REPORT OF A CASE OF OVARIAN DROPSY SUCCESSFULLY TREATED, WITH REMARKS.

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Encysted dropsy is a disease for which no sensible ~~man~~ would prescribe a uniform method of treatment in every case. The circumstances under which it occurs are so various, that the modern controversy concerning extirpation, and other modes of arresting its course, might be reduced to a much smaller compass than it now occupies, if every writer would confine his observations to certain marked peculiarities of any individual case, instead of presuming to contend for any general method of treatment, as adapted to all, or even to a large proportion of the cases met with in practice.

The treatment recently advocated (though not originated,) by Mr. J. B. Brown, of Paddington, consisting of pressure, mercurials, diuretics, and tapping, appeared in the first instance remarkably successful; but it has notoriously failed in one or two instances, and has been attended with extreme danger in others. His cases are, however, full of practical interest and instruction. The treatment of the following case was detailed in the *Lancet*, January 24th, 1846, and its sequel up to the present time is satisfactory. The leading particulars are as follows:—

The patient, Mrs. F., aged 30, a healthy subject, was delivered of her fourth child in the month of January, 1841, and on this occasion the nature of the tumour was first demonstrated. She was then residing at Ingatestone, and Mr. Cornelius Butler, who attended her, gave her subsequently the following memorandum in writing:—

"In Mrs. F.'s last confinement, the progress of the head of the child was much impeded by a tumour in the recto-vaginal septum. After some difficulty I delivered her with the forceps. I merely write this to sanction the puncture of the tumour, if it be necessary, at any future time, as it has increased considerably, by the testimony of the gentleman who attended her previously, and with whom I am acquainted.

"C. H. BUTLER.

"Ingatestone, Jan. 1, 1841."

Her previous labours had been difficult, and the tumour had probably existed for several years. He subsequently observed an enlargement on the left side of the abdomen. In the autumn of 1843, proving again pregnant, she consulted Dr. Blundell, who is said to have advised her then medical attendant to have recourse to premature delivery. This was accomplished in the sixth month of utero-gestation. From this time the abdominal tumour increased more rapidly. In the autumn of 1845 she placed herself under my care.

October 15, 1845. The abdomen measures thirty-four inches; parietes very thin; umbilicus prominent; fluctuation very distinct; health moderately good; menstruation regular. The os uteri is slightly tumid, and has rather more sensibility than usual, but presents no indication of disease. She has the appearance of a woman in the seventh month of pregnancy.

22nd. The abdomen was tightly bound with a flannel bandage, which was renewed night and morning. One drachm of the strong mercurial ointment was directed to be rubbed into the abdomen every night, a diuretic mixture ordered to be taken twice a day, and three grains of blue pill night and morning.

24th. The diuretic having produced vomiting, the medicine was administered in the effervescing form. She had great uneasiness in the chest from the tightness of the bandage.

28th. She complains of vomiting, and pain in the jaws. The gums and throat are very sore, and a copious salivation has set in. The quantity of urine passed for the last three days exceeds that of the fluid swallowed; the abdomen is decreased in size about two inches. Discontinue the mercury.

30th. The mouth continues excessively sore; the soft palate is extensively, but superficially, ulcerated; the tongue can scarcely be protruded, and the salivation is unabated; flow of urine still copious; the stomach rejects all medicine, except an occasional dose of aperient pills; the menses have appeared at the end of a fortnight from the last period; the abdomen measures less by three inches than at the beginning of the treatment. Milk diet ordered.

November 4th. The soreness of the mouth is beginning to amend slowly. Urine smaller in quantity since the diuretics have been rejected, which has happened in every form of their administration.

11th. Improving in health; is able to take more nourishment; secretion of the kidneys diminished; bowels costive; the abdomen, having previously measured less by three inches and a half, is now somewhat increased in size. The bandage has been constantly applied, but cannot be borne very tight. Ordered a dose of aperient pills.

12th. The cyst was tapped by Mr. Brown in my presence, and nearly nine pints of fluid were drawn off. It was almost as clear as water, and as colourless. When treated with nitric acid, at a high temperature, it exhibited a slight albuminous cloud, scarcely visible at the time, but distinctly precipitated on the following morning. She bore the operation without fainting, and was put to bed, tightly bound with a flannel bandage, a book, enveloped in napkins, being applied to the umbilical and pubic regions, as a compress.

13th. She has had a tolerable night, but complains of headache. She has passed five pints and four ounces of urine since the cyst was tapped, and has taken only a pint and a half of fluid. The bowels being costive, a dose of aperient pills was ordered, and some gin-and-water.

14th. The pills excited vomiting, but have acted on the bowels. Complaints of the corners of the book hurting the ribs and hips. A large toilet pin-cushion was substituted, and the bandage re-applied. She has nearly lost her appetite, feels weak, and is distressed with flatulency. Ordered a glass or two of wine.

15th, 16th, and 17th. Has been constantly harassed with flatus; when the bandage is withdrawn she eructates an immense quantity of gas. Urine about equal to the fluids taken.

18th. Appetite entirely gone; she has slept but

little; is much depressed in spirits; pulse 120; skin hot; abdomen somewhat tender; urine scanty; bowels costive. A cathartic pill was ordered, and an effervescing draught every fourth hour.

19th. Better to-day; skin cool; pulse weak and slower; complains of noises in the head; has drunk about a quart of fluid, and passed less than that quantity of urine; the bowels have been freely relieved. An attempt was now made to resume the mercurials and diuretics, but it was found impossible to persevere. The stomach became excessively irritable.

24th. It is proper to mention that, about three weeks ago, one of her children returned from a visit to town with slight fever, (synocha;) since that time a second and third child have drooped with a similar febrile affection, and during the last week the mother has evidently been suffering from this cause. She has had a hot skin, rapid pulse, pain in the head at first, then noises and deafness. She has also been perpetually retching. An aperient pill was prescribed, the bowels being constipated, and effervescing medicines at short intervals.

25th. She has been delirious in the night, sitting up and singing. She is vomiting green bile. Pulse 125, weak; eyes glassy; manner excited. Blister to the back of the neck. Opium and calomel, a grain of each, relieved the vomiting, and she was better in the evening.

26th. She has had a restless night, but no delirium; the vomiting continues. She is much dejected; says she has been doing nothing but vomit for a fortnight, and cannot bear it much longer. She complains of distressing thirst, and thumping noises in the head, but no pain. Pulse 120, weak; features sunken; skin moist, but hot. The vomiting was by degrees controlled by repeated doses of creasote.

27th. Somewhat better. Complains much of the heat of the flannel bandage. A linen towel tightly pinned round the pelvis was substituted. A cold lotion was applied to the head, and the hair taken off.

December 1st. There has been some improvement for a day or two, but she is worse to-day. Has slept much, and is now (eleven a.m.) in a copious perspiration, but is again vomiting a dark green fluid. The creasote to be repeated every fourth hour.

Evening: No vomiting, but nausea and eructations. Pulse 120, very feeble; countenance hippocratic. The morning perspiration having been excessively copious for about two hours, was succeeded by general coldness. She is now hot and dry. The tongue has presented an appearance throughout remarkably normal. The creasote to be continued, and a little brandy-and-water occasionally.

2nd. She has slept a little; has had no return of the vomiting or nausea, but feels "dying weak." The creasote to be continued.

Evening: She has again perspired most profusely; feels somewhat better; pulse fluttering; speech affected; great exhaustion; no nausea nor eructations. Take of sesquicarbonate of ammonia, one scruple; aromatic confection, half a drachm; camphor mixture, six ounces. A fourth part every five hours. She longs for some home-brewed ale. Let her have it.

3rd. Decidedly better; has slept well. A fortnight has now elapsed since the first accession of fever, and it seems to have arrived at a crisis.

9th. She has continued fluctuating, but gaining ground. The perspirations have frequently returned, and likewise the eructations and vomiting, which nothing would permanently relieve but the removal of the bandage. It has accordingly been abandoned, and her stomach has become very comfortable. She takes nourishment in small quantities. Pulse 90; urine scanty; skin soft but no disposition to profuse perspiration. There is no perceptible tumour in the abdomen, the muscles of which are so relaxed and attenuated that the presence of a tumour, if it existed, could scarcely escape observation.

January 7, 1846. She has now a good appetite, and is gradually regaining her strength, but still totters as she walks, and complains of confused noises in her head. The secretion of urine is normal, and there is a slight œdema of the feet towards evening, but not more than frequently occurs upon first sitting up after a long illness. She has recovered her hearing and is in good spirits. The abdomen is flat and no vestiges of any tumour are discoverable.

April 28, 1847. The patient has continued in good health during the last fifteen months, and she was delivered of a full-grown male child on the 4th of this month, after a natural and easy labour, having never previously had an easy labour at the full period. A few days after her delivery, a careful examination of the abdomen discovered no tumour, except the contracted uterus in its proper position. In all probability, therefore, the disease is cured.

It is now sufficiently established that many cases of unilocular dropsy will yield to these four remedies conjointly, not however, as it would appear from this case and others published by Mr. Brown, without some degree of inconvenience and danger.

The next question for experimental enquiry is,—can this practice be so modified as to avoid the objections attending it. These objections are chiefly,—the dangers attending the use of mercurials conjointly with the operation of tapping, and the inconveniences of severe pressure around the abdominal parietes. Mr. Brown himself has now been led by his experience to repudiate the former, and Dr. Locock has given his testimony to the use of bandaging without mercurials. It appears to me that after the operation of tapping, diuretics are useful as tending to divert the blood supplying the cyst, and to expend it on the kidneys; and to avoid the evils of pressure upon the bowels generally, perhaps a sort of spring tourniquet or truss might be so applied over the ovary as not to distress the other viscera. I throw out the hint for the use of those who are much in the habit of treating these diseases.

Herne Bay, May 14, 1847.