtue of the unmarried. Let him ask himself—"Is not this a case of pregnancy?" and let the idea of pregnancy be torn away from him by a most rigorous investigation of all the phenomena of the tumour. By so doing, he will avoid the risk of committing manslaughter. But if, on the contrary, he prescribes limits to nature, and says,—"Such a lady has

been so long sterile, that if any abdominal swelling occur, it must be morbid;" or, Miss — is so high-born, so well bred," he is on the road of discredit and dishonour to himself and his profession. After this word of advice we shall attempt to point out how it is possible to avoid mistaking uterine and ovarian tumours.

Both tumours rise from the pelvis, as we have seen when treating of fibrous tumours of the uterus. And we then mentioned, that the only way of detecting one from the other is, by using the uterine sound; but when reasoning on the hypothesis of pregnancy, the use of this instrument is forbidden, as it would bring on abortion. And when we remember having been told by an eminent obstetric physician that, suspecting a tumour to be ovarian, he had once passed the uterine sound into the uterus, broke the membranes, and produced abortion, we cannot but tremble lest, in the hands of the incautious, this instrument should be an instrument of mischief.

We must take an extreme case, for if a right diagnosis can be obtained in an extreme case, it can in any other. We will suppose the case to be either one of four months' pregnancy, or else an ovarian swelling. The two tumours may be said to have the same seat. We will admit that the physiological softening of the neck of the womb may be imitated by the softened patulous os uteri, when under the long-continued influence of ovarian irritation. Both ovarian and uterine tumours may give rise to the same morning sickness, to the same mammary symptoms, and to amenorrhœa. In both cases there may be a more livid colour of the vaginal mucous membrane. Both patients may feel what they suppose to be the movements of the child; and in both cases the ear applied to the tumour can only detect a *bruit de souffle* when the tumour presses upon the iliac artery, but there is no sound of the fetal heart.

It would seem that there could be little possibility of mistake when, in a married woman for instance, the irregular, scanty, or suppressed catamenia coincide with peculiar or depraved longings, with morning sickness, pains in the breasts, darkening of the circle surrounding the nipple, and a beginning of lacteal secretion, especially if these symptoms, occurring in the midst of health, coincide with a swelling which rises from the cavity of the pelvis.

It will be said, that in the third or fourth month of pregnancy, the neck of the womb will present, to any tolerably experienced practitioner, evident proofs of pregnancy, in the more or less complete spreading of its external orifice, in the kind of oedematous swelling of the lips of the os uteri, in the slight softening of the tissue of the womb itself, and in the regular development of its inferior segment, which seems to form one with the base of the neck of the womb, and to be itself the tumour. All this is very true, but the neck of the womb may be displaced by some pelvic ovarian tumour which may take the position it usually occupies in the first months of pregnancy. Then, again, the length and the form of the neck of the womb, and of its orifice, are far from being the same in all women; and

when enlarged by previous confinements, and patulous from granular ulceration, and from a low type of inflammation, it may afford reasons for confounding it with the physiological softening of the same organ during pregnancy. The situation also of the tumour gives us no certain indication, for we have seen ovarian tumours central from the first; and the pregnant womb, on the contrary, may develop itself on one or the other sides of the pelvis, a remarkable instance of which we lately saw in a patient who had for some time been treated *homœopathically* for an ovarian tumour. When lying on her back the tumour seemed to spring from the right side, where the patient suffered extremely, and on assuming the sitting posture, the whole of the pregnant womb was seen lodged on the right side—a singular appearance, which had, no doubt, caused her pregnancy to be mistaken for an ovarian tumour.

With regard to the arrest of the catamenia, this is common in pregnancy, but very rare in ovarian tumours, unless both ovaries are affected, and not always then. It is sometimes profuse in the beginning, but more generally scanty, and often irregular. So far our own experience is confirmed by that of Dr. Clay, who thus writes to us:—“Of the numerous cases which have come under my observation, I have not in my remembrance any case of ovarian disease where menstruation was truly normal. There is in *all* more or less irregularity, the chief features scanty at long periods, somewhat painful, and not of good colour; I have seldom found it entirely absent, except in cases where both ovaries have afterwards been proved to be extensively implicated. I have YET to see perfect regularity of menstruation where there is a decided ovarian enlargement. What I mean by perfect regularity is,—in time, quantity, and quality.” These assertions are fully borne out by those of one of the best writers on the subject. Caseau says:—“Derangements of the uterine functions sometimes precede every other symptom and all appearance of disease. Normal menstruation, generally speaking, sometimes becomes irregular in time and in quantity, being sometimes scanty, sometimes profuse. Successive miscarriage, accompanied by bleedings, even sometimes seem to have preceded the disease, or rather to have coincided with its first appearance.” On the other hand, Mr. Samuel Lane informs us:—“That in nine cases out of ten which have come under his notice, the menstrual discharge was not interrupted by the occurrence of ovarian dropsy.” And Meisner confirms this assertion by giving as the result of his experience, that the absence of menstruation is no criterion of ovarian dropsy. He remarks, however, “that should it be absent at an early stage of the disease, hysterical symptoms supervene.”

It is sufficiently proved, that the total absence of the catamenia, which is the rule in pregnancy, is the exception in ovarian disease, only occurring, as Dr. Seymour first pointed out, when both ovaries are affected, and not always then, as proved by the experience of Madame Boivin and our own. Dr. F. Bird even affirms, that in one of his cases the catamenia

appeared after the extraction of both ovaries. Except, therefore, in extreme cases, the state of the catamenial flow will only help to a diagnosis without positively indicating it.

Pregnancy and ovarian growths wake up the same sympathetic effects in the breasts, which become swollen, firmer, are often the seat of darting pains, the nipple becoming tumid, surrounded by a dark circle, and even milky fluid may be secreted, without there having been any previous pregnancy. The fact has been doubted by some authors, and we believe by Caseau, but the following fact, to which others might be added, proves that it may occur:—

Case.—In a case of ovarian tumour, says Mr. Jeafferson, not only did the breasts enlarge, and secrete milk, but the woman was conscious of the movements of the child, which after a time suddenly ceased, and then the breasts became flaccid. The patient supposing the child was dead, consulted me, and both ovaries were found diseased. The one filled the abdomen, the other was jammed into the pelvis. No trace of conception was found anywhere.

Meisner says, that these consensual affections of the heart are more apt to supervene when menstruation leaves off at an early stage of the disease; but these mammary symptoms do not persist as they do in pregnancy, on the contrary, they generally disappear after a few weeks, although the primary affection may continue its progress. The persistence of mammary symptoms may, therefore, help us to diagnose pregnancy. In obscure cases, however, there is no possibility of arriving at a positive diagnosis, and we must wait—wait until the catamenia reappear regularly in ovarian dropsy, and the mammary sympathies diminish, or vanish completely; while, if the patient be pregnant, the catamenia will not return, and the mammary symptoms will increase, or remain stationary. Wait until the sixth month, when it will be no longer difficult to decide whether the tumour be morbid or physiological; for in the first case, with the exception of an increase in size, the tumour remains as it has been all along; while in the second, if the foetus be alive, there is—1st, active movement on the part of the child; 2nd, its passive movement or *ballottement*; and, 3rd, the double beat of the foetal heart. These three signs often coexist, and the last is the most important.

1st. With regard to the so-called movements of the child, whether they be produced, if by the active exertion of the child, as we still believe, or by the peristaltic motion of the womb accustoming itself to an important function, as has been lately advanced, it is equally difficult to understand how women who have had children, and afterwards become affected with an ovarian tumour, can consider the abdominal sensations caused by an inert tumour and those of a living child, to be exactly similar, for in an ovarian tumour the muscular fibres of the unimpregnated womb could not, by their contraction, give rise to such sensations. However inexplicable the mistake may be, it has so

often occurred that unless the medical practitioner himself has distinctly felt the child's movements, the patient doing so would give no certainty to the diagnosis of pregnancy.

2nd. The ballottement, on the contrary, must bring to the mind of the practitioner who experiences that sensation, the idea of a free body moving in the distended womb; whereas, if the tumour be ovarian the shock will not be felt; but we must also bear in mind that the sensation of ballottement is not always to be obtained.

3rd. The sound of the foetal heart. When the ear, by means of the stethoscope, explores the surface of an abdominal tumour towards its inferior portion, more particularly in the vicinity of each inguinal region, a bellows' sound is heard; it is a *bruit de soufflet*, and owes its origin to the pressure of the tumour on the large arteries situated beneath. This sound may be produced by any sort of tumour pressing on these arteries; but when the abdomen of a pregnant woman is examined in the same way, something similar is heard, which the tutored ear very soon distinguishes as the placental murmur, caused by the passage of the blood through the placental vascular ramifications. But this sound cannot be relied upon as a sufficient proof, because the bruit of the enlarged vessels of an ovarian tumour has been sometimes mistaken for the placental murmur; as in the case of a patient of Dr. Fleetwood Churchill.* The danger of relying upon that sound is also well shown in the following instance, related by Bricheteau, of a woman in whom, with the other signs of pregnancy, there was the *bruit de soufflet*, which was thought to be that of the placenta. An ovarian conception was diagnosed. Gastrotomy was performed, and there was found to have been no pregnancy. The patient died six days afterwards.

The distinct perception of the tic-tac of the foetal heart is, on the contrary, the incontestable proof of pregnancy. We have never found any sound to imitate it, and in this one instance we should be tempted to reserve the old adage—"signum unum, signum nullum," for it enables us to affirm the existence of a living child. In thus strongly expressing our own convictions we do not pretend that even after the sixth month it can always be detected. The inquirer may be placed in unfavourable circumstances which may render it necessary to repeat his examination several times before he hears the sound, but it has never yet occurred to ourselves to make a careful and repeated search after this sound in women six months gone with child, without detecting it. We are aware that others do not attach the same importance to this. Thus at a discussion on the diagnosis of ovarian disease, Professor Murphy is reported to have said that the transmission of the sound of the heart of the patient by a solid ovarian tumour might be mistaken for the sound of the foetal heart, and lead to the belief of pregnancy where none exists. Mr. Drewitt supported the same views, but we cannot understand how the

sound of the patient's heart, beating sixty times in the minute, can be mistaken for that of the foetal heart, beating 120 in the same space of time, and in the belief that such a sound can be confounded with no other. Caseau says:—"I can affirm that for the last five or six years I have not met with a woman in the family way (the child being alive) without hearing the sound of the foetal heart after the first six months of pregnancy," and we so fully agree with him, that if after repeated examinations we could not detect that sound we should have no hesitation in affirming that the woman is not pregnant, or that if she had been so, the child is dead.

If the child be dead, the difficulty of diagnosis is thereby considerably increased. Then we must make the most of the information afforded by the examination of the neck of the uterus which will present those modifications which are generally sufficient to denote pregnancy. The sensation of ballottement may still be obtained. Owing to the resiliency of the uterine parietes it will be often possible to detect through them eminences corresponding to the head and limbs of the child.

Should the pregnancy be extra-uterine, the sound of the foetal heart will give the same undeniable evidence of the child's existence; but the case already related will teach the surgeon not to ground so important an operation as gastrotomy on the audition of a placental murmur, which may be imitated by the *bruit de souffle* of the enlarged vessels of the ovarian tumour, or by the arterial souffle of the compressed iliac artery.

If the child be dead, we agree with Bluff, that there will be no possibility in distinguishing an extra-uterine pregnancy from an ovarian tumour, because both tumours have nearly the same seat, and the difficulty would be increased in the case of dropsy, or if the pregnancy be tubal. The history of the case, the mother's distinct perception of the child's movements, the flaccidity of the breasts, the arrest in the progress of the tumour—which has become harder, and presents eminences resembling the salient points of bones, must guide the sagacious practitioner.

Lastly, it must be borne in mind, that during the progress of ovarian disease the patient may be repeatedly pregnant, that the two may coincide, and that the certainty of an ovarian tumour in one part of the abdomen must not cause the attendant to disbelieve the existence of pregnant womb in another part of the same cavity. Such mistake has been fatal in several of the cases operated upon, the operation having brought on abortion. By careful examination in this case two tumours will be found, or at least two portions of what may seem to be one tumour. In the one, when it is sufficiently developed, the sound of a foetal heart will be heard, but nothing similar in the other portion. When there is the slightest doubt, let the attendant follow the philosophic precept and abstain from treatment.

In concluding this important subject we may add, that the frequent errors which are committed are the result of the hasty and careless investigation of the medical man into the cases of women already pro-

* Outlines of the Principal Diseases of Woman, t. iv., p. 354.

nounced to be affected with ovarian disease, and that if we were perfectly unaffected by what Dr. ——— and Mr. ——— may have thought of the case, and were to conduct our own inquiries (repeating them sufficiently often) upon the principles we have laid down, there would be but few cases wherein it would be impossible to give a correct diagnosis.

To the junior members of the profession we shall again say, "learn to wait." The medical practitioner must oftener be a Fabius than a Marcellus. No doubt he sometimes wants the eagle glance of the general on the battle field, to know how to break the force of the disease by a sudden attack, but more frequently will he find the prudence of keeping to the hills and dodging the enemy. In beginning practice we are apt to give decided opinions; to this we are prompted by the impulsive energy of youth, and by the fear of being accused of ignorance if we do not give a decided answer. Thus we are persuaded to an erroneous diagnosis which we should not have given if we had well examined and thought over the case;—an error of diagnosis which may compromise the reputation of the man of talent, and which no future professional success can wholly obliterate from the minds of the public.

11, York Street, Portman Square.

[To be continued.]

GALLIC ACID IN HÆMOPTYSIS.

By WILLIAM BAYES, M.D.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—The invitation given forth in the last number of your journal to your subscribers, "to put their shoulders to the wheel," induces me to forward you the history of a case which has very recently occurred to my notice, and which, showing as it does the great value of gallic acid as a therapeutic agent, and the large doses with which it may be given with safety, may possibly appear to possess some interest to your numerous readers.

I am, Sir, yours obediently,

W. BAYES, M.D.

Marine Square, Brighton.

Mr. R., a gentleman of bilious temperament and thin conformation, called upon me (professionally) on Sunday, the 6th of June. Before he had recovered from the fatigue of walking to my house, and while his wife was giving me a slight sketch of his ailments, he gave a painful evidence of his state by a fit of coughing, accompanied by some slight hæmoptysis, perhaps as much as two or three tablespoonfuls. After recovering him from the faintness which ensued, and quieting the mental anxiety and excitement which this induced, I sent him to his house, (which was near at hand,) with orders to be put to bed at once, and to be kept per-

fectly quiet. On following him to his house, I heard from his wife that he had been for years subject to attacks of (what they believed to be) bronchitis;—that he was at this time threatened with jaundice;—that four years since Dr. Ramadge had pronounced him incurably consumptive;—that, not being satisfied with this opinion they had consulted Dr. Addison, who had reported the same;—that their present London physician had, however, told them that it was merely bronchitis;—that, after a severe attack, which had been accompanied by profuse expectoration, by night sweats, and by hectic fever, he had been advised to visit Brighton;—that he had been in Brighton two weeks, and had apparently much improved, when he imprudently had walked to the top of the Downs;—that the fatigue attending this exertion had caused him to expectorate blood five or six times;—that this had frightened them, and that they had continued their walk to my house, to ask whether it would be safe to return at once to London;—and that the excitement attendant upon this last imprudence had produced the hæmoptysis before-mentioned.

In the highly nervous and excitable condition in which I found Mr. R., (he had been shedding tears like an hysterical female,) I did not deem it prudent to make a very lengthened or particular stethoscopic examination of the lungs, especially as the hæmoptysis had much diminished since he had assumed the recumbent position. I found, however, that they were extensively diseased, and that there was evidence of subacute inflammation in the lower and back part of the left lung. His skin and face were yellow, and dusky-looking; tongue deeply furred; breath very offensive; pulse 95, rather full, yet jerking and tremulous; skin felt harsh and rough; bowels confined, and for several months he had never had proper action from them, generally scarcely more passed daily than the size of two or three almonds; urine abundant, and he said "it smells quite beautiful, almost as good as a scent." On examination I found it diabetic, although in quantity it was not very much increased, probably not more than six or seven pints daily. The only pain he felt was a dull aching across the loins, and occasionally more severe at the lower and back portion of the left lung. The colour of the expectoration was bright and florid.

I first ordered him a few grains of sulphate of magnesia and sulphuric acid, in infusion of roses, and in twenty-four hours, the hæmoptysis having almost ceased, I gave him three tablespoonfuls of lemon-juice, to be continued every two hours. Under this treatment all the symptoms of subacute inflammatory action subsided, the pulse diminished in frequency, (to 68,) the pain in the side disappeared, the tongue cleared itself, the night sweats became greatly decreased, and in three days ceased altogether. What most of all pleased me was, that the bowels acted freely, and the alvine secretions were well coloured with bile. The patient himself seemed astonished with the change, saying, that his bowels had not acted so well or so comfortably for years. The urine, so far from increasing in quantity, diminished considerably, and Mr. R. was rapidly gaining