REMARKS. The diagnosis between malignant and innocent tumours appears to grow in obscurity as new facts and researches accumulate. The microscopical characters which were once relied upon are now occupying less and less prominence in the diagnosis. The tendency to recur, which was once looked on as a sure sign of the cancerous nature, is now known to be a property of many tumours which possess no other character of malignancy; while, on the other hand, some diseases which, both to the eye and microscope, present all the features of innocent tumours, have been found to pursue the course of malignant disease. The test, however, of contamination of the blood and reproduction in the viscera is still accepted as pathognomonic of cancer; and, accordingly, the above tumour of the dura mater, as it appeared to have led to the deposit of cancerous matter in the lungs, was itself held to be cancerous. Otherwise, the symptoms were rather against such a hypothesis: the long duration of the symptoms; the method of its fatality, viz., by producing meningeal apoplexy, instead of by affecting the neighbouring parts; the little affection of the skull in so long a period; and finally, the great proportion of fibrous tissue, and absence of "cancer-cells" in its tissue. As to the fact that the fibrous membrane remained entire between two layers of the diseased mass, this fact cannot be relied upon as arguing the innocence of the disease, since at this Hospital, a short time ago, a similar phenomenon was noticed in a tumour of the dura mater, undoubtedly malignant, but where the head symptoms had only lasted about three months. Here the dura mater remained unaffected between the two masses of cancer, and so slightly connected with them that they could be scraped off easily, leaving the fibrous tissue entire beneath.

Original Communications.

RUPTURE OF AN ENORMOUS OVARIAN CYST INTO THE PERITONEAL CAVITY: PERMANENT CURE.

By CHARLES FARRAR, M.D., Chatteris.

STATISTICS of ovarian tumours show that the rupture of the sac, and escape of its contents into the peritoneal cavity, is not of infrequent occurrence, although very fatal in its consequences, and, even where not fatal, seldom preventing the accumulation of the fluid.

The patient whose history I here record had been under my care for the last few years, suffering from an enormous unilocular ovarian cyst. I regret that I failed to take the measurement of her abdomen; but the tumour had existed such a lengthened period, and had acquired such magnitude, that all interference with it was deemed useless, and even dangerous; and she was visited more from form than for any other reason. In the sitting posture, the abdomen extended some distance beyond the knees; and her appearance was so extraordinary that she had not been into the streets for some eight years.

CASE. Mary B., aged 36, a tall spare woman, apparently pretty healthy, about eleven years since, being at the time five months pregnant, fell over a trough on the left side; and from the injury, was confined to her bed for some weeks. After her delivery, it was found that the abdomen had scarcely diminished in size; and a large fluctuating tumour was detected in the left side. For several years the tumour steadily increased, until it completely distended the abdominal cavity, and acquired the magnitude which it had at the time of the occurrence of the accident.

About eighteen months since, she stumbled and fell upon the abdomen on a brick floor. She became collapsed, and had violent rigors; and, in a few hours, inflammatory fever set in, accompanied with acute abdominal pain. She lost flesh rapidly, was unable to lie down, and in a few days enormous anasarca of the legs and body up to the waist came on. The urine was nearly totally suppressed, and so severe were the symptoms that no hopes were entertained of her life. In about a fortnight she began to improve, and passed daily a large quantity of turbid urine. At the same time, the anasarca rapidly disappeared. One month from the date of the injury, the tumour had nearly disappeared.

I examined her fourteen months after the fall. She expresses herself with unbounded delight, as being perfectly

well, and able to walk any distance, which she had not done for some years. On examining the abdomen, there are merely the hardened pedicle and sac of the former tumour to be felt; and these appear to be rapidly diminishing in size. Of course there is a large quantity of pendulous skin upon the abdomen, which time alone will reduce to its proper form and size.

Her general health has improved very much. She has gained flesh, and has lost the wan appearance that she previously presented.

REMARKS. I think the chief points of interest in this case are, the magnitude the cyst had attained, the length of time it had existed, and the rapidity with which it wasted away. In similar cases that I have consulted, the cysts had been of a much smaller growth, of shorter duration, and had generally ruptured spontaneously. Spontaneous rupture I believe to be a much commoner occurrence than rupture from external violence. It still remains doubtful, whether disease, malignant or otherwise, may not again attack the same parts. I shall feel more interested if nothing of the kind occurs. In conclusion, if any of the members of the Association have met with similar cases, I should be very glad to hear of the results.

Transactions of Branches.

SOUTH-EASTERN BRANCH: ROCHESTER, MAIDSTONE, GRAVESEND, AND DARTFORD DISTRICT MEETINGS.

RENAL DISEASE: ABSENCE OF DROPSY.

By J. J. D. BURNS, M.D., Medical Officer to the Convict Prison, Chatham.

[Read September 24th.]

HAVING been applied to by our Honorary Secretary to introduce a case for discussion, I thought I could not do better than select one that engaged my attention on the receipt of his note. It is very hastily and roughly compiled, for which I must beg the indulgence of the meeting. It will be found one of those anomalous cases that occur now and then in the practice of our profession, where the utmost discrimination and skill of the physician must be displayed to discover the defect that has occurred to disturb the balance of the system, aided by the evidence of collateral circumstances, when statements respecting these can be relied on. In the present instance, the information sought was so contradictory that not the slightest reliance could be placed on it; and my attention was continually drawn to the effects of an injury of the head by one party, while another denounced the patient as an habitual drunkard, and a third described him as a person of temperate habits.

The patient had been under my care at different times for some years. In 1851, he was assaulted by five men, who probably would have murdered him, had he not been rescued. In the scuffle, he received a very severe blow on the back of the head, wounding and bruising the scalp, and followed by symptoms of concussion. There were also several bruises about the body, which were little complained of. The wound of the head threatened dangerous consequences for a time: he, however, slowly but perfectly recovered; and I am not aware that, from that time to the period of the attack of illness about to be detailed, he ever complained of his head, or referred his malady to injuries received on that occasion. He was 55 years of age; and, on the 28th of August last, complained of catarrh, general rheumatic pains about the body, especially in the loins. His bowels were relaxed, from medicine previously given. He was generally of a very irritable temperament, but was then in a more querulous and obstinate mood than usual. He was very particular about his food. His wife stated that his stomach was very weak, and that he had bad digestion; that she had great trouble in satisfying his peculiarities in diet, to keep him amiable. He refused bread, except that procured from one baker; found fault with the cooking of his food, certainly without reason; ate nevertheless tolerably, but persisted in stating that he was sure he would never recover, in which his wife coincided, she assigning as a reason, that he had always complained of his head, and she was sure that the disease was situated there. He, however, had no head symptoms beyond the dulness, which appeared habitual; and made no complaint of either giddiness or pain in that region. He