

cises, especially on horseback; a meat diet, with a little of Bass's ale, perhaps, but otherwise without stimulus; the system of sponging with the sea water, or salt and water, or vinegar and water; light clothing, with flannel next the skin, &c.; the plan recommended by the late Dr. Stewart, &c., constitute the additional remedies to be adopted in the treatment of phthisis.

The rest of the remedies to be adopted in phthisis will be noticed in other papers on the treatment of tubercle in general, and chronic affections of the chest in particular.—*London Lancet*.

## DISEASED OVARIA.

By A. W. Kennedy, M.D., Old Town, Me.

[Communicated for the Boston Medical and Surgical Journal.]

IN March, 1843, I was requested by a physician of this village to visit a dropsical patient, Mrs. Howes, residing in Milford, an adjoining town. As he proposed tapping her, I accompanied him, and found a young lady who had been married one year, with a prominent, full abdomen, resembling one near her confinement. Upon examination, found the abdomen externally presented the appearance of pregnancy. There were slight elevations and depressions quite over the abdominal surface, giving the appearance as though the foetal form could be somewhat felt. The patient, her nurse, and her husband, thought she was pregnant. Upon inquiry, it was found that this enlargement commenced in June, nine months before this time, and she thought she had at times distinctly felt the motions of the child up to the sixth month, since which she had not discovered any. Learning these facts, and not finding the abdomen round, full, and of equal distension, as in ascites, I objected to the operation, and advised her physician to delay it for awhile. He was anxious to perform the operation then, and being older than myself, and the patient and the responsibility his, I yielded, and allowed him to proceed. He made a small external incision with the scalpel, and then attempted to introduce the trochar; but suddenly gave it up, and said he would defer the operation. The patient and her friends became dissatisfied with the course of the physician, and employed another. I heard occasionally from her that she continued about the same as when I saw her in March. The summer following she was able to attend to her domestic duties, felt some pain and uneasiness in the abdomen, more on the left side than the other. Troubled with ischuria, fulness of the abdomen gradually increasing.

March 10th, 1844, I was requested to visit her, and found her laboring under active pneumonia, of which she was relieved in a few days. Her health and strength began then to decline rapidly, succeeded by much abdominal irritation and pain, attended with great prostration and delirium, till the 25th of March, when she died. The consent of her friends was obtained to a *post-mortem* examination; and an incision was made from

the umbilicus to the symphysis pubis, upon the linea alba, through the skin and cellular substance, which was removed on one side, and then the obliquus externus and internus, with the transversalis muscles down to the sheath of the rectus, as there were appearances of some fluid in the sheath of that muscle. None was, however, found. As the abdomen was tense and full, the peritoneum was punctured, but no fluid escaping, the handle of the scalpel was inserted and passed freely round over the tumor. Divided the linea alba to the extent of the first incision, when the whole tumor was exposed. A line was passed round its greatest circumference, which was 27 inches, and its smallest 23. Removed with it the uterus, vagina, bladder, and other appendages, and found, as I had previously supposed, that the left ovarium had increased to this enormous size. The uterus and vagina appeared healthy. The right ovarium was some diseased, and the fimbriæ inflamed, with marks of inflammation in many places of the alimentary canal. The catamenia had continued regularly up to within six weeks of her death. A deep incision was made in the tumor, and a discharge like old rancid oil escaped, in quantity four or five ounces. There were probably one hundred cysts, from the size of a pea to two inches in diameter—some containing as above, others albumen, others a hard jelly, others a soft white paste-like mass, and in these there was generally hair, either attached to the inside or outside, some of it ten inches long. Other sacs were filled with purulent matter, and between these sacs there were hard cartilaginous tumors, also small pieces of bone connected by cartilage, without any regularity or order. The amount of bony matter was trifling, not more than three ounces. There was no foetal form, and from the appearances of the bony matter and its connection, there probably never had been. The tumor was not weighed, but it was presumed its weight was about ten lbs., one half of which was fluid, the other mostly cartilage, and this was in the centre of the tumor and enclosed the bony matter.

During the examination, the inquiry was made whether this could not have been removed before death with safety to the patient. I replied, it might have been done, if we had known as much about it as we do now; but I should not have been willing to guarantee the patient's life. To have removed this diseased ovarium before death, the cutting would not have been extensive, aside from the external incision or division of the linea alba. The ovarium from its size had risen high up in the abdomen, and the cutting would have been only the natural connection between it and the uterus; and this had become extended so that it was longer and a little thicker than natural, about one inch in width and two lines in thickness. The peritoneal adhesion extended about two inches beyond this, which would have required division.

Since making the above report, I have had put into my hands the report of an operation by Dr. Atlee, of Lancaster, Pa., where both of the ovaria were removed, and the patient did well. I have since thought, should I ever have another patient in circumstances similar to the one above described, I should be much more particular in the examination, and endeavor to satisfy myself with the nature and location of the disease.

If an operation had been performed on this patient some months before her death, when her health was good, there might, as it seems to me now, upon a review of the case, have been afforded her a fair chance, and certainly the only chance, of recovery.

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**THE GROWTH OF THE BEARD HISTORICALLY CONSIDERED.**

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The beard having been medically considered in your Journal, I send you a historical view of the subject from the work to which I alluded in my article published April 10th. It is not historically considered in reference to medicine, but in reference to the changes it has undergone from the fashions and the customs of the past. But even in this point of view, as correlative to other points of a medical bearing, the remarks may not be deemed inappropriate upon the page of medical history. Though the beard and its functions can be properly judged only upon physiological and pathological grounds, yet its extraneous history, in reference to the habits of the ages through which it has passed, may be read as not altogether inapt in the annals of medical lore.

The growth of the beard, medically considered, presents a breast-work of protection for the lungs and throat; and useful for the healthy performance of the functions of these parts. It is nature's own respirator; and none made by art can meet the indication so well. Pains of the teeth, and other neuralgic ailments, are greatly prevented by the growth of the beard; and, by high authority, relapses in fever have been ascribed to the shaving of this appendage—to say nothing of its other relationships to health and disease.

Historically considered, “the practice of shaving,” says my authority, “probably originated at first from its being found that the beard afforded too good a hold to an enemy in battle. This is the cause assigned for the origin of shaving among the Greeks, about the time of Alexander; and in most countries we find the practice is first adopted by military men, and that men of pacific and learned pursuits retain their beards much later. The Greeks continued to shave till the time of Justinian, in whose reign long beards became again fashionable, and remained in use till Constantinople was taken by the Turks. The Romans appear to have derived the custom of shaving from the inhabitants of Sicily, who were of Greek origin; for we find that a number of barbers were sent from thence to Rome in the year 296 B. C. At the expiration of the Republic, beards had become very rare. Even in Greece the beard was always worn (except among the Macedonians) until the time of Alexander, and in Rome until the year 300 B. C. In both nations the philosophers and priests retained their beard after it had been relinquished by the body of the people. But among that singular people, the Egyptians, it was the priests that shaved, and they shaved not only the face, but the head and the whole body. But they let their beards and hair grow in time of mourning; and so did the Romans when they became a shaven