follow, that, on any muscular exertion, the heart must have been overloaded; the difficulty of the circulation greatly increased; and the blood detained in all the ramifications of the sanguineous system. In this manner Dr. Pulteney accounts, in a satisfactory manner, for the symptoms under which the patient laboured, such as the sense of oppression upon motion; the faintness and difficulty of breathing; and the more or less constantly-deepened tinge of the skin, particularly that of the face and hands.

VIII. *Case of a remarkably large Tumour found in the Cavity of the Abdomen. By Joshua Fisher, F. A. A. and M. S. — From the Memoirs of the American Academy of Arts and Sciences, Vol. I. 4to. Boston, 1785.*

THE subject of the following memoir was a woman, of strong habit, rather spare than gross, and of an active disposition. She lived in a married state from early life, but never had a child; was not peculiarly subject to any disorder, except some florid cutaneous eruptions, till at about the usual time of life
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the catamenia ceased. Soon after that period she became sensible of an unusual fulness in the abdomen, which continued almost imperceptibly increasing, without any disagreeable symptoms, till she was near sixty years old, about two years before her death. She then complained of a pain in the left hypochondriac region, which became sensibly tumefied; the pain and distension from thence increased, and spread over the whole abdomen.

I first saw her between four and five months before her death; I found the abdomen very large and tense, especially on the left side, which was the most painful: the vessels of her head and arms were full and turgid, while an inanition had taken place in the lower extremities, with a variety of symptoms arising from an unequal distribution of the circulating fluids and nervous influence. But the immediate cause of her principal complaints was an inflammation, which appeared to be seated before the rectum; although scarcely any part of the abdomen was exempt from attacks of the most excruciating pain at intervals, yet the lower and posterior parts were principally affected; and while a suppuration was forming, (which had probably taken place several times before

before I saw her) the pain darted a little backward and downward, and terminated in the rectum, from which a quantity of bloody pus was, at length, discharged. Her bowels were generally constipated, and when the symptoms were the most severe, the discharge of urine was small, and attended with pain.

The principal medicines that I made use of were, the saline draught, and *Ol. Ricin.* with anodynes occasionally. In the space of a few weeks the symptoms of inflammation disappeared, the secretions and excretions became free, and, by the use of the bark and gentle exercise, she recovered a considerable degree of strength, the symptoms arising merely from distention and compression being very tolerable. This truce lasted about two months: a sudden suppression of perspiration was followed by a return of her complaints with redoubled violence, and some paralytic symptoms. On the twelfth day of her relapse she discharged a considerable quantity of purulent matter, intermixed with some blood and fæces, but without any relief, and she died on the fourteenth. In her last struggles, which were very violent, she discharged (probably *per vaginam*) a quantity of darkish water, resembling high-coloured urine,

amounting, by estimation, to at least two gallons. This discharge considerably reduced the bulk of the abdomen, especially of the left side.

The day after her death I went about noon, with the Rev. Mr. Cutler, of Ipswich, and Dr. Spafford, of Beverly, to open the body. We expected that it would not be buried till the day following; but, to our great disappointment, found it was to be interred the same afternoon: at length, however, we were allowed an hour to examine it.

On opening the abdomen, which now appeared about as large as in the last month of pregnancy, a preternatural substance presented itself, situate a little more to the right side than to the left, and occupying nearly the whole cavity. After separating it from the contiguous parts, to all of which it firmly adhered, its general figure appeared to be that of a cone or pear; the lower part (supposing the body erect) being within the pelvis, was very nearly conical; the upper part was divided by two grooves, running in a right line from its basis, towards the apex, the one on its anterior, the other on its posterior side, dividing it into two lateral portions, and giving it the appearance of its having been formed by two globular
bodies

bodies compressed together. The posterior groove corresponded to the projection of the spine, to which it adhered ; the anterior groove was wider, and the protuberances on each side somewhat larger. The basis lay above the kidneys, and the apex nearly low enough to form a tumour *in perinaeo*. By cutting into it, it appeared to be an uniform schirrus, of a cineritious colour, with vessels, or rather perforations, interspersed, for conveying the circulating fluids. From its situation, connexions, and figure, it appeared to have originated in both the ovaria ; the two schirrosities in process of time having united, and, meeting with the least resistance from below, extended into the pelvis till the cavity was completely filled. It weighed upwards of ten pounds and a quarter, avoirdupois weight. We made some observations on the neighbouring viscera ; but, for want of time, they were unavoidably very imperfect.

The vesica urinaria was moderately distended with urine, forming a tumour over the ossa pubis, the neck being compressed between the pubis and the schirrus. Its whole anterior surface was firmly attached to the peritoneum, and the posterior to the schirrus, except a small portion in the middle of it, which adhered to

the uterus, where that viscus intervened. The ureters, for the space of two or three inches, seemed to lie loose, and contained a small quantity of urine; their coats being thin and considerably distended. They then entered upon the schirrus, one on each side, involved in a membrane hereafter mentioned, running obliquely forward and downward till they entered the bladder. After they were connected to the schirrus, their appearance was the reverse of the former: to enable them to take the circuit, they had been greatly extended, and their diameters were exceedingly small. The uterus was extended in a right line upon the schirrus from its basis (to which the fundus uteri adhered) through the anterior groove, almost to its apex, continuing about an inch and a quarter wide, and firmly attached through its whole length. Its coats appeared in a natural state, except that they were thinner by reason of their extension.

The appearance of the tubæ fallopianæ was so unnatural, that they were scarcely distinguishable. We found a membranous covering closely embracing the basis, the anterior, and lateral sides of the schirrus, extending downward nearly to the pelvis; and by its upper
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and lateral edges adhering to the schirrus, it seemed to arise from the uterus, which was situated in the middle of it, and its external membrane was a continuation of the external membrane of the uterus. Through this expansion on the basis of the schirrus were several smooth, but irregular, apertures, of about two inches circumference, through which the basis of the schirrus appeared; it was here about a quarter of an inch thick, its fibres fleshy and variously convolved; the lower part of it was much thinner, and purely membranous. That part of this tegument which was spread upon and near the basis appeared to be formed by a distention of the fallopian tubes included in the peritoneum, or common membrane of the abdomen, and the remainder of it by an expansion of those duplicatures of the same membrane, usually termed *ligamenta lata*.

On the posterior side the schirrus was attached to the aorta, vena cava, &c.; to the rectum, which was protruded to the right side of the spine, it adhered for the space of seven or eight inches: near the basis the adhesion was strong; but a little lower the connecting membrane contained a quantity of grumous blood,
 appeared

appeared putrid, and in some places was destroyed.

We wished to have ascertained the source of the water which the patient discharged at the time of her death : by the appearance of the viscera there had been none diffused in the cavity of the abdomen ; and, from the circumstances above mentioned, it must have been contained in the left hypochondrium. In removing the schirrus we found a membrane (a sac to appearance) adhering to it, which we cut through, and supposed to be an empty hydroptic cyst ; but the schirrus at that instant engrossed our attention, and people soon collecting to attend the funeral, all farther examination was prevented.

We observed nothing extraordinary in any of the other viscera : the omentum, as is usual in tabid cases, was nearly wasted, and a number of the mesenteric glands were enlarged and indurated.

IX. *A remarkable Case of a Gun-shot Wound.*
Communicated in a Letter from Barnabas Bin-
ney, Hospital Physician, and Surgeon in the
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