

The invaginated mass projected from the mesenteric side of the gut immediately below the tight stricture. It consisted of mesentery with a covering of mucous membrane. It was about three inches in length, and lay coiled up in the comparatively dilated part of the bowel below the tight stricture. It was covered by a continuous layer of mucous membrane derived from the ileum, and a probe was easily passed from the peritoneal cavity into its extremity. Towards the extremity of the mass there were several openings, which, on being traced, laid open, and microscopically examined, were found to be portions of bowel, probably remnants of old invagination. On carefully examining this mass it appeared impossible to account for it, excepting on the following hypothesis:—That it was a remnant of the old invagination, which, being the nearest to the mesentery, had not sloughed off along with the other piece of bowel. That the originally invaginated part had been separated from the rest of the bowel except the mesenteric side. That at that part this portion of gut became adherent, so as to form a continuous covering to the invagination. That at the extremity of the mass several small portions of the originally invaginated bowel remained, forming the complete tubes, at once lined and covered with mucous membrane, already described.

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ARTICLE III.—*Case of Ovarian Cystic Tumour.* By JOHN MILLAR, M.D., F.R.C.S.E.

(Read before the Obstetrical Society, 11th March 1868.)

MRS S., a widow, æt. 48, and the mother of seven children, who had up to the month of August 1866 enjoyed good health, at that time came under my notice at the Carrubber's Close Dispensary, complaining of obscure symptoms of weight and oppression in the pelvic region, with an evident loss of flesh and general strength. At first tonics were freely used, with gentle laxatives to overcome the habitual constipation; but under the use of such remedies she made little progress—in fact, the former pelvic symptoms increased, together with a considerable difficulty in making water. On examination, per vaginam and rectum, a small defined tuberoso tumour was felt in the vicinity of the left ovary. This speedily enlarged, so that in the month of November it had reached the abdomen, with a manifest remission in the bearing-down symptoms, with this difference also that there was considerable difficulty in retaining water for any length of time, compared with the pain she at first experienced in making it; but the constipation still required the use of opening medicines. On examining the abdomen at this stage by means of percussion, the tumour was discovered in the left iliac fossa, of a tuberoso character, but at this time no fluctuation could be distinguished. The patient's general health began now to improve some-

what, under the use of tonics and the iodide of potassium—which latter remedy, for the time being, retarded the growth of the tumour. The patient was enjoined to keep in the recumbent position, and to avoid all exercise and exposure to cold; but disregarding these instructions, she in the beginning of January 1867 suffered a relapse, in consequence of inattention to these orders. She now complained of a deep-seated pain in the left iliac fossa, together with general feverishness and irritability—the pulse rose to 110, with furred tongue and hot dry skin; but these symptoms early succumbed to the usual remedies, leaving her, however, exceedingly weak and prostrate. A change, however, came over the condition of the tumour. During the month of December, in consequence of keeping the recumbent position, it had caused her very little uneasiness, the most prominent symptom being the difficulty of retaining water; but on the accession of these febrile symptoms, the tumour increased considerably in size, and could be distinctly felt in the left inguinal and part of the left lumbar regions. Percussion and palpation now distinctly indicated its fluid nature, and enabled us to distinguish a division of the tumour into two parts,—an upper smaller, and a lower larger part. The difficulty of making water again returned, so that Mr Emerson, my assistant in the case, to whom I am indebted for some valuable notes, had occasion frequently to pass the catheter in order to relieve the patient. Diuretics were freely given as well as gentle laxatives, but, notwithstanding, the tumour rapidly increased in size, so that by the end of January 1867 it occupied part of the hypogastric and umbilical regions, extending as far also as the epigastric. The patient now complained extremely of distressing dyspnoea; her rest at night was completely broken; having no appetite, it was with difficulty she could be persuaded to take nourishment, so that it was evident that some measures would be required to relieve the patient before her strength completely gave way.

Before arrangements had been made for a consultation with any one, I was sent for on the night of the 1st of February, and finding that her pulse was becoming weak and fluttering, I determined at once to tap the patient, as the speediest means of affording relief. Accordingly, I introduced the trocar into the lower and larger part of the tumour, midway between the umbilicus and pubes, a little to the left of the mesial line, and removed about 80 oz. of a dark-coloured serous fluid. Immediately after the operation, the relief the patient experienced was very considerable, at once relieving the dyspnoea and oppression, which in her weak state were of a serious character. The outline of the tumour also experienced a considerable change, as no longer the two divisions could be defined, the lower vesicle of the cyst having evidently collapsed (if I may use the term) after the removal of the serous fluid, but the upper could still be distinguished lying in the left iliac fossa.

About two days after the operation, however, the patient com-

plained of severe pain in the region of the tumour of a very acute character, precluding the possibility of rest and sleep. She was therefore ordered a grain of opium every six hours, which so far removed the severe pain as to allow her to obtain snatches of quiet and rest. The pain, however, did not disappear; and as the patient complained of considerable sickness, accompanied with vomiting, a consultation with Sir James Simpson was agreed on. He saw the patient first on the 6th of February 1867, and after a careful examination of the abdomen and the state of the patient, Sir James Simpson recommended the trial of the bromide of potassium in small doses, 5 grs. three times a day, with ice for the severe sickness and vomiting. Hot poultices, sprinkled with turpentine, were constantly applied to the left side, which was the seat of pain. Under the use of the bromide of potassium, the pain gradually diminished, but with the absence of pain there seemed to be a tendency to a return in size of the tumour, as some fulness was evident on examination in the left side.

Anticipating a return of the serous fluid, Sir James Simpson, the next time he saw the patient, on the 20th of February, recommended the dose of the bromide of potassium to be doubled, which it accordingly was to 10 grs. three times a day, with very beneficial results, as the tumour within a few weeks became palpably diminished in bulk. During this period the patient perspired very copiously, and passed a large quantity of very dark-coloured urine. This improvement gradually went on during February and March, until in the beginning of April, when she was prostrated by an acute attack of gastritis, brought on by indulging in a glass of porter—a beverage so long forbidden, that she could not resist the temptation with her returning strength to partake of it. Under the use of appropriate remedies the attack subsided, but became prolonged into a chronic condition, due to her constitutional weakness, during which time she had to be supported principally by nourishing enemata. As the use of the bromide of potassium was during this attack of gastritis suspended, the tumour, which had been reduced to a very small compass, gradually resumed its former size and bulk, so that in the latter end of May she presented very similar symptoms to those she experienced in January—so much so that I was under the impression that it would be again necessary to tap her. However, I again consulted Sir James Simpson, who recommended the renewal of the bromide of potassium in larger doses than before, so that she now received 15 grs. three times a day with marked benefit; and not only so, she had less repugnance to the medicine than formerly, as she insisted that the nausea, of which she had reason to complain so much, was due to this medicine, and was therefore very unwilling to renew it; but with a larger dose she experienced none of the former sickening effects. I may here mention, that a similar thing happened in another of my patients, who for nervous debility was ordered the bromide of potassium,

and who under small doses took a great repugnance to the medicine ; but on its being renewed in larger doses, she experienced none of the sickness and nausea with which she was previously troubled.

Under the continuous use of the bromide of potassium the tumour gradually diminished in size ; and, wishing to mark the progress of the diminution, the patient was desired to measure the width of the abdomen on a level with the umbilicus, when, within three weeks, from the last week of May to the third week of June, the decrease was from 48 inches to 33 inches. At the same time her general health greatly improved, the extreme tenderness of the abdomen which followed the acute pain she suffered in the beginning of the year also entirely disappeared ; so much so that she was able to sit up in bed, and bear the pressure of her stays. The difficulty in making as well as retaining her water entirely disappeared ; and it was only on examination, per rectum, that a small excrescence on the left ovary could be felt—the shrivelled remains of the ovarian cysts. In the beginning of July, the patient was able to leave her couch, and by the end of that month she was sufficiently strong to go out and undergo without fatigue a moderate amount of exercise.

Within a short time afterwards she returned to her usual occupation and domestic duties, and since then has, with the exception of one or two attacks of bronchitis, enjoyed pretty good health. At present her health is not very robust, yet she is able to go about her usual avocations ; and, with the exception of now and then feeling a sense of weakness in the left side, no traces remain of her former complaint.

Now this case, of which a brief abstract has just been given, is interesting both from its intrinsic character as a pathognomonic case of ovarian cystic disease, as well as showing the therapeutic influence of the bromide of potassium in absorbing and removing by its deobstruent character the fluid contents of an ovarian cyst. The time was when many eminent men in our profession held that no absorption could take place in the interior of an ovarian cyst ; but, among the many powerful actions of the bromide of potassium, this case evidently proves that it has a beneficial action on cystic disease of the ovaries in arresting as well as dissipating the fluid contents of an ovarian cyst. It ought here to be mentioned, that the patient has never ceased taking the bromide of potassium in 10-grain doses, feeling that she would rather dispense with her ordinary meals than give up the medicine. That the operation of paracentesis seldom effects of itself anything more than a temporary relief, is now very generally held, and that at best its influence for good is merely of a temporary nature. The more extended use of the bromide of potassium in such cases will have a decided influence in reducing the necessity for the operation of paracentesis, as well as of the major operation of extirpation, provided that in the outset the remedy be cautiously and persistently used.