as from hurtful excesses in the use of remedies, and thus rescue scientific medicine from one of its gravest calamities. As our ideas become more clear our determinations become more definite and vigorous; we handle our weapons with a firmer grasp, and wait confidently for the desired result. Thus, depending though we do upon the sanctions of experience, we still are as far as possible removed from a blind and unworthy empiricism, and moreover, find, in a day thus employed, higher enjoyment than would be found in a life-time of mere routine, hap-hazard, and uncertain drudgery.

SUCCESSFUL CASE OF OVARIOTOMY.

By C. H. CORNISH, Esq., F.R.C.S.,

SURGEON TO THE TAUNTON AND SOMERSET HOSPITAL.

Read at the Quarterly Meeting of the Bath and Bristol Branch.

LUCY BOWYER, aged 19, a lace mender, from the neighbourhood of Chard, Somerset, was admitted as an in-patient at the Taunton and Somerset Hospital, under Dr. Woodforde, on the 25th of August, 1849. Stature five feet five inches; conformation slight but well proportioned; sanguineous temperament. She stated that she had good health to her sixteenth year, when she suffered from general debility, with pain in the left hypochondrium, and palpitation of the heart, which was attributed to her rapid growth. The catamenial discharge commenced at the age of fifteen, was regular, and of moderate quantity, appearing every three weeks, and lasting three days, until she was seventeen, when it was suppressed for six months. On its re-appearance it occurred every month, and was increased in quantity, lasting from five to seven days.

In September, 1848, whilst confined to bed by a slight febrile attack, she first became aware of a tumour about the size of an orange, a little to the right of, and below the umbilicus, not painful on pressure, and apparently unconnected with the existing illness. It gradually increased in size, but caused no inconvenience, except in the act of stooping. Her carriage resembled that of a woman in the fifth month of pregnancy, and the suspicion of pregnancy being a source of anxiety to her friends, she had consulted several surgeons, and had been subjected to some slight treatment. On examination a firm tumour was at once distinctly perceptible extending from the right iliac region obliquely to the left hypochondrium, giving the sensation of solidity. It was freely movable in every direction; its form was round but uneven, there being a slight projection on its left side; very indistinct fluctuation could be detected, and auscultation elicited no sound. The abdominal circumference over the tumour was thirty-three inches. She consented to an examination *per vaginam*, when the hymen was found perfect; the cervix uteri small and rather high; the os circular. Raising or depressing the tumour did not alter the position of the uterus.

Having satisfied himself that the tumour was ovarian, Dr. Woodforde explained its probable course to the patient; and considering that such treatment as was calculated to arrest its progress, or lead to its absorption, likely to be prejudicial to her otherwise excellent health, he proposed to her either to let it take its own course, meeting each new symptom by such palliative treatment as might be deemed advisable, or to consider whether she would risk the operation for its removal, the dangers of which were fully explained to her. Its progress was watched during a month in the hospital, and at the end of September she was made an out-patient, requested to present herself at the hospital, and in the mean time to consult with her friends respecting the proposed operation, to which she seemed already inclined to submit.

On the 1st of December she returned, having obtained the reluctant consent of her friends to the operation, on which she was herself now fully determined; but, influenced by the consideration of its danger, she proposed to pass the approaching Christmas with her friends, if the delay would not increase the risk. At this date the circumference of the abdomen had increased to 34 inches. Sir George Ballingall, Professor of Military Surgery at the University of Edinburgh, happening to be at the hospital, kindly examined the patient, and concurred in the opinion that the tumour was ovarian.

On the 4th of January, 1850, she was again admitted into the hospital to undergo the operation. The measurement at the umbilicus was now 34½ inches; the increase was becoming more and more rapid; and her appearance resembled that of a person at the full period of gestation. The tumour was still freely moveable in every direction, and no adhesion could be detected by the most careful examination: it occupied almost the whole of the anterior of the abdominal cavity, resting on the pelvis, from which it could be pushed up a hand's breadth. Percussion gave a dull sound over the whole surface of the tumour, but on pushing it aside the clear sound of the intestines could be traced all round it, except in the right iliac region, pointing out the right ovary as the seat of the tumour. The uterus remained in its natural state and position, and was still unaffected by movement of the tumour. Fluctuation had become much more distinct, but unequally so, leading to the conclusion that the tumour was a multilocular cyst, and that a considerable portion of it was solid. The patient had two attacks of pain in the abdomen, following increased exertion, one of which subsided the following day, but the second was more severe; it occurred soon after her return to the hospital, and required the application of leeches, and confinement to bed for three days. This having subsided, on the 25th of January a consultation of the hospital staff was held on the case, and the operation unanimously decided on, and fixed to take place after the next catamenial period.

The patient was now transferred to Mr Cornish's care, who appointed February 13th for the operation; but as the menses appeared later than was expected, and lasted the unusual period of nine days, it was post-

poned to the 19th of February. In the meantime, Mr. Crouch (who operated so successfully on a similar case last year, at Bruton, in this county,) saw the patient, and fully concurred in the diagnosis and proposed operation. She was confined to a milk diet from the 8th of February. On the 18th she took Ol. Ricini, dr. vi., and her diet was reduced to milk and water only. On the 19th, at one P.M., Mr. Cornish proceeded to operate, in the presence of the staff of the hospital, and a large number of medical men from the neighbourhood. The patient was kept under the influence of chloroform throughout the operation. The preliminary steps were as follows:—In a well-ventilated ward was placed a large Arnott's stove, its flue entering the chimney near the ceiling; on the usual fire of the ward was placed a large boiler, with a metallic pipe conveying steam constantly into the room; by these means a moist atmosphere was maintained at a temperature of 85°. On a high bed was laid a broad many-tailed bandage, on which the patient was placed.

An incision having been made through the abdominal parietes ten inches in length, extending from about four inches above the umbilicus to the pubes, avoiding the umbilicus by keeping to its right side, the anterior part of the tumour was seen: a trocar being thrust into it, a large quantity of thick, viscid, greenish brown fluid escaped. Two slight adhesions between the omentum and the anterior surface of the tumour were divided; and the necessary handling of the omentum produced convulsive efforts to vomit, during one of which the tumour was thrown from the abdominal cavity; the operation was then completed by tying the pedicle at two points about half an inch apart, by transfixing with needles, armed with double ligatures of hempen twine, capable of sustaining a weight of 14lbs. The pedicle was then divided above the last ligature, and two small vessels of the omentum were secured. The left ovary was examined and found in a natural state. The edges of the wound were accurately adjusted by six sutures, inserted at points marked previously to the operation with tincture of iodine, as in Mr. Crouch's case, strips of adhesive plaster being placed in the intervals, over which a compress of folded lint was secured by the many-tailed bandage. The hæmorrhage was very slight, not more than four ounces. The removal of the tumour occupied fourteen minutes.

In the evening, after the operation, she slept a little; the pulse had risen to 120, but she was quite free from pain or uneasiness, except a little in the right iliac region, and along the line of the incision; no tendency to vomiting or shivering. She was allowed only a pint of toast-water every twelve hours; and the temperature of the room was maintained between 75° and 80°.

On the following day, February 26th, we found her in the same tranquil state, with slight tenderness only in the right iliac region; skin moist; tongue clean and moist; pulse 120. Some urine had been passed, and she had slept at intervals.

By the 22nd of February she was quite free from pain, and complained only of distension and the heat of the room. The pulse had fallen to 102; and the

bowels had been slightly moved. The allowance of toast-water was increased to three pints in the twenty-four hours.

On the 23rd the dressings were changed, and the wound found to be healed by the first intention, excepting about an inch and a half where the ligatures issued, occasioning a secretion of healthy pus. Five of the sutures were removed. The abdomen was free from pain and tympanitis. The diet was increased by the addition of two drachms of thick gruel and four drachms of milk. The temperature of the ward was directed to be lowered gradually. From this time the convalescence proceeded without a check. The ligatures on the omentum were both removed by the 4th of March; those on the pedicle of the tumour did not separate till the 11th. By the 13th of April the wound was entirely healed, and she was able to sit up and walk about the ward. On the 14th the catamenia appeared naturally and lasted till the 18th; and on the 27th of the same month she was discharged, perfectly well. Since then we have repeatedly seen her enjoying robust health; and she is now living in Taunton, as a nursemaid.

The tumour was regularly ovoid in form, and consisted chiefly of one large cyst, subdivided by several imperfect septa, in the free margins of which were about 100 smaller cysts, varying in size from that of an orange to a pea. Their contents varied considerably in consistence and colour. The specific gravity of the fluid in the larger cyst was 1023; it was highly albuminous, the whole becoming coagulated by heat. Four rather large arteries passed up the pedicle to supply the tumour.

The dried preparation measures 22½ inches in circumference, 11 inches in length, 10 in breadth, and 5 in thickness. The weight of the solid portion was 2½lbs., and of the fluid 5lbs.

CASE OF

POLYPUS UTERI, WITH RETROFLEXION.

By J. G. SWAYNE, M.D.,

LECTURER ON MIDWIFERY, &c., AT THE BRISTOL MEDICAL SCHOOL.

Read at the Quarterly Meeting of the Bath and Bristol Branch.

MARY ANN H., aged 35, unmarried. Has been living for some years in service at London, and has enjoyed tolerable health until last April, when she suddenly experienced a copious discharge of blood per vaginam, whilst engaged in washing clothes. This occurred about a week before the expected return of the catamenia. The hæmorrhage continued in some quantity for several days, and produced much languor and debility. She had medical advice whilst in London, but the bleeding, nevertheless, returned at irregular intervals until June, when she came to visit some friends at Bristol. I saw her first on June 28th; at that time she was complaining of much debility. The countenance was very pallid and exsanguine. She