was sent for, and delivered her of a five months' foetus. There was very little hæmorrhage at the time, and no untoward symptoms; and when I saw her in the morning she was going on well.

After this period, everything seemed to be favourable. The tumour in the iliac region for the first fortnight appeared to decrease, the fluctuation became less distinct, and the swelling seemed to get lower towards the pelvis. On the 24th of April, I found that there was again a disposition in the tumour to enlarge, and become more painful; and the fluctuation was also more perceptible. I now painted it with strong tincture of iodine, with the hope of producing absorption, and at the same time administered internally small doses of iodide of potassium. At this juncture, her general health was again improving. She was able to be taken out of bed and to sit up for a few hours. Early in May, Dr. Swayne saw her with me, and as the iodine had produced no effect on the tumour, a small exploratory needle was introduced, to ascertain the nature of the fluid that gave rise to the fluctuation, and the result showed it was genuine pus.

It was now clear that the best course was to afford a vent to the matter externally, and so avoid the chance of its bursting into the peritoneal cavity. In order, therefore, to produce adhesion of the sides of the abscess to the abdominal parietes before puncturing it, I made a small caustic issue over the swelling. The eschar, though deep, did not penetrate the abscess, and was long in separating; but when it came away, I introduced through the wound a small trocar and canula, and removed about eight ounces of healthy looking pus. The relief was very great. The wound continued to discharge for a week, and then closed. She continued much better for a little while, and was able to walk about her room; but the matter again collected, and in four weeks required to be again evacuated, which was done with a trocar and canula as before.

The quantity of pus was less on this occasion. I have twice had occasion to empty the abscess; each time the interval has been longer; and I have great hopes the cyst of the abscess is becoming less, and that it will eventually contract and be obliterated. I am confirmed in this hope by the manifest improvement in her general health; especially during the last month she has gained flesh and strength, and is able to walk about the house, and to relish her food. The abscess was opened last about four days ago. No ligatures have at any time come away with the discharges, which have always consisted of healthy pus.

I could have wished that the termination of this case had been more complete before I introduced it to the notice of the Society; but there are many reasons which determine me not to postpone its consideration to a later period. Since my last operation there have been two others of a similar kind performed in Bristol, the results of which have been unsuccessful; and I have reason to believe that the minds of many are getting disposed to think that all operations for the removal of ovarian cysts are too hazardous to be undertaken. Now, as my own feeling is entirely opposed to such a conclusion, I am glad to afford an opportunity for discussion on this general view of the subject; but, besides this, I wish again to invite attention to the mode of operation I adopt, and still believe to be the best and safest. There is doubtless a certain proportion of these ovarian cases in which it is altogether unsafe to attempt any operation: it is so in most multilocular cysts; in all where there exist extensive adhesions between the cyst and the peritoneum; and in all where there is solid deposition besides the fluid accumulation; and to these may be added those cases in which the fluid evacuated is very viscid, opaque, or deep coloured: but in all cases where the cyst is unilocular, containing only fluid but slightly opalescent and of moderate viscosity, and where there are little or no adhesions, I think that the operation I recommend may be performed with no more risk than attends many other operations which are daily performed without hesitation.

By the small incision I recommend, the condition of the cyst may be ascertained before proceeding to remove it;

and should any of the unfavourable circumstances just enumerated be found to exist, the fluid may be simply evacuated, and the wound closed, without having subjected the patient to greater danger than there would be in an ordinary case of tapping.

With respect to the individual case I have just read, I am quite aware that I might be blamed for having overlooked the fact of the patient's pregnancy. Had I discovered it in time, I certainly should not have operated; but there was nothing to excite my suspicion, and the very nature of the disease tended to obscure those symptoms of pregnancy which are generally relied on. But, admitting I was thus blameable, I think I am justified in saying that the result of the operation furnishes an *argumentum a fortiori* in favour of its safety. It is true that, inasmuch as abscesses have formed, and will probably form again, it is premature to call the case a decidedly successful one; yet it cannot be considered a failure. It is now five months since the operation was performed, and there never has existed at any time any symptom of immediate danger to the patient's life. The abortion or premature birth, which was undoubtedly caused by the operation, was accompanied by no untoward symptom, and by less amount of constitutional disturbance than is usual in miscarriages at five months. I feel myself justified, moreover, in anticipating a permanent cure, as the patient's general health during the last two months has steadily improved, and the interval between the collection of pus has been each time longer.

Lastly, comes the question as to whether the formation of abscesses in this case was dependent on the state of system induced by the pregnancy, or whether it was wholly attributable to the numerous small ligatures and the mode of applying them.

The results of my two former successful cases lead me to believe that the pregnancy, by inducing a hyperæmic condition of the uterine appendages, and by elevating the broad ligament out of its usual position, strongly predisposed the parts to the occurrence of suppurative inflammation, if it did not wholly give rise to it.

In other words, I see every reason to believe that had the patient not been pregnant at the time of the operation, she would have done quite as well as my two former cases, and would have recovered as they did, without any unfavourable circumstances. Reviewing, moreover, all the circumstances of this case, I see no reason for changing my opinion as to the mode of operating I have already recommended; and should a favourable case to-morrow come under my notice, I should consider myself quite justified in again performing it.

October 9th. The case is still going on satisfactorily.

Bristol, October 1855.

LEUCORRHOEA AS A SYMPTOM OF PHTHISIS.

By W. J. ANDERSON, F.R.C.S., Obstetric Surgeon to the St. George's and St. James' Dispensary.

In every instance where leucorrhœa exists, it is but a symptom of some other affection, and no benefit can be derived from the employment of local treatment alone; the cause must be sought out and removed, which is frequently sufficient in itself to stop the discharge. The following cases tend very much to prove this; constitutional treatment was requisite in all, and in the two first nothing more was necessary to relieve this symptom; in the three last, astringent injections were employed on account of the increased debility occasioned by the profuseness of the discharge. A leucorrhœal discharge is by no means an uncommon symptom in connexion with phthisis, and is, very often, the first and main sign to which the attention of the patient is directed, she not having the least suspicion of the existence of phthisis. In the following examples, which are but a few out of very many similar ones which have fallen under my notice, leucorrhœa was the

symptom concerning which they applied for advice. Irregular menstruation is not an unfrequent concomitant; there may be dysmenorrhœa, menorrhagia, amenorrhœa, or chlorosis; but whatever derangement of this function exists in combination with leucorrhœa, we may be quite certain that there is some constitutional cause giving rise to it, and, as before stated, many a case of unsuspected phthisis is in this manner brought to light. There are two classes of patients in whom I generally suspect, and in whom I very frequently find that phthisis exists; the first, where they have been married for several years but have never become pregnant, and have suffered also from some continued irregularity of menstruation, accompanied with a perpetual leucorrhœal discharge; the second, where they have suffered from similar symptoms under similar circumstances, with the exception of becoming pregnant, but never carrying a child the full period, frequent abortions taking place. The question then arises as to the propriety of stopping the discharge in such cases; as a general rule, it is decidedly wrong to do so; for, as we well know, there is always an outgoing from the system in phthisis, expectoration, sweating, or diarrhœa, and these often interchange, and take the place of one another; these drains, if not excessive, are beneficial, and serve the purpose of relieving the impeded circulation, and preventing the occurrence of congestion in the already impaired lungs. This remark holds equally good with regard to leucorrhœa, and no doubt this drain serves the same purpose as the others, and when moderate, should not be interfered with; but if it becomes evident that debility is increased by any drain upon the system, that drain must be cautiously checked or moderated according to circumstances.

CASE I. Mrs. S., aged 28, December 28th, 1853. Has suffered from a severe leucorrhœal discharge since her last confinement, which occurred five weeks ago; the lochial discharge, at the usual time, lost its characteristic colour, and was succeeded by one perfectly clear, and profuse in quantity, which continued in the same state until three days ago, when it became sanious. There is great pain in the back and loins, with much bearing down and frequent sickness. She has had six children at the full period; and her recent labour is reported to have been bad, and attended with considerable hæmorrhage. She is troubled with cough and expectoration, which is brought up with difficulty. There is a vomica in the upper lobe of the left lung, and tubercular deposit in both sides. Tongue pale, lips bloodless, pulse weak and quick. No local treatment was employed in this case, as it evidently depended upon recent parturition taking place in a phthisical patient. Attention to the chest symptoms and general health stopped the discharge, and relieved her for the time being.

CASE II. Mrs. P., aged 31, Jan. 18th, 1854. Leucorrhœa of some years' standing, which has very much increased during the last two months. The discharge is clear and profuse. She has cough, with much purulent expectoration; and there are vomica and tubercles in the upper lobes of both lungs. The catamenia have latterly been scanty and painful. Tongue pale, pulse weak. She has had three children, the youngest of which is two years old. Attention to the phthisical symptoms, without any local treatment, relieved her for the time, and the discharge ceased.

CASE III. Mrs. C., aged 29, Feb. 17th, 1854. Was delivered eleven months ago of her sixth child, and since then has suffered from a profuse leucorrhœal discharge, which is thick, purulent, and accompanied with much bearing down and pain in the back and groins. She suffers very much from dyspeptic symptoms, and is at present troubled with cough and difficult expectoration; and there are tubercular deposits in the upper lobes of both lungs. Catamenia irregular, sometimes occurring every two months, sometimes every six weeks. In this case, the discharge was evidently increasing her debility; and therefore mild astringent injections were used, in addition to treating the chest symptoms. Under this plan, the discharge ceased, and she was relieved.

CASE IV. Mary B., aged 16, single, March 24th, 1854.

Suffering from phthisis, in conjunction with profuse leucorrhœa, which has existed, on and off, ever since she was eleven. The discharge is clear, watery, and copious; and there is much bearing down and great pain in the back and loins. Catamenia irregular, sometimes occurring once a fortnight, at others every three weeks. Astringent injections were employed in this case, as the debility was greatly increased by the profuseness of the discharge; this was moderated, and eventually stopped; and attention to her general health relieved her other symptoms.

CASE V. Martha E., aged 24, single, June 21st, 1854. Leucorrhœa of some standing, worse for the last three weeks; discharge copious, sometimes coloured, at others clear, and attended with much pain in the back; catamenia regular. She has cough, with purulent expectoration, which has existed, on and off, for some years. There is a vomica of some size, and tubercular deposit, in the upper lobe of right lung. Astringent injections were necessary here, for the same purpose as in the last cases; and these, together with general treatment, relieved her symptoms.

16 Welbeck Street, Cavendish Square.

Association Medical Journal.

FRIDAY, OCTOBER 26TH, 1855.

THE ASSOCIATION JOURNAL AND ITS COTEMPORARIES.

As our contemporaries of the press have been profuse of advice to the members of the Association of late, with respect to the JOURNAL, it may be as well for us to remind them what its real functions are—a piece of knowledge they seem studiously to ignore. They imagine that, because we do not run the same race with themselves, we must necessarily be left behind—a most erroneous conclusion, as we shall presently show. Once for all, then, let us state that it is not the chief aim and end of this Journal to reflect metropolitan medical life. If we did so, we should cease to be the organ of an Association nine-tenths of whose members reside in the provinces, and should fall into the ruck of London journals dedicated to our profession. The office of this paper is dual; it has scientific as well as social duties to perform towards the Association. Fed with contributions from upwards of two thousand members scattered throughout these islands, having its eye as it were in every hospital of note in the United Kingdom, it possesses facilities for collecting the medical experience of our great provincial cities, and manufacturing and agricultural districts, such as no other journal can boast. The special diseases incidental to peculiar classes of our labouring population fall, as a matter of course, under the observation of our widely disseminated contributors. The class of injuries to which the mining population is particularly liable, the maladies of the workers in our staple manufactures, the infirmities peculiar to rural districts, all come under the notice of members of our Association, and are supplied to us more plentifully than to our contemporaries. We are the camera, in fact, in which is seen reflected local as well as general disease; and collecting as we do from the length and breadth of the land, it cannot be doubted that we have the means of enriching our pages with a greater variety of cases than any other journal.