MULTILOCULAR OVARIAN CYST NEVER TAPPED:

OVARIOTOMY; RECOVERY.

BY JOHN C. GOODING, M.D.

ELIZABETH B——, aged sixty, unmarried, housekeeper, has always enjoyed excellent health; but suddenly one morning eight years ago she was taken with a "stitch" in the right iliac region. The pain lasted for two hours. There was at that time no swelling observable; but shortly afterwards she noticed an enlargement, and this gradually increased upwards on the right side at first, and subsequently extended across and filled the abdomen.

In August, 1870, the patient first consulted me, and presented unmistakable evidences of ovarian tumour. The nature of her disease was explained to her, as also the uselessness of drugs, or of any interference but the palliative—tapping, should her size incapacitate her; or the probably curative operation—ovariotomy.

I saw nothing more of the patient till April, 1871, when I was summoned to her, and found her suffering severe pain in the left iliac region. The hand and ear readily detected friction over a large surface of the lower left side of the abdomen. She was feverish.

During the past few months she had been assiduously rubbed and drugged by a woman who had promised to cure her.

As soon as the febrile symptoms had subsided under appropriate treatment, the relative advantages of tapping and ovariotomy were discussed. A careful consideration of her history and symptoms led me to regard her case as a very favourable one for ovariotomy; and she, anxious to have something done—for she had now become very unwieldy and embarrassed by her size,—determined on that operation. The abdomen was at this time entirely filled by a fluctuating tumour, extending above the ensiform cartilage (the measurements taken have been lost and forgotten); the uterus was mobile and in its normal position; the tumour could not be felt by the vagina.

June 15th, 1871.—The patient is in excellent health, and was out even up to yesterday making little purchases in preparation for her seclusion. She is hopeful, but resigned. The bowels acted during the night, and the bladder was emptied before the operation. Beef-tea was given three hours, and brandy-and-water immediately, before the administration of the chloroform, which was kindly undertaken by Mr. C. J. Bennett. The patient, warmly clad, was conveniently placed on a table in a room the temperature of which was 70° F. An incision, three inches long, was carried midway between the umbilicus and symphysis pubis, through the skin, fasciæ, and rectus, down to the peritoneum, which was then divided on a director. The hand, introduced between the tumour and abdominal walls, found no adhesions, not even in the left iliac region, where I expected there might have been some resulting from the recent inflammatory attack. The cyst was punctured, and withdrawn until it resisted gentle traction. To introduce the hand to determine the detaining cause it was necessary to extend the incision by an inch, as the partially extruded cyst occupied a portion of the wound. I found, high up in the epigastrium another cyst, the contents of which were evacuated through the first, and then the whole growth was easily withdrawn. The pedicle, very short and thin and two inches broad, was transfixed through a translucent part and tied in two portions with stout silk, severed, and replaced in the pelvis. The other ovary was healthy. The insignificant oozing from the divided rectus was sponged away; no fluid having escaped into the abdomen (thanks to the efficient assistance of Messrs. J. Humphreys and C. J. Newton). The wound was closed by five silver sutures traversing the peritoneum at least half an inch from its cut edges, and two or three superficial wire sutures and broad strips of plaster. A large pad of cotton wool, retained by other strips of plaster, filled and supported the concave abdomen and completed the dressing. The patient was replaced in bed; pulse 85, good.

The tumour was made up of two large cysts, which between them held twenty-five pints of thick dark fluid; a third cyst, about the size of an orange, containing glairy white fluid; and numerous small cysts, embedded in and projecting from the interior of the walls of the larger cysts, and crowding round the pedicle. When the cysts were all emptied, the solid portion weighed 2 lb. 10 oz.

Four hours after the operation the patient was comfortable; had felt slight nausea, which was completely allayed by ice; the pulse was 96; skin warm and perspiring. Eight ounces of urine drawn off. One tablespoonful of cold milk was given, and ice only ordered for the next few hours. At midnight—eight hours after the operation—I found that the patient had slept soundly for an hour; her aspect was good; pulse 90; skin warm and moist. Six ounces of urine drawn off. On the following day I found that the patient had taken thirty minims of nepenthe to relieve slight pain occasioned by the vermicular action of the intestines; she had slept well, and was comfortable. A teacupful of milk, and half that quantity of beef-tea, had been taken during the past twenty-four hours. On the third day flatus passed, the patient continuing her favourable progress. On the seventh day all the sutures were removed, as the wound was found to have healed throughout its entire length; but at the upper angle, from the want of another superficial suture, one lip was more elevated than the other, exposing half an inch of raw surface. A piece of lint soaked in carbolic acid lotion, and long strips of plaster, embracing the hips, were applied; the wool and plaster as before to support the abdomen, which continued undistended. The use of the catheter was continued up to the tenth day, from the patient's inability voluntarily to evacuate the bladder. The bowels were relieved by castor oil on the ninth day. On the twelfth day a tonic mixture was ordered, to stimulate her appetite; on the fourteenth she was allowed to sit up in bed; and on the twenty-first, the wound having for some days past completely healed, she took an airing in a wheel chair. A few days after she went into the country; and on her return recently came to see me, and was looking exceedingly well.

To tie and return the pedicle certainly seems the next best mode of dealing with it, when, owing to its shortness, the clamp cannot be used. The portion of the pedicle on the distal side of the ligature—the stump,—surrounded as it is by *warm* tissues, no doubt retains its vitality long enough for it to become attached by lymph—rapidly effused and organised as we know this to be—to adjacent parts. And in the same way that a completely detached portion of lip, if quickly readjusted, *and its warmth be maintained*, will soon become part of the body again, so does the stump become vivified by blood conveyed to it through the newly formed vessels rapidly developed in the effused lymph. The ligature, when tightened, buries itself too, and brings into apposition the peritoneal covering of the pedicle on either side of it, and between these adhesion probably soon takes place. The *material* of the ligature would scarcely seem, theoretically, to affect the result, for by the complete closure of the abdominal wound air is excluded and decomposition prevented; there being then no putrefying fluid for the ligature to absorb, hemp and silk would be on an equality with metal. The results of cases by those who have had many opportunities of treating the pedicle as in this case seem, practically, to favour this view.

Cheltenham, October 28th, 1871.

ON

A VISIBLE STRIATION OF THE NORMAL CRYSTALLINE LENS.

BY JOHN TWEEDY, ESQ.,
OPHTHALMIC ASSISTANT AT UNIVERSITY COLLEGE HOSPITAL.

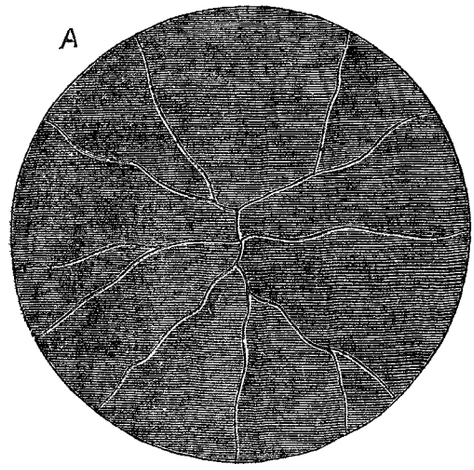
I AM anxious to direct attention to the presence of certain fine, dark, radiating lines, as seen, by oblique illumination, in the normal lens of the human eye, which I do not find described by any writer, and which I first saw in examining the following case.

J. W——, a tall, thin, healthy-looking young man, aged twenty-eight, came to University College Hospital on the 1st of November, complaining of weakness of the sight for the last three months, and of muscæ volitantes, semi-transparent beaded filaments &c., floating before the eyes.

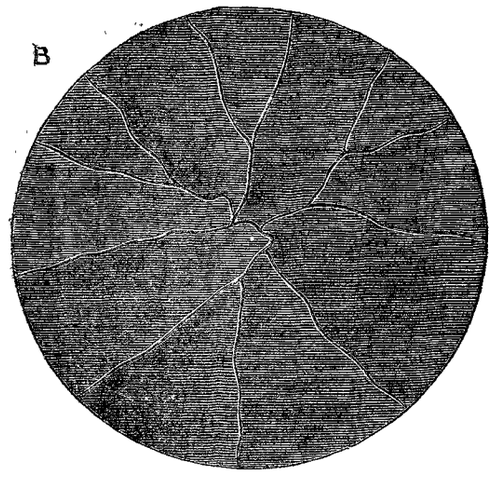
Otherwise the sight was good, patient being a Rifle Volunteer, and able to shoot at one thousand yards' distance. Health good. No history of syphilis.

On examination of the eyes by the so-called oblique illumination, fine dark lines were seen radiating from about the centre of the pupillary area in the lens of each eye. These lines appeared to be very superficial, and on the surface of the lens, immediately behind the level of the iris. On putting some of the ordinary solution of the sulphate of atropine within the eyes, the pupils dilated fully and regularly, and then the lines could be distinctly traced extending outwards to the circumference of the lens as far as the margin of the iris would allow of them being followed.

An examination of the accompanying figures will show that, although these lines are connected together, they do



Right Eye.



Left Eye.

These lines must be regarded as simply diagrammatic, for as seen in the living subject they do not present the white borders shown in the figures, but appear as black lines on a lighter ground, and this the engraver has been unable to represent.]

not all start from the exact centre of the anterior surface of the lens, nor do they all come from the same point; and that they are more or less irregularly curved in their outward course. Similar lines were seen in several other patients whom I then examined.

This case was shown to several gentlemen, but, at this time, all failed to recognise them; the reason of which was, I now believe, that they did not look in the right direction, nor concentrate the light properly. There is some difficulty in bringing the lines into view; but when this is overcome they are quite distinct. To see them, I use a bi-convex lens of about 2¼-in. focus, and throw the light of an argand gas-burner obliquely on the eye of the patient, concentrating the light on the lens. I then look very obliquely (at about an angle of 130° to 140°) on the plane of the anterior surface of the lens, from the side opposite to that on which the light falls. I have never succeeded in seeing them from the front, nor can they be seen with the ophthalmoscopic mirror by transmitted light.

On November 20th this patient was taken to Moorfields Ophthalmic Hospital, where he was seen by seven or eight gentlemen, all of whom, with one exception, said they saw the lines when they took the precaution to examine in the manner I have just described. Mr. Streatfeild suggested that, in Mr. Bowman's work on "The Parts concerned in the Operations on the Eye," 1849, p. 68, there was a drawing of lines in the lens, the plan of which was very much like those I have figured in this case. Mr. Bowman says that the lines represented by him are the central planes of the lens. It will be seen, however, that the lines shown by this gentleman, which I presume are from the prepared lens, do not extend so far outwards as those I have described.

Mr. Wharton Jones was also asked to examine this case at University College Hospital, and he distinctly saw the lines, but said that he had never noticed them before. We then examined several other patients and found similar lines in all; and, in a case of commencing senile cataract, they could be seen intersecting the streaks of opaque lens matter, but apparently on a more superficial plane. In a case of advanced senile cataract, however, they could not be distinctly made out.

As far as I have at present been able to ascertain, these lines are not mentioned in any work as an ophthalmoscopic appearance. They are evidently not pathological, but only physiological; for I have now seen them in thirty or forty cases, of various ages, from two years and a half to seventy years, the majority being healthy boys and young men; in fact, I have never met with a case in which they were not to be seen, although sometimes they could only be brought into view after some considerable time had been spent in looking for them. In the child and younger persons they were less defined and distinct than in those older. As to their real nature, I do not at present venture to give an opinion. They are not light-coloured and generally straight, as cataractous striæ are, but apparently darker than the body of the lens, and irregularly curved. In the adult they are ten in number, more or less, as in the case figured. I have not, so far, been able to make out satisfactorily whether the number differs in younger and older persons.

Stanhope-street, N.W., Nov. 1871.

CASE OF FRAMBŒSIA, OR YAWS.

BY J. P. HUGGINS, M.B., C.M., L.R.C.S.E.,
SURGEON TO THE CONVICTS, TRINIDAD.

THE following very remarkable case I had the good fortune to witness in one of my State hospitals. There are some facts which may prove interesting to the profession. It has been stated that the yaws is a disease which is highly contagious; but during the whole time the patient was under medical treatment none of the other patients were troubled with the disease, although we had many open ulcers.

The patient is an East Indian, a lad of fourteen years; and was admitted on the 11th October, 1870. When he came into hospital he complained of fever, headache, pains in the back and loins, and general malaise. Assuming it was a case of ordinary malarious fever, I ordered him a diaphoretic mixture and a warm bath; but on my next visit, I was astonished to see a number of raised pustules resembling those of small-pox. They came out in different parts of the body, more especially on the elbows and knees; and, like the rash of typhoid fever, not at one time, but successively. They were at first about the size of a pea; then they grew larger; and from the top of them exuded a thick grumous fluid. In two or three days afterwards a fungoid excrescence came out, resembling that of a mulberry. I put the patient under a course of iron, in the form of the arseniate, in quarter-grain doses, increasing to half a grain; dressed the ulcers with carbolic oil (which, I must say, is so useful in this country, thanks to Prof. Lister's antiseptic method); and, after the ulcers cicatrised, gave him ten grains of iodide of potash. He was discharged, perfectly recovered, on the 26th January.

I think the yaws is no more than a form of secondary syphilis, and is not a distinct disease.

Queen's Park, Trinidad, 1871.