To

A.Y. Simpson Esq. M.I.P.

This essay

is

respectfully dedicated

by a pupil.

John [Signature]

[Signature]
Of all the Varieties of Erupted Dropsy, this is the most common, it
one which will merit our attention, on
account of its importance both as regards
the Comfort, that also the life of the
Patient.

Before proceeding with an enquiry
into the above named Morbid State,
it will be as well to give a brief sketch
of the Organs, in regard to their An-
atomical & Physiological characters.

The correct knowledge more particularly
by of the first, will be necessary to
guide us in our diagnosis treatment
of the disease.

The Ovaries, Commonly reckoned cen-
salogous to the testicles in the Male.
hence calledLECTéBudellis, from a sim-
darity in function, constitute the most
important organs in the generative eco-
omy of the female. They are two small
bodies of the shape of an almonds, but
larger, their measurement being Commonly
about 1 2 inch in length, 3 4 inch in breadth,
they hang in life slightly from this, being
larger in the Virgin state. Then, weighing
from 3 to 5 pounds. They are situated
on each side of the uterine, connected
to it by the broad ligament, at the
back of which they are placed, over
covered by its posterior layer. Each
is free at its two sides & along its post-
erior border, which has a Convevshape;
nteriorly, it is firmly attached, as
it is on that surface that the Welp's
nerves for its nourishment enter.
If outer border isPinus transformed
Has attached to it, one or more filaments of the fallopian tube: its inner border is narrower: it is attached to the ligament of the ovary. In women they are whitish, in the Virgin they have a smooth external surface, but as a woman advances in life, it gets rougher: becoming invested with numerous fibrous strands. Consequently, the rupture of the Graafian Vesicles, formation of corpora lutea. They have two parts, a peritoneal lining, the former completely surrounding it, except anteriorly, where it is attached to broad ligament: the fibrous coat completely surrounds it and slips down into the substance of the organ, which appears upon reddish white vascular structure, consists of graafian Vesicles, Vesicles, albuminoid tissue. In females who have not borne children from 8 to 20 graafian Vesicles can
be constant, varying in size from a few to a Pinch head; as many as 50 have occasionally been seen. The largest one lying near the surface, when dissected presented by a transparent elevation. At such menstrual periods one or more of these granules suddenly ruptures, it extends the uterus into the fallopian tube, the firm, hard, white terminal of which, had previously grasped the ovary. The uterus is generally at the lowest part of the uterine. It is by the extravasation of blood which takes place at each menstrual period, pushed outwards to external surfaces, which at last give way, when it is discharged into the fallopian tube. On the discharges of the uterus two changes occur. The clot of blood effused, is transformed into a yellow liquor, the Corpus luteum is this the Remnants of the Graafian
Nuclei entirely disappear, leaving a permanent cavity.

As it would be superfluous to dwell any longer on the anatomy of this kind of character of the disease, it will be most necessary to proceed with an inquiry as regards the disease itself. It is proposed to do so—by speaking—

1st of the Pathology—Including under this head the formation of cysts—

2nd. Of the fluid contained in these—


4th of Symptoms—Progress—

5th. Diagnosis—& Prognosis—

6th. Treatment—dividing this into—

—Medical—& Surgical—

1st. of the Pathology—

Most authors seem to think, that the disease is to be considered as a
atrophy of the graafian follicles, and according as one or more of these are inflamed, section has been divided into unicellular or multilocular cysts, the latter of which is by much the most common. This opinion is not agreed upon by all. According to Professor Henderson, it ought to be regarded as a cystic sarcoma, rather than a true cyst; he also seems to think, that the vast number of cysts in it, are to be accounted for by the independent formation of new cysts, that there are dependent on extensive of preexisting graafian follicles.

Dr. Hodgkin thinks, that cyst anular tumours of the ovaries, as well as malignant tumours, arise from the development of granulose cysts; he conceives that a large cyst which he calls the supernum, is first formed, from the
inside of which, turning around of different sizes, shapes, pushing up the internal mem-
brane of the superior cyst, which is reflected
over them, as in the natural cutting of the
body lined with horny membrane.
These secondary cysts contain smaller, or
sometimes these grow as fast as to obliterate
one another, the death of some of them causes
alteration appearances in the connective of the
parts; sometimes they burst through the
reflected membrane. Hence it is forgotten
flung to appearances, seen in Collecton
Of Modern Anatomy.

Dr. Barrow refers decidedly to the changes tak-
ing place in the absorbing system.

May add Dr. Shapnow's opinion also.

In unencased decay, a cyst is first
formed, which from dilatation of its in-
terior with fluid, causes alteration of
the whole of the cellular substance.
Grand from Vesicles, the Spleen Coat of the Ovary becoming the Spleen Coat of the Cyst. This is also the opinion of Landseer.

In multilocular cysts; in early stages, a great many cysts may be found equally enlarged, but as tumours increase in size, the size of cysts begins to vary, they seemingly (as is to be expected) growing in that direction in which they doubt least Conspicuous, so that the largest cyst is almost always found at the upper or outer part of tumour, whilst the smallest are found in the lowest part of it; this is of much importance to know, as will be subsequently seen, when the treatment by tapping comes to be expected of.

The thickness of the Walls of the Cysts varies, being much thicker at an early than at a later period of their growth; this Walls gradually becoming thinner.
though occasionally, they are found at an advanced period of their growth. They have been_confounded with hydatids but are distinguished from the latter, by being surrounded by desiccating thorns from the points in which they are formed. Cells which the organs of the district have been attached to, being surrounded by their own blood vessels or in other words having an independent life. Raymond, the cysts are lined by a secreting looking membrane, which secretes the fluid contained in them, in great quantity. Very quietly as soon after tapping, this fluid drains much as to quantity or quantity. This appears only to be regulated by the extensibility of the cavity, as when Sepia remains stationary for a long time,
when it has reached a very large size, it when evacuated it may soon accumulate. It should then be removed to the edge. It was a short time before.

This may be only a few ounces of brown gall in a vessel at once. Thus the author mentions drawing off 63.6 parts at one tapping. Müller as being 140 lbs. fluid in one cyst at Brack and others as much as 120 lbs. in one cyst.

As to Quantity.

This seems to vary as much as the amount has been seen to do.

At first when cysts are small, contents are commonly gelatinous, they gradually become more fluid as cysts enlarge, so that at last they will yield readily through a trocar.

Dr. Reé who examined the fluid, found it to contain, albumen, fatty matter,
alkaline chloride, with sulphates of lime.

Glaze. Cyphactic matter. C.

Colour. Vary much. It has been seen to
vary from a black, to a pale straw color.

Like serum, this is its most frequent ap-
pearance. Then there is a large
number of cysts in tumour, fluids of
different shades of colour may be obtained
from different cysts in it, seemingly of
a different character, it having been
found in one tumour gelatinous, fatty,
exsanguinous, watery, C.

Sucking seems to have the effect of changing
the character of the fluid subsequently de-
cerited, it being sometimes found d. effa-
tencit, ichorous, hemorrhous, after it.

Besides fluid, the cysts contain many
other matters, as cholesterin, fleshy
substance, membranes, hair, teeth,
bone C. If bone is present, teeth
are generally found, presenting the more
eccentric characters of the milk ope-
monent etc. Some are of opinion that
this consists of the debris of a foetus, as
Mallet, etc.; others are of opinion
that they are monstrosities from inclusion
in the uterus of the foetus. "Religious
cauts may sometimes originate from an-
pregnated germ not falling into full-
fer in late, but remaining attached to
the uterus, birth, it gradually appropri-
t to itself the tissues of the ovary and draws it
to a considerable size. Foetuses may be
 reduces to a mummy, sometimes under
going decomposition into fatty matter, while
portions of its skin become adherent to the
interior of the cyst, reproducing by
its bulgy, the hair often found in
them. This may account for their
presence in some cases, but not in all.
as they are found in the brain, stomach, lungs of men, boys & girls, in the foetus. (Dr. Pigne) ; though most frequently in ovaries especially on right side (Preste).” This is of opinion that they arise from an “aberration of nutrition in affected part” (Prof. Simpson). Possibly they may originate in all the new cases already adverted to.

Besides substances already mentioned: there are tumours, malignant or non-malignant, which have their seat there, as fibrous, cartilaginous, bony, melanotic, epidermoid to the embryomatous tumours.

Predisposing Causes.

As regard to these we know little or nothing. Dr. Copland ranks amongst the scrophulous diathesis, debility, specific venereal indulgence. Scurvy think one cure to the scrophulous.
Constitution. It appears to be a steady occurrence amongst the number. It might come on early in life, or during menstrual periods, most commonly it comes on or at least becomes evident soon after the menopause, although it may have commenced before that, though not large enough to attract attention. It sometimes advances in an insidious manner, increasing little by little unnoticed, till some accident draws their attention to the fact. In some families it would seem to be hereditary, Simpson.

No evidence shows it to be more common in married than unmarried females, though it is likely more so in former. It seems reasonable to think, that it is more common in married females, than in unmarried, that sedentary habits are
Exciting Causes.

Amongst these have been retention, falling, excoriating of pelvis, pains felt disposing to inflammation; as cold, tepid menstruation, miff of uterus, illness.

Anxiety of mind, want of management of parturition, abortion, hasty extraction of placenta, violence.

It would seem to be common after parturition, but being advised that great care be taken in management of women at this time.

Symptoms & Progress.

Symptoms may be conveniently divided into two classes:

1. Those which are the result of the disease in the early stage, while the tumor is yet in the cavity of the pelvis.

2. Those more advanced stages, when
tumour is above pelvis.

Most of the symptoms arise from intra-
mechanical irritation, caused by pressure
of tumour on nearby organs, including
with these, there are frequent symptoms
only to be accounted for by attributing
them to sympathetic irritation. It can
become accentuated in obesity itself. Burns,
Hopland. According as the tumour
is in, or out of the pelvis, the symptoms
will be seen to differ much.

When within pelvis.

There may be present, Diuresis; when
the tumour presses forwards on bladder,

Dr. Cyclopedia of Practice and Medicine a
Case is related in which tumour became
so pressed against urethra, that bladder
could not be emptied without catheter.

When it is on left side, helpful on

Retention, Constipation, or more frequently
Gauchness is Causes, sometimes seem orthodoxy, occasionally numbness, sweating offly; perhaps with acetone, is felt on that side on which tumour lies. A feeling of weight in pelvis; in 18 Cases out of 20, menstruation goes on, and by both ovaries are discovered, 20 per cent. Woman may conceive, carry child to the full time, have labour ultimately obstructed by tumour.

It would sometimes seem to be gin, though not often, with pretty acetophen in the groin, the inguinal area of the lower belly, with distension of the stomach, intestines it amounting hypoderm, or some few feel from early, in mammal. Be some, milk is scented (burn), in a case mentioned by Water, the patient had symptoms of pregnancy, scented milk stirs through the felt motion. Wallace, Edin. med. essays p. 140: dejecting it is said that Moore
my basket occurs as in early pregnancy, acocals round nipples also develop. Many of these symptoms resulting from mechanical irritation more especially may disappear as tumour rises in pelvis, but another class of symptoms appear, or those previously mentioned may remain. The Conjoined with others.

Thus, as tumour after escaping from pelvis increased in size, press more than upon abdominal viscera, as lungs, heart, stomach. He can have symptoms arising from irritation of one or more of these organs: thus, we may have palpitation, dyspnoea, dyspipsis, jaundice, dysuria, pain, urination. The last was observed in a case related by Portail, the writer had a tumour being Conjoined, when this tumour was punctured urine flowed out very freely.
into Bladder: when it comes on from the Bladder, incontinence of urine may be pro-
duced; if on tuning, partial absorption of uterine may take place. When in intes-
tines: peculiar sensations are caused, or acute pain, conjunct perhaps with vomiting.
Sometimes hysterical affections all of which are most apt to occur at
menstrual period.

Sometimes as the tumour increases in size, it Presses uterine up on it, this
occurs especially when both ovaries are
affected. Others relate a case of this kind.

When the tumour has acquired a large
size, the woman is generally much distressed,
or obstructed; if the bulk of
the tumour be reduced artificially, pain
is often for a time increased in quantity.
This health improved, this was
well illustrated in the case of Madame
Dr. Priestly, who in the space of 14 years was lapsing 28 times for 7 days after each stopping, she made Watery piles in sufficient quantity. The appetite improved. All the functions were well performed but in proportion as the time was increased in size, the urine in spite of diuresis, diminished in quantity till last came only by drops.

In some cases little inconvenience is felt from turmus, the only symptom of its presence being a sense of weight in belly, so that patient may enjoy good health for a number of years.

Progress. This varies considerably in different cases. In some cases it increases very slowly, remaining long at some point, whilst in others, it may enlarge very rapidly down fill the whole abdominal cavity.
A Case of Peri-uterine enlargement narrated by J. Seymour. "A lady aged 30, of a very spare habit of body, but who had always enjoyed good health, was delivered of her third child in June 1827. In September following she first perceived a small tumour in left hypochondrium, which seemed to be constitutional disturbance, but a few dyspeptic symptoms. Suddenly in Oct. following the whole abdomen became distended, a solid tumour occupying the whole left side of the abdomen was observed. On examination, a fluctuation was observed on striking the right side with the fingers. The patient was unable to lie down or sit or stand, pulse quite feeble, a copious flow of feces in the morning, followed by profuse sweating. Urine very scanty, a high Coloured, bowels regular, but distended with flatus, total loss..."
Of appetite, sleep, etc. Paracentesis had
then performed to 22 points of a very
fluid was drawn off, with an absorp-
tion of thick of lymph and dark matter-like
material. Patient had to be lifted every
month, which became more difficult with
time from the increase of the solid tumor
in the abdomen. During the last month,
symptoms of late signs of the disease repeatedly
occurred, attended with a rapid
very weak pulse, aphasia in the mouth,
Vomiting, heartburn, total inability
of lying in a recumbent position with
breath from distension in the greatest
possible degree. Symptoms of self-
xcruciating again and again, the patient suffered
in May, the disease having thus ap-
peared from its course in lymphatic
At post mortem examination thereof
a large tumour of left ovarium, filling
The cavity of the abdomen of great part of the abdomen. Bright yellow much enlarged glandular (but did not present any appearance of malignant disease). Abdominal viscera pushed right up in chest four to right side.

First part of the tumour was solid, being composed for the most part of transparent white gelatinous substance, with membranous partitions, containing a number of globular cysts filled with the same jelly. Sometimes with a thin transparent fluid.

One or two portions of the tumour were yellow. Hard in consistence, hard as clay. Varying in size from a pin to an orange, were scattered round the principal cavity which had been tapped, which was filled with this serous fluid. Generally, tumour slowly increases in size, till it reaches the utmost limit.
of distensibility of its enveloping cyst. There are various ways of terminating of the disease.

1. By adhesions forming from intestines, small intestines, colon, bladder, etc., into which the tumor sometimes opens, allowing contents to spew out of tumor into body, a spontaneous cure sometimes follows.

2. Inflammation attaching every thing off patient quickly or after formation of matter.

3. The pressure of cysty may give way, contents of cyst be evacuated into peritoneum, same unless if not peritoneal they are quickly absorbed, a spontaneous cure may follow. If peritoneal, death is inevitable from peritonitis.

Some also have inclined to think that it may terminate in resolution by absorption, as D. Churchill, D. Baillie.
Giving a case of this kind, so what the
Concluded to be, tumour had resisted
for to years, the patient subsequently re-
main in good health, in this case I
am inclined to think that the fluid did
not disappear by absorption going on
in wall of cyst, but that there was some op-
ening formed between some of the Veins
as intestines, Gallbladder tubes to form
the fluid. Gradually cleaned off, for
to quote from notes on Simpson's lectures
we are totally in want of facts to prove
that absorption later place by lining
Membrane of cyst, in case of Spontaneous
Cure of an ovarian cyst, a Cure
later placed from perforation of the Sac
occurring leaving an opening between
it & peritoneum, in this case, the
Safety or Danger of the Patient de-
pend on Contents of tumour, if
Wasting. They are absorbed, if unusual, patient is carried off by pya
ritis."
When disease terminates by tumour
bursting into some of the hollow viscera.
This is generally tensor by a gush of fluid
taking place. Before this can take
place injury must have existed in
some part of the walls of cyst. the cysts
this to the part by which fluid was dis-
charged.
"Before rupture cyst has become lined
with lymph", this deposit becoming
greater, thickening the walls of the cyst
much, having a tendency like all
cysts membranous to contract, is thus
forcing the cysts shrinking the
permanence of the cure."
Then abscesses have existed between
cyst and subcutaneous wall, and in a few
client being removed, contents have been evacuated externally.
Mr. Brainridge has collected 19 cases in which this occurred, to only resulted, he proposed to indwell instruments operations on the same principle, with
which as well hereafter he mentioned.
Dr. Copland speaks of an analogous case
to this, in which adhesions formed between
omentum and abdominal walls, after opera-
tion of paracentesis, ulceration externally followed his patient recover.

Diagnosis

This is not very easy apparently to be formed quickly, the disease having been confounded with
so many others, as that it is necessary to form a diagnosis with great caution to understand clearly whether disease is
present or not, as in 6 cases abdomen
has been opened for intended removal of ovarian tumour, whilst in not one of these cases was any tumour present; in one, sperm was seen to project a little but in the others, no abnormality in structure could be observed. (Note in Dr. James's letter)

The may follow much the same plan in treating of the diagnosis, as was done in speaking of symptoms, &c.

1. In respect of the affections it is apt to be confounded with, when tumour is

2. When out of feeling.

3. When in bowel it has been confounded with but may be easily diagnosed from the following.

A. An accumulation of feces in rectum introduces your finger or fingers up

Vaginal touch backwards: if it be

foley an indentation will remain, if
larged uterine, more will remain an account of elasticity of tumour.

B. To destroy of fallopian tubes.

Make a careful examination by vagi-

cine section.

C. From early pregnancy or distopy of uterus.

By a careful internal septal examina-
tion, thus lay introducing one or two fingers into vagina up to the uterus, whilst you keep the other hand on abdomen, feeling uterus, then pressing downwards you feel uterus bet-

ween two hands I can tell at once if it is any way enlarged.

D. From pelvic abscess.

While seeing in various parts of

Various forms in pelvis, it is often atten-
ded with many of the symptoms of

Werner disease, as, Darkness, con-
stipation, Dysuria &c.
Sumont of output is inclosed within when inspected below curve of sacrum. Pelvic abscess is not capable of superficial movement.


9. From Bison abscess (Dr. Copland).

By severity of local symptoms, occasionally in first stage of disease. Make a rectal Vaginal examination.

10. From displacement of uterus. Many almost always falling down when any way enlarged. Semen Vaginal Friction produces this tension from this at once by using uterine sound.

To make well smooth on pelvis. Some plans may be adopted: 1st. You may introduce one or two.
fingers up rectum, making use of your
other hand on abdomen so as to grip
away between them—or
I in my Choloy method—is
Introducing your fore finger up rectum
then middle finger of same hand into
the vagina so as to catch wrinkle
between them.

Diagnosis from other diseases when
in abdominal cavity.

In this case, there are a different
class of symptoms present, as formerly
labeled off. At the same time this
diagnosis becomes much more easy.
The tumour is not always to be expect
ed to be more on one side than the
other; as when small, it is often central,
but this is not nearly as frequently
the case as the other.

From pregnancy.
1st By芫 alleviation.
2nd By internal & external examination
3rd By secondary symptoms of pregnancy.

B From uterine Desy...

1st By internal & external examination
2nd By this being unaffected by position.
This state has been Confounded with pregnancy distinguished from it, by absence of vital movement of Malignant of C.

C From Fibrous Tumors.
1st By making an internal & external
2nd You can feel your tumours Between hands.

2nd These are hard involuted, being greyish, frequently accompanied by a placental breach; from walls of uterus being hypertrophied & repels in them enlarged; in ovarian tumours, your lumps are placental breas...
Ultras retaining its normal size, whilst surface of ovarian tumour is smooth, occasionally fluctuation can be detected on it.

3. On bounding uterus if ovarian tumour be present, Panity will be elongated.

4. Accumulation of fluid in Panity of Peritoneum.

1. By Percussion & palpation of abdomen.

On percussion in ovarian disease, you have a dull sound, on one or other side, or it may be in the middle, in Asites a tympanitic sound from intestines floating loose on surface of fluid.

2. In Asites, you have abdomen flattening on patients lying down, in ovarian disease there is no lateral accumulation of fluid.

E. From accumulation of feculent matter in head of Colon or sigmoid flexure.
By inquiring into state of bowels & administering a purge of castor seed.

If from distended urinary bladder.

This gets distended from urine & from other causes, as for instance displacement of uterus, pelvic abscess —

Introduce catheter to drain off water.

This is never to be committed in any case.

G. From deceased state of omentum.

This is very like ovarian disease, one

Case came under my notice in the Royal Infirmary at Dundee, which was subsequently sent to the Infirmary here. In this case by a careful

Manipulation tumour was seen to consist of two parts, capable of being made to roll on one another.

Catheterise the uterus \\ of it, introduce our finger up Vagina to leverage them with other hand on abdomen.
make pressure upwards, when it is an exterior tumour, it will be found moving upwards.

26. From chronic peritonitis.

By a marked feeling of abdominal tension, in many parts, with elevation corresponding to portions of intestine. As often as the marked dullness can be moved by a finger, it

I. From Extra-uterine Pregnancy.

By enquiring carefully into history of case and by careful internal abdominal examination.

27. From malignant disease of Uterine.

In this case, growth is very rapid, especially if tumour is melanotic in character; patient has also a cachectic appearance with other characteristics of malignant disease.
Fundamentum of abdomen.

Stimulant thus stated of this in a letter given by him on ballot report 1852.

In those cases abdominal parities are tense, painful, it is a very

Relief state, there is also a preterit

tendency to discharge accumulation; and

const of pain experienced on pressure,
because pressure can be resisted to.

You must deeply anaesthetize the patient.

A patient was sent over by one from

London, to be operated on for ovar-

oma disease, in this case all the above

symptoms were present,

(i.e. enlarged abdomen), in deeply

anaesthetizing the patient, abdomen

immediately flattened to its nor-

mal size. When patient recovered

from influence of chloroform, it im-

mediately resumed its former appear-
This peculiar flattening I think may be accounted for in two ways.

The respiration before chloroform was given might have been in a state of contraction, thus pressing down contents of abdomen. Consequently increasing its tissue in administration of chloroform, this spasmodic state being removed, allowed of the abdominal contents regaining their normal position; or some irritation exciting in uterine or intestinal canal, a reflex action may be communicated to abdominal walls, thus being in late manner removed by chloroform.

Then enormity increases much in size together on presence of & pressure. Circulation is set up, veins on abdominal enlarge, varieties at same time increasing.
Appearance in Bums, from suppura or disch.

Dr. H. Bennett has suggested the microscopic examination of the discharge. I imagine the flakes of this in a Bungkin on Ovariotomy. But if so, D. Bennett, he doubted not, be able ultimately to throw it into Cisterna through small ulcerated apertures in the walls of an Ovariotome. It would clear up various points in a set of cases formerly surrounded with perplexing difficulties. Pass, with this complication generally ran a rapid
course, it this variety was probably of all ovarian cases, that most justify the operation of ovariotomy; for the Prognosis should be generally unfavorable, even in the most seemingly favorable cases. Instances of cure have been cited both naturally and artificially induced. We may hope that we can occasionally attain this end, by an operation, but not by any medical means, though we can by careful regimen, and advising everything tending to check growth of tumour, prevent its increasing so rapidly for a long time, if not to death from other causes. Dr. Frankfurt relates a case in which disease began at 13 years of age by the patient reaching the age of 88. This complication with other disease...
As assets—emaciation, accelerated pulse, disorders of functions of stomach, the necessity of having recourse to paracentesis are all unfavorable circumstances. (Zach).

Treatment may be divided into Medical and Surgical.

1st of Medical.

This disease has been subject to great differences in modes of treatment. Medically, some believing that they can by active treatment, cause absorption of the contained fluid, by the lining membrane of the cyst, many species of the preparations of iodine, mercury, aqua potass, muriate of lime, and if they imagine they are specific for the disease. Others again have employed, senna, diaphoritics, lotions, fomentations and abdominal friction to restrain. Others growth to itself
tumors though thought they have done so successfully. Others again have no
faith in remedies already enumerated. I think that we can't even restrain the
growth of tumors for a time. This is perhaps going a little too far, as we
may think restrain growth of tumors for a time, though we are totally
unable to cause absorption of fluid already contained in tumors. I may
quote what St. Burns says on this sub-
ject: "Some have supposed that tumors
as good, when disease is at its worst,
when they do produce any effect, it is
chiefly by removing superficial effusions
connected with this disease." With
regard to their power, or the power of any
other medicine, of diminishing the size
of the tumors, any opinion is; that they
have no more influence on it, than they
have seen a malignant tumour of the shoulder, or over the diseased when it lay in the breast, or over the configuration of the patient’s nose.” Many are also of this opinion; among whom Dr. Freer, Dr. Hunter, Dr. Balfour, Dr. Simpson, Dr. Balfour, and many others. But a question now arises how are we to account for the recorded case of cure in this disease? Thus Dr. Hamilton in his work on morbid anatomy records a case of cure by perspiration for a long time daily over tumours, and aging so as to cause its compression giving manure of some internally. I think that we may infer here that either he was constituted in self-perspiring that disease was expectated, or if it did so, by such manipulation to which it was subjected, he must have been
locally ruptured it it evacuated it into
peritoneum, whereas contents have been spe-
dy absorbed. This recorded case
Of cure may be explained away by sup-
posing that some error in diagnosis was
committed in regard to them, or Conclu-
sion perfectly justifiable, when we con-
sider, the imperfect of physical means
of diagnosis some time ago.—

Sonny said Simpson's opinion on this
subject. "There is no belief in the power
of any medicine reducing the size of
the ovary, as in this affection no power
of absorption is produced by the conflu-
sion forming the cyst, nor absorptions
have been deted on its surface. There is
no evidence to show that the contents
of a single cyst were ever absorbed, it
is different however, if matter escapes
into peritoneum, as here it is soon ab-

is sputum..."
lodged, shows moreover if the disease accelerated rather than restrained by giving drugs; it is usual to state that a general lack applicable to this disease, that the more you defend the general system, the more rapid will be the growth of the tumour. The rule, therefore, is first:

"Keep your patient as near the standard of health as possible. This you do by mitigating symptoms as they arise; by doing this, you do more good than by giving any medicine butting off the natural absorption of the contents of cyst. By making patient hate the terms regular exercise, regulating diet, engaging mind agreeably, frequent change of scene, & other hygienic means.

I. Abst and reduce evil habits of abdominal & pelvic organs, soon
erecting the dissection or any action or any organ or any organ as uterine, or lumbar, thoracic, etc.

3. To prevent injury mechanically injuring neighboring abdominal hollow organs, by bandage applying it above them.

By attending to this, you are enabled to give great relief to patient. When attached by a pedicle, floats loose on cavity of abdomen, causing great irritation. This is greatly alleviated by patients wearing a bandage or constriction made of indiarubber, shaped somewhat the hands, so that loose may be held steadily between them, or a belt of chamois leather may be
Worm, made from hog's allumen Plants.

Sometimes patent can be much relieved
as follows: While yet in putrid tumours
may get impacted below promoting
Ysacram, leading to dysuria, due to it
being tied to much uneasiness of
ritation, by forcing it upwards, the
making it an abdominal organ, but
this is much relieved.

4. Keep down all tendacies to weak
congestions in the diseased Wing itself.

Carefully.

From time to time there exists a
great tendacy in tumours to take
on a rapid growth from Congestion,
at one time it may grow as much
in a week as it would all another twin
latter some months to do, this is greatly
obviated by placing patient in
supine position, dry cupping her.
over hours, applying leeches to cervix uteri or hemorrhoidal piles, by the
first especially, you put a great force
over ovarian system.

The regale position of tumour.

Little need be said in regard to
this, except that you can by try different
positions in that position which will be
least troublesome to patient, try first
it to.

Dr. Copland vener much the same
conclusions as to plan of medical treat-
ment to be adopted as his great hearst.

From what has been said, it will
appear that we have slight means
of reining the growth of the
tumours but no means of reducing
its size by
Medical Treatment.
Surgical Treatment

divided into Palliative & Radical

1st of Palliative

The palliative treatment longest in use
and indeed the only one now adopted, is Paracentesis.
Fortunately for the easy performance of this, we find the largest cyst almost
always at upper or fore part of bursa.

It is a palliative measure not without danger
as the following tables will show:

Results of Sapping in Ovarian Disease
by J. Lee

Out of 446 Cases, I died at following periods after the operation:

<table>
<thead>
<tr>
<th>Period</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day</td>
<td>3</td>
</tr>
<tr>
<td>3 days</td>
<td></td>
</tr>
<tr>
<td>1 month</td>
<td></td>
</tr>
<tr>
<td>3 years</td>
<td></td>
</tr>
<tr>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>
Period of death in 24 cases of midwifery among Lees Houghtons cases.
Total number of cases 17. Number of deaths 24.

<table>
<thead>
<tr>
<th>Died within 1 day</th>
<th>2 cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 cases</td>
</tr>
<tr>
<td>1 week</td>
<td>2 cases</td>
</tr>
<tr>
<td></td>
<td>3 cases</td>
</tr>
<tr>
<td>1 month</td>
<td>4 cases</td>
</tr>
<tr>
<td></td>
<td>2 cases</td>
</tr>
<tr>
<td>8</td>
<td>2 cases</td>
</tr>
</tbody>
</table>

All died within 8 months. 20 out of the 24 in 1 month, of 13 within 1 week.
After first tapping, a repetition of it would appear to be not so dangerous.
In some women it has been performed very often.
Lady Page 6 times in 5 years 2 1/2 ydells
on Dr. Bache 6 times in 5 years 2 1/2 ydells

Mr. Yorks case 4 9 times in 5 years 2 1/2 ydells
Mr. Bootham performed it 12 times in 5 years 16 1/2 ydells
Mr. Morand in 1 year 1 1/2 ydells
Mr. Sarvies of Norwich 80 times in 2 1/2 years 72 ydells or 6000 parts.
Frequency of tapping in Weil's Cases.

18 were tapped once. 2 were tapped twice.

I was tapped frequently.

When is tapping to be resorted to?

Only when symptoms arising from presence of tumor can be palliated, in any other way any longer. Thus from life it may improve the functions necessary for life, as respiration, assimilation.

In this case it being evident that patient would soon perish, it is your duty to try the tumor. The reason for delaying so long, is readily apparent, when we recollect that in G's Cases out of 100, it is only palliative, that it is fatal in 1 out of every 5 Cases.

Cases have been recorded, in which no second tapping was needed by Petit Radel, Le Duc, Moure. The opening
made by the lower remaining portion I kept gradually increasing.

Dr. Sampson related a case of this kind to his listeners upon this subject. "The patient was a New York lady; on examination tumours were found behind the vagina, giving rise to much pain in the members in lower extremities. Tapping was performed, with temporary relief, in a month afterwards tumours were found increased in size. Tapping was again performed, but this time curettage was left in tumours gradually contracted.

The same lady had a child afterwards, but which was born dead, from Labour being instigated with by contracted chest. When we can imitate nature in this way, it is right to do so."

Such a result can only be hoped for in 10% of every 100 cases.
Dr. Blandell proposed early tapping on the ground that an accumulation of fluid would be less rapid in small cysts that in large ones. The fomentation would then suffice. This last objection is removed by giving chloroform, the fomentation being to be proved. Very probably the operation would be less dangerous.

The reaccumulation of fluid in tumors is sometimes very rapid; at other times slow, thus cysts have filled in some cases in 2 or 3 days, in others it has been years before tapping was again required. Danger of tapping.

1. Reaccumulation is not the only thing we are to fear: pus being apt to form rapidly the place of the former contents.

2. Peritonitis may ensue.

3. If sepsis be also present, you only hasten patient's death.
4. Operation &c. upon wife of the patient.

5. Woman may kneel from exhaustion, either after quick tapping, or a whack at one.

6. You may lose patient without effect, tumour being as multilocular as one. Then operation is determined on, there are some precautions to be attended to.

1. Make certain that ovarian tumours are actually present; for as before mentioned, disease is often taken confused with many others, Bladder have been mistaken for it.

2. Introduce your theatre, (a flat one would appear the best), at sufficient force, 'till tumour is removed. Remember that enter as well as may be the idea, endeavoring to keep for you to introduce it a considerable distance.
If tumour is large, the patient in drawing off contents, an haemorrhage might occur from rupture of one or more of the abdominal veins, or hypostasis might occur from great or sudden accumulation of blood therein. To obviate these unpleasant results, have patient rested, the abdomen, tightly girdled by a sheet or bandage, the ends of which are tied steadly pulled by two assistants as fluid escapes; the point usually selected for opening thus made in is the linea alba, but it may be made anywhere the bulging of the tumour is greatest at. After contents of cyst are evacuated, a compress is put over wound secured by a bandage.

**Radical Treatment.**

Various measures have been proposed to adopt to effect a radical cure.
The first plan to be mentioned is—

1. To prevent obliteration of the cyst or cysts by adhe
tive inflammation.

2. By injecting, as recommended

by Donnan and Hamilton.

This plan has been practised by many,

though with unsatisfactory results. It

is often repeated in such a large lump

surface being so acute, or so still the patient

in spite of all antiphlogistic means;

substances employed were M. Sodicum, Potassic

instances of cure have been recorded;

but these are few.

3. By Lobotomy or Camelus.

This is also an objectionable practice

though recommended. Practiced by

Le Dran, Nouttin, Portal, Viereh,

having cured some cases by

shaking it. The danger is from the

same cause as in the former cases, viz.
From amount of infecti[e]d, if patient should get over this, there remains a foul fetid discharge of pus, which may rapidly exhaust her.

2. By decomposing the Contents.
This was tried by various surgeons in London, the means employed was galvanism. Simpson has tried this in one or two cases without success, though he thought it restrained growth of tumors in a little — [illegible].

2. By Compresion of the Tumors.
This plan was adopted under the supposition that the particles employed, by means of hooks, weights &c. would cause absorption of the contents, by wall of cyst; in a former part of this paper, it was attempted to be shown that this was impossible. However we know that this plan has been adopted with success, in this Case Contents
of tumours have been offered into peritoneum, from rupture of wall of cyst, while yet in a serious condition, or adhesions forming between tumours and outlet of bladder, intestines, multiform escaped through this ulcerated opening. However, we are not to expect a cure to favourably in every case, as tumours is more likely to be captured (from pressure employed) into cavity of peritoneum, their contents are paracentotic death speedy results from peritonitis.

3. Large incisions into abdominal any have been employed, to allow fluid to escape into peritoneum from hence to be absorbed, contents with speed.

4. Subcutaneous punctures. This was proposed by Celetti, there is no extensive collection of cases, to shew the
result of this practice, or that by large incision.

5. Removal of a circular piece of the cyst.

Blundell recommended this bush done when after operation for removal of tumor had been attempted frustrated on account of adherences. I am not aware this suggestion has been followed.


This was suggested from the fact that nature had sometimes effected a cure in this way, adherences having formed between tumor and wall of abdomen, an accident has erupted cyst of cancer its contents being evacuated externally.

Dr. Barlow has collected 19 cases in which this occurred, the contents of tumor escaping by abdominal wall, rectum, vagina, bladder etc.
He others have attempted to instate nature
in this way, an incision is made down
upon tumours, in median plane, then after
drawing off contents, stitch it to abdominal
fasciitis, to keep opening previous by a
plung of lint or other means, with excise
I cyst heals up by granulation, Accord-
ing to any Cases of this recorded, that
three have able to collect, this seems a
very good practice, however, I think
it liable to the same objection as was
brought forward against that caged
employment of
Dr. Man records two Cases of cure, one
of them after a fistula had existed
for 2 years. In London Medical Gazette vol iv
reference can be had to 18 Cases similar
with.
Sometimes an alleviated opening has
formed into fallopian tube, when
This happening, it is known by a gush of fluid lasting place from Virginia, it has been proposed to imitate this by a German writer, by making a communication between upper part of posterior wall of vagina sept. This practice may be adopted, when you can find a fluctuating tumour lying between upper part of vagina septum. Simpson related a case in which one followed this plan, attended when speaking of tapping. The causes have been caned--see London Medical Gazette Vol. 26 p. 349--vol. 30, p. 487.

When one can imitate nature in this way, it is right to do so; when symptoms are urgent from pressure of liquor,

Lastly, the treatment of the disease by excision of the ovary,
This has been done in two ways.

By Small & Large incisions.

It was for a long time contended by many, it indeed the opinion is still held by some, that this operation is not a legitimate one, it was intended to become entered into this question here, but the subject is so fully treated of in a paper published by Turner upon the subject, in the Monthly Journal of Medical Science for January 1876, that it would be perfectly superfluous, as whatever arguments I could bring forward are all anticipated.

He comes to the conclusion, that operation is justifiable!

When the health of the patient is becoming (rapidly undermined) by the disease, the progress of tumours showed that it would belong inevitably prove fatal.
Unjustifiable! when the health and life of the patient was not immediately threatened by the stage of progress of the malady, when the lesion was a source of inconvenience and deformity, rather than a source of danger, when the evils of the disease were as yet prospective rather than real. In other instances a decision should be given.

The operation is determined on, and may employ the plan by the small or large incision.

1st of the Small.

This was proposed by Dr. W. Hunter, but performed by Mrs. Jefferson.

Before commencing operation, it is well to get patient's bowels into a good condition by keeping her on low diet for some time previously, and administering a purgative once or twice. The room at time of operation is to be heated.
The incision is to be made between the umbilicus and pubis. It is to extend to from 3 to 5 inches, after exposing the peritoneum. Lifting it up on a thill, the cyst is exposed. It is now blanched into it. For the better draining off of the fluid, the patient is better to be in a recumbent posture, say lying over the front of the bed. After draining off the fluid, the cyst is both drawn out of the external wound. A ligature (which should be of whipcord) applied to the pedicle of cyst removed.

The operation may have been well performed up to this time, with little hemorrage having occurred; but still a great obstacle to the success of the operation remaining, viz. the ligature. This is a great source of irritation to the intestines, as apt to diminish function.
its, a strangulation of the bowel from a piece of intestine turning round it. If we could do without ligature, operation would not prove so fatal. It's not to be said to think that we shall yet find out a means to return hemorhage without using it.

Dr. White lately proposed that instead of bringing it out of external wound, it should be brought out of vagina, which could easily be done. The additional time we would derive from this are.

1. It would enable the surgeon to close all once the whole length of the incision into the abdominal parietes.

2. The sides of the Vagina, being in contact would act as a Valve, sufficient to prevent that dangerous escape of air, to from the peritoneum under strong respiration.
Which had sometimes occurred through the aperture kept open by the ligatures in the old form of operation.

3. The ligature would not pass through the same extent of abdominal cavity, I would hardly if at all touch or irritate the folds of the intestinal canal. If the uterus happened to be placed anteriorly upon the pectines, the ligature applied to the posterior surface of the broad ligament would be included or imbedded in a cavity almost divided from the general cavity of the peritoneum. Then the sweep of separation would go on without fatally extending upwards; into the general cavity of the peritoneum."

The above are logical deductions I would likely answer well although
I am not aware as to whether the
suggestion has been adopted or not.

"In dressing the wound in abdomen,
the sutures must be tolerably close to one
another if they must include the muscle
or tendon as well as the integuments.

A dressing plaster may also be em-
ployed to give support to the wound.

A bandage applied round patient.

A narcotic is better to be given after
operation, especially if much pain
is felt. Allow patient very little
food, if that, of a fluid kind, in or-
der to prevent motion & distension of
intestines. Another point requiring
much judgment, is the administration
of stimulants, in periods of Colliqua
depression. Sometimes much pain
is felt from status, it is necessary
to distinguish carefully between this
Opium of inflammation.

It having having elapsed since operation, without any acceleration of pulse or tenderness of abdomen, patient is already nearly safe from the more managable form of acute peritonitis, which can generally be conquered by early depletion & colostrum—but is not yet free from the less form of this disease which is more often witnessed. In which depletion is seldom useful, in fact, patient had he said to be safe from danger, when such a foreign body as a legaturised amongst intestines.

Long Incision.—

This was first practised by Dr. McDowell of Kentucky. Then by Mr. Legos of this city, it was advocated in England by Mr. Clay.

The incision is commenced at the
refine Castrating Carried down to pubis, after the removal of the tumor; the treatment is to be conducted on the same plan, as laid down for the small incision.

Either of these plans may be adopted (viz. the long or small) incision) but the best plan to proceed with for extirpation of the tumor, will probably be found to be -

To accommodate the length of our incisions to the corresponding size of the tumor.

(Signed)