Number.	Name and age.	Probable duration of disease. General condition of patient.	Pathognomonic Symptoms of Abscess.	Operation.	Recorder.	Result.	REMARKS.
XXV.	M. (Native.) 39	A low caste Hindoo—a Chumar—said he had suffered from pain in the right side for 10 days or more, and that he had previously suffered from fever. This latter was, however, unaccompanied by evidence of hepatic implication.	Fever, persistent pain in the right side, and manifest enlargement of the liver. There was a prominence just below margin of ribs, and fluctuation could be detected in this.	About two oz. of pus were withdrawn by means of the aspirator.	Surgeon-Major J. Ellis, M. D., Bengal Medical Service	Recovery.	"In this case evacuation of the pus gave great relief. The fever disappeared, the man slept and ate well, and declared himself, on the 4th day, all right. He wished to return home, but was not allowed to do so. He went off at night secretly after he had been seven days in hospital. Up to that time there was no appearance of any refilling of the abscess," and it is but fair to assume that he recovered fully, later on. Another Indian officer to whom I applied for information in connection with this feature of the case, writes to say that he has tapped a large number of hepatic abscesses (in natives), and "all I can now say is," he writes, "that I have arrived at the definite conclusion that tapping is beneficial, and that under the most unfavorable circumstances, it often prolongs life," and this is perhaps as much as can be said for, or of the process, in either the native or the European.

(To be continued.)

A MIRROR OF HOSPITAL PRACTICE.

SHILLONG DISPENSARY.—CASE OF OVARIOTOMY.

BY SURGEON J. O'BRIEN, M. A., M. D.,
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Towards the end of August last a Khasia woman, Ka Kynger Mai by name, aged 25, was admitted into the dispensary suffering from ovarian dropsy. She gave the following account of the origin and progress of the disease.

She had never been strong, and had suffered once or twice from irregular menstruation, anæmia, and œdema of feet. She was married twice: had one child now 4 years old, by her first husband. She became pregnant by her second husband in November 1878. About the 4th month of pregnancy, *viz.* in March 1879, she noticed that she was much larger than she ought to be. She attributed her increase in size to a swelling of some kind which began, as she thought, in the right side. She was quite positive about this, but she was mistaken. We found when operating that the tumour sprang from the left ovary. In August 1879 she gave birth to a healthy child, but she was surprised to find that her size did not decrease to any perceptible extent. Shortly after her confinement the swelling of the abdomen increased remarkably. For this she consulted the Welsh Medical Missionary in these hills, Dr. Griffith. He lives at the village of Mufflong 12 miles from Shillong. He kept her under treatment for some time, and soon diagnosed her disease as ovarian dropsy. By the first week in October the dropsy had increased to such an extent and the distension was so painful, he was obliged to tap her. 2½ gallons of thick gelatinous dark-colored fluid were drawn off. She had to be tapped again in March 1880, again in May, again in June, again in August. She was tapped altogether five times. The quantity of fluid removed in the later tappings was between 3 and 4 gallons.

I tapped her myself on the three last occasions. The fluid was thick, gelatinous, with numerous scales of cholesterine and whitish shreds like fragments of membrane suspended in it. When the fluid was withdrawn I found that the solid residuum of the tumour was increasing after each successive tapping. Two large masses, resembling in shape a full sized liver and a greatly hypertrophied spleen, lay one on each side of the spine. Other smaller masses were felt in the inguinal regions.

She was strongly opposed to operation at first, but when she saw that, notwithstanding the tapping in August, she was as full as ever in September, and when I assured her that the solid portion of the tumour was increasing rapidly, and might not be capable of removal soon, she consented. Besides, owing to the inconvenience and suffering caused by the enormous mass in her abdomen, her general health was beginning to fail. She slept badly: could not lie down with comfort owing to pressure on the diaphragm: could not eat well, and œdema was beginning to get troublesome in her legs.

Her condition before the operation was as follows:—A small lightly-built woman rather pallid, but free from scorbutic taint. Both legs œdematous as far as knees. Skin of lower part of abdomen also much thickened by œdema. The girth of belly round umbilicus was 43 inches. Length from ensiform cartilage to symphysis pubis 25 inches. (Since the operation these measurements have been reduced to (1) girth round umbilicus 23½ inches, (2) from ensiform cartilage to pubis 14). The abdomen gave one the idea that it contained an enormous sessile tumour, inasmuch as it projected over the lumbar region on both sides and over the pubis below.

At 10-30 A. M. on 11th September, the bowels having been cleared by an enema in the early morning, she was placed on the operating table and was put under the influence of chloroform. I deferred the operation until after breakfast for the sake of the increased temperature. The temperature of the air at this hour was 73°F. Her chest and legs were carefully covered, and the abdomen only exposed. Standing on her right I then made an incision through skin and cellular tissue 6½ inches in length, beginning 3 inches from the umbilicus and terminating near the pubis. (I operated under carbolic spray and with strict antiseptic precautions). By carefully adhering to the mesian line the amount of blood lost was singularly small. The cellular tissue was much infiltrated with dropsy, and was about 1½ inches thick. It was impossible to hit off the Linea Alba exactly. Nothing corresponding to it could be seen owing to the great flattening out and tension of the abdominal wall. I accordingly divided the white fibrous aponeurosis of the external oblique on a director, adhering closely to the mesian line. The Recti muscles were thus exposed, but it was impossible to find the division between them, so I cut down carefully ap-

rallel with the fibres until the peritoneum was brought into view. This I picked up with a forceps, carefully divided it for an inch or so, and thus exposed the glistening and irregular surface of the tumour. I then passed my finger in and ascertained that notwithstanding the five tappings the adhesions were moderate and only firm in the mesian line. I next divided the peritoneum on a director for the whole length of the wound. The adhesions in the mesian line were troublesome, but I managed to clear a space sufficient for the introduction of my hand towards the left. I then passed my hand over the enormous tumour towards the left lumbar region, dividing its attachments to the parietal peritoneum by a light sweeping motion, and gradually worked up towards the left hypochondriac region, where I felt the spleen and divided a few attachments of the tumour As I swept my hand, now almost up to the elbow in the abdomen, across the epigastric region and over the omentum, which was firmly adherent to the tumour, we were much alarmed by the profound collapse which this movement caused. Though the patient was fully anæsthetised, an agonised expression of intense suffering passed over her face, and for a moment breathing ceased. I withdrew my hand at once, the tongue was seized with a forceps and artificial respiration employed. She recovered in a few minutes, whereupon I introduced my hand up towards the right hypochondrium, felt the liver and gall bladder distinctly, and, severing the attachments of the tumour in that direction, I withdrew my hand on the right side of the wound. Here I was horrified to find as I withdrew my hand that it came out *over* the parietal peritoneum and not between it and the tumor: but this was owing to the detachment of a few inches of the membrane that were firmly adherent to the tumour near the mesian line, and not, as I at first feared, to its wholesale separation from the abdominal wall. I managed to detach this piece of peritoneum from the tumour afterwards. It was about 4 inches square and only attached by its lower border. Though it hung like a piece of tattered cloth from the inside of the abdomen, I did not cut it away but secured it in position by transfixing it with two of the pins with which I closed the wound. I suppose it has since become adherent to the muscular wall and grown into its original position. Having thus cleared away all the attachments of the tumour in front, I tapped it. For want of a proper trocar (I wrote to Calcutta for a Spencer Wells' trocar, but one could not be procured) I effected this by making a slit in the most prominent point with a scalpel and running the neck of a quart bottle, with the bottom knocked out, into the hole. The bottle thus served as an extempore canula. But, unfortunately, I could not get the neck in without allowing a large quantity of the dark-colored, gelatinous fluid to escape. It gushed all over the wound, and a lot of it trickled into the abdomen. However once the neck of the bottle was got in, the contents of the largest cell of the tumour were evacuated at once. 22 pints of fluid were drawn off without delay. I then tried to deliver the tumour, but found it impossible to do so owing to the existence of another large cell towards the right. This I also tapped, and evacuated about a quart of dark colloid looking fluid – much darker and containing more solid matter than the fluid of the first cell. After this I delivered the tumour without difficulty. The omentum was found to be closely adherent to it in front. I broke down the adhesions partly by tearing partly by dissection, but a large portion of the omentum had to be cut away. I tied what was left of it with a carbolized catgut ligature and returned it into the abdomen.

The peduncle was found to be a broad flat ribbon-like one. It was 2½ inches broad and about 4 inches long. I secured it with the clamp and then cut away the tumour. A single catgut ligature was applied inside the clamp which was then removed. The ligature did not entirely control the bleeding as the gut did not run well. A few of the oozing points were twisted and all bleeding thus stopped.

Here I may say that, in this case at least, I considered the application of the clamp a most clumsy, unnecessary, and hurtful proceeding. But I did it in obedience to custom. Nothing would have been easier than to ligature the peduncle either by a single or a double cord after I turned out the tumour and then to cut away its mass outside the cord. As matters went the compression of the blades of the clamp must have sorely bruised and contused, in a wholly unnecessary way, the stump of the peduncle.

All bleeding having ceased in it, I returned it to its place. I then proceeded to sponge out of the abdomen, especially out of the recto-uterine pouch, the large quantity of blood and fluid from the tumour that lay in it. Half a dozen warm and faintly carbolized sponges were filled in this way. I also removed all the clots that were to be seen. Having thus cleaned out the cavity of the abdomen as well as I could without using unnecessary friction to the intestines, which were seen lying in the hollow at each side of the spine, I placed one large dry sponge in the pelvic cavity, so that it might continue to soak up effused fluid, and then proceeded to close the wound. This I did by means of four strong hare-lip pins. Before inserting the last pin I removed the sponge. The pins were made to transfix the whole thickness of the abdominal wall, peritoneum included. My endeavour was to bring this membrane into apposition from both sides, so that it might adhere and thus prevent the entrance of discharges from the outer wound. But this precaution was hardly necessary, as the whole wound had healed completely by first intention when I examined it on the third day. Silk was wound loosely over the pins so as to bring the edges of the skin together. Finally eight horse-hair sutures were firmly and deeply applied between the pins to bring the skin everywhere into exact apposition. A thick coating of collodion was then applied over the whole length of the cut. The sutures were supported by two broad bands of sticking plaster. A long pad of antiseptic gauze, six fold and four inches broad, was then evenly applied over the wound. A large pad, nine fold, was then cut to the size of the whole front of the abdomen and laid upon it. Over this a soft flannel roller was evenly applied and the operation was complete.

The patient was then removed from the operating table into a well ventilated ward and placed in a bed carefully warmed by numerous hot bottles.

The operation was performed, or begun rather, under strict antiseptic precautions, but I am afraid Professor Lister's hair would have stood on end if he heard the term applied to our proceedings, and he would probably have thought it one of the cases that bring antiseptic surgery into discredit. For, during the course of the operation, which lasted 55 minutes from the first cut to putting the last pin in the bandage, I had to discontinue the carbolic spray on account of the great cold which it caused in the edges of the wound and of the danger of an over-large quantity of the 1 to 20 solution getting into the peritoneum. However, nothing succeeds like success, and in this case no better results could have been obtained by any system of treatment, for the outer wound healed directly, without any sign of inflammation, by first intention, and the woman recovered without a bad symptom.

For four hours after the operation there was a considerable degree of collapse, and the patient had to be supported by spoonfuls of essence of beef and of weak brandy and water iced. She also had pieces of ice to suck. She complained of intense pain in the wound and was restless. To relieve this I tried to give a few drops of laudanum by the mouth. Swallowing a pill was out

of the question, but it caused nausea, so I introduced a suppository containing 3 grs. of opium into the rectum instead. By 4 P. M. her pulse and warmth were completely restored, and she felt more at ease.

The tumour was of the compound or proliferous form of ovarian cystic disease. It consisted of an enormous central cyst and of numerous smaller ones involving the left ovary. The solid substance of the tumour had also attained to a considerable bulk. It weighed 8 lbs. after the evacuation of most of the fluid. The fluid contents weighed 34 lbs. Thus the total weight was 42 lbs.,—an enormous mass to be borne by such a small woman.

The after progress of the case was one of uninterrupted convalescence. At 10 P. M. on the night of the operation her temperature was 101·5°. The pulse was over 100 and defective in volume. As she was still restless and complained of pain, chiefly in the wound, I introduced another opiate suppository. During the afternoon she took spoonfuls of iced essence of beef and had pieces of ice to suck at frequent intervals.

On the morning of the 12th the temperature in the axilla was 101 4°, in the rectum 102°. She had no sleep last night, but was not restless. She lay quietly on her back all night. Passed urine three times during the night, once this morning. A vessel was held below the vagina into which she passed it without changing position. It was not necessary to use a catheter. About 4 ounces of urine passed each time. Urine perfectly clear and normal in appearance. Her face still looks pale and anxious. Pulse defective in volume. She appears to have caught cold during the operation yesterday, as she is now troubled with a slight cough. Bowels not moved; but she is flatulent, and the peristaltic action of the intestine gives twinges of pain. Evening temp 101°. She has taken chicken broth and essence of beef and ice in sufficient quantity without nausea all day.

13th.—General appearance much improved; skin soft; pulse quiet, temp. 100·2°: slept well last night; passed urine 4 times: very little pain complained of; no motion of bowels; evening temp. 101°.

14th.—Morning temp. 100 2°, pulse 100 soft and equable. Cough better. Passed water as usual, bowels not moved. Her chief trouble now is pain in the back from lying in one position without change. Opened the bandage and took off the gauze pads. The wound was found to be completely healed by first intention throughout its entire extent. Not the slightest vestige of inflammation, and the only discharge consisted of about a drop of sanious serum from the œdematous skin near the lower end of the wound. This caused the gauze to stick, but the wound is now completely healed. It looks as if the parts had been rendered adherent by a fine cement and grown together. The pads and bandage were again applied

Evening temp. 102°. Pain complained of in left lumbar region. The cough has been troublesome to-day. To have Compound Tincture of Camphor one drachm at bed time.

From this date she improved rapidly. On the morning of the 17th, six days after the operation, I removed the pins and sutures. There was hardly even tenderness in the track of the wound, and the fine central line of the cut was barely perceptible. The pads and flannel bandage were again applied. The gauze pads are soft and light, and comfortably fill the great hollow left by the removal of the tumor.

On the morning of the 19th, as the bowels had not been moved since the operation, I gave a full enema of about 40 ozs. of soap and water. This cleared them out effectually.

On the 20th the temperature was normal. For the past three or four days it has fluctuated between 99 and 100° F. From this day forth she got rapidly well. There was no pain. On the 8th October the menses, which had been suppressed during the whole course of the growth of the tumour, returned.

On the 10th I discharged her from hospital. She was looking quite stout and well; was in excellent spirits, free from all pain and uneasiness. in fact felt better than she had done for years.

It may be thought that I have been unnecessarily minute in describing this operation. But there were several points on which I was doubtful myself before I undertook it, and as they were made clear by the event, I have thought it best to narrate every step minutely. For instance the manner of dealing with the pedicle and with the stump of the omentum, should one exist, is a question still unsettled. In the article on Ovariotomy in Holmes' Surgery (1871) Hutchinson writes of "the method of keeping the end of the peduncle outside the abdomen as the chief improvement of recent times.' Returning it into the abdomen he regards as a most "unsurgical" proceeding. He also says that the end of the omentum should be brought out into the wound. But, from the result of this operation, I feel sure that it is much better to return both into the abdomen. There is less danger of irritation and perhaps of permanent inconvenience from traction on the fixed pedicle should the bowels get inflated by wind or should the woman become pregnant afterwards. By no possible system of treatment could better results be obtained than we had in this case

Dr. D. B. Smith, who is here on leave at present, very kindly assisted me in the operation. I found his help most valuable. As I had never performed it before, I was not very hopeful—owing to the woman's state of debility and the enormous size of the tumour—as to the result, but he both encouraged me to undertake it and was ready with a practical suggestion whenever a difficulty arose. I also owe thanks to Dr. J. Wilson who administered the chloroform and probably saved the patient's life by the promptitude with which he had recourse to artificial respiration when she fainted.

NERVE-STRETCHING IN ANÆSTHETIC LEPROSY.

By James R. Wallace, L.R.C.S., L.R.C.P., Edin. &c. &c.,

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Case I.—Bani, a Hindu male, aged twenty-five years, came to the out-door Surgical Dispensary of the Calcutta Medical College on the 14th July 1880, complaining of loss of sensation and movement in the left forearm and hand. His history is as follows:—He was born in a village near Calcutta, and has lived in the town and its suburbs nearly all his life, earning his livelihood as a coolie; his general health has been good till within the last twelve months when he suffered from repeated daily attacks of ague, simultaneously with the appearance of which he noticed frequently occurring paroxysms of acute pain along the inner side of the left arm from the elbow downwards. He observed also that the acuteness of the pains gradually subsided, giving place to a tingling sensation and finally to a feeling of weight and powerlessness in the affected limb. A papular eruption, covering distinctly defined patches now appeared in several parts over the area of the ulnar nerve, and on its subsidence the skin remained thickened and seemed to have lost its original dusky hue, and sensibility in these discolored patches was completely lost. He has been free from ague during the past month, he has not suffered from rheumatism nor syphilis, nor have his parents—who are both living and in good health—been affected with his present complaint.