

The practical result from the above facts will be, that we shall be led *rationaly* to the use of belladonna and its congeners in all affections of the pneumogastric nerve. Laryngismus stridulus must therefore be added to the above-mentioned morbid conditions. I have lately used belladonna (in combination with nitric acid) in every case of common cough which has come under my notice, and with far more marked success than I have obtained from any other remedy. I trust that a more extended trial may add fresh support to the view here advocated.

#### OVARIOTOMY: SUCCESSFUL.

By PHILIP H. HARPER, F.R.C.S. (Exam.), Assistant-Surgeon to the London Home for Surgical Diseases of Women.

As the question of the advisability of ovariectomy is receiving a large amount of attention at the present time, it is important that every case should be recorded. I desire, therefore, to place the following case very briefly before the profession.

Miss T., aged 32, many years ago suffered from great uneasiness about the pelvis, when it was diagnosed that she had incipient ovarian dropsy. Under the treatment adopted, the disease remained in abeyance; and her health continued pretty good until a year ago, when the abdomen began very perceptibly to enlarge in the lower part. This swelling gradually increased, and produced so much inconvenience, that, about July 1859, she was tapped, and twenty-six pints of albuminous fluid were withdrawn. She soon re-filled, and fourteen pints were again removed. In four weeks more, she had again re-filled, and it was determined to try the injection of iodine. She was therefore tapped, and fourteen pints of fluid were withdrawn. The cyst was then injected with twelve ounces of tincture of iodine of the Edinburgh *Pharmacopœia*. The effects of the injection soon passed away, but in a week afterwards she began to fill again. By this time she had wasted very much, and her general health was much failing. Every few days she had severe attacks of pain in the abdomen, with all the usual symptoms of peritonitis.

As several cysts could now be distinctly felt, it was evident that nothing, except extirpation, could be of any avail. Its dangers were fairly placed before her, and, after due consideration, she elected to have the operation performed. She took ten grains of inspissated ox-gall every night for a week; and on October 30th, 1859, I proceeded to operate, assisted by Dr. Millington of Wolverhampton (who kindly gave chloroform), Mr. Bull of Birmingham, Mr. Henry Best of Bilston, Mr. Frederick Best, and Mr. Jackson. I made an incision about six inches in length from the umbilicus to the pubis, and gradually cut down to, and exposed the cyst. The adhesions, especially to the omentum, were very firm, and some of them contained very large vessels. They were cautiously torn through, and the various cysts emptied as they successively presented themselves with Hutchinson's large trocar. The mass was then withdrawn, though with great difficulty, as the adhesions in the pelvis required a good deal of force to separate them. The pedicle (which was very short and thick) was secured by the clamp. Several vessels in the adhesions bled so freely as to require ligature; and one portion of omental adhesion bled so much from numerous orifices, that I was obliged to tie it with a whipcord ligature, in a large mass. I then closed the wound with iron wire sutures, having brought the pedicle to the lower extremity of the incision. The mass of omentum included in the whipcord I secured at the upper extremity of the incision. The other ligatures were brought out at either end, according to their situations. The wound thus closed was covered with lint; and a flannel bandage being put on, she was removed to bed. So soon as she had recovered from the chloroform, she had four grains of opium, which was repeated in three hours. The diet was to be milk and water, with dry toast, and ice to suck.

A good deal of sickness came on the next day, which continued for some days, but was ultimately stayed by creosote and hydrocyanic acid. There was a good deal of discharge from the lower end of the incision, where the pedicle was fastened, continuing for some time; but she gradually recovered, and Mr. Henry Best (whose great skill and unwearied attention during the after treatment were so conducive to the successful issue) sent me word in April 1860 that she was quite well.

An examination of the removed mass showed it to be one of the worst forms of multilocular disease; and, in various parts of the mass, there were collections of pus, varying in size from one to four ounces.

## Transactions of Branches.

### BATH AND BRISTOL BRANCH.

#### ABSCESS OF THE OVARIES.

By W. MICHELL CLARKE, Esq., Surgeon to the Bristol General Hospital.

[Read April 26th, 1860.]

In the cases of abscess of the ovary that I propose to bring before your notice this evening, the disease appeared to commence as inflammation, either simple, or modified by the deposit of tubercle. The records of this disease are meagre; and of the few cases mentioned, some are of a doubtful character, and intermixed and confounded with other diseases.

One of the most important morbid conditions of the uterine appendages is that which has been described under the several names of pelvic cellulitis, pelvic abscess, and inflammation of the broad ligaments of the uterus, and it has for the most part been treated of in connection with the puerperal state; but by most writers who have considered this subject, it has been mentioned that a similar disease may occur in the non-puerperal condition, and here it is that the disease possesses the greatest interest in connection with my own cases. Under such circumstances, the disease is of considerable rarity, sometimes probably depending upon similar causes to those which produce it in the puerperal state; but, at others, as I believe, depending upon suppuration of the ovary. The case that I shall first bring before your notice will be one of this kind.

When pelvic cellulitis occurs in connection with child-bearing, it does not seem that the ovaries are liable to be much affected; they have been found amidst inflamed and suppurating tissues, quite healthy. The cases in the non-puerperal condition have been so rare, that their pathology has not been so well made out. Yet, it is certain that some of them precisely resemble the disease as it occurs in the puerperal state, and neither depend upon nor are accompanied by any morbid condition of the ovaries, beyond their peritoneal investment. They are cases in which the disease originates in diffuse inflammation of the cellular tissue about the uterus. But whilst this is the case, there is no doubt one way in which a suppurating inflammation of an ovary may come to resemble very closely the affection which originates and proceeds as inflammation of the cellular tissue of the uterine appendages.

The rapidity with which matter is formed has been considered by Dr. West (*Diseases of Women*, Part II, p. 10) to be incompatible "with the seat of the disease in the substance of an organ furnished, as is the ovary, with a dense fibrous capsule." But I believe that inflammation of the ovary may proceed to suppuration, that the pus may be discharged into the cellular tissue about the uterus, and there may light up a most active inflammation, rapidly proceeding to a wide-spread abscess; and if this be the case, it is possible that some of the cases which have passed as pelvic abscess in non-puerperal women may have commenced as inflammation of an ovary.

What shall be the course that matter formed in the ovary shall take, it seems very difficult to say; for the cases that have been recorded are sufficient to shew that it will vary very greatly indeed: in one case opening through the abdominal wall; in another, into the peritoneum; in a third, into the rectum; in a fourth, into the ileum; in a fifth, into the vagina; and so on.

In another class of cases widely differing from those which I have been considering, inflammation of the ovaries is common, and suppuration not very rare. In a paper on Inflammation and Abscess of the Uterine Appendages, published in the *Dublin Medical Journal* for 1843, Churchill says that, in 190 cases of puerperal fever, Tonnellé found ovarian inflammation in 58, and abscess of the ovary in 4.

Again, inflammation of an ovarian cyst may lead to the formation of a large abscess in connexion with the ovary, and many such have been recorded; and rupture of inflamed ovarian cysts, as described by Simpson, may cause general peritonitis (*Obstetric Memoirs*, vol. i, p. 248); but neither of these cases would present features similar, nor belong to the same class as those which I am about to present to you.

Inflammation of the ovary, characterised by pain in one or