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~~VACCINATION.~~

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Mrs. S. S., of Trenton, N. J., thirty-three years of age, medium size, rather healthy appearance, eight years married, never pregnant, always regularly menstruated, consulted me on account of abdominal enlargement, in February, 1880. This enlargement, the patient said, began six years before, in the lower part of the belly on the left side, and gradually increased, so that her general health was now seriously affected by interference with functions essentially vital, those of digestion, circulation, and respiration. She told me she had been under local treatment by electricity for a long time, having had over forty sittings. Her pulse was about 120. The belly measured forty-two inches in its greatest circumference; it seemed to project rather more on the left side than on the right. Fluctuation could not be felt through the whole mass, but it could undoubtedly be produced over the central portion.

This history and these particular symptoms, together with those common to all ovarian cysts, made me diagnose a multilocular ovarian cyst of the left side, and I advised its extirpation at an early day.

The patient came to this city on the 7th March to be operated upon, but was seized with her monthly sickness one week too soon, for the first time in her life. We waited until Wednesday the 17th to perform the operation. The sac had some adhesions to the omentum; one so firm that it was cut away, and the cut end was left in the incision when sewed up; the contents were *very* viscid, and *very* dark coloured, and there was but one sac;[1] the ovary diseased was the right one; the pedicle was very thick so that it was difficult to apply the clamp; the Fallopian tube adherent to it was so enlarged as to be taken for small intestine by one of the assistants. Some of the contents of the sac escaped into the cavity of the abdomen, and were allowed to remain for reasons not necessary to mention. The walls of the sac were very unusually thick, and the inner surface was covered with vegetations (papillary growths[2]) of all sizes up to that of a

[1] As said before, I had supposed the sac to be multilocular, because I could not cause fluctuation through it. The true reason of its not being caused, however, was that the force exerted by the hand in palpating through the thick coverings of the cyst, *and through the thick fluid*, was insufficient to set the fluid contents in motion.—See Guttman's *Handbook of Physical Diagnosis*, Syd. Society's Trans., p. 338–9.

[2] Dr. Joseph G. Richardson, to whom the growth was sent, says: "Thin sections from the nodule you gave me, from the inner surface of the wall of your ovarian tumour, show it to be made up of interlaced and convoluted compound papillæ covered with small columnar epithelial cells. Histologically these growths closely re-

walnut. The patient did perfectly well; the clamp was removed on Sunday; the bowels were freely moved on Wednesday by injections, the patient being allowed to get up on the commode; on Thursday she sat up; on Friday she was allowed to walk a few steps. On Saturday, the 11th day of the operation, there was complaint of stiffness and pain in the left leg, which was quite swollen, and in the course of the crural vein was felt a hard cord. These symptoms diminished so that the patient was able to return to Trenton on the fifteenth day.

Dr. Bodine, her attending physician in Trenton, writes me under date of April 29th as follows: "Mrs. S. is doing very well. The wound in the abdomen has entirely healed, and her leg swells only a little during the day, the swelling passing off entirely during rest at night. As an explanation of the attack of phlebitis I would suggest that during the winter and spring in this region we have an unusual number of cases of various forms of erysipelas, cutaneous, cellular, and in the form of felons, and that the relations of erysipelas and phlebitis are very close."

This complication of the operation for the removal of an ovarian cyst I had never before seen or heard of. In the last number (for May) of the *Medical News and Abstract*, is reported, from the *British Medical Journal* of March 13th, a very interesting and very successful case of ovariotomy performed during the sixth month of pregnancy without interruption to gestation, and in this report we read that the patient did extremely well until the fifteenth day after the operation, when she was suddenly attacked by phlegmasia dolens of the left leg (and, as in my case, it was the right ovary that was removed), accompanied by induration in the course of the femoral vessels from the groin to the popliteal space. The patient improved gradually, so as to have very good health during the last month of pregnancy. Dr. Galabin, of Guy's Hospital, who was the operator in this case, says :—

"It is difficult to trace a direct causation for the phlegmasia dolens by which my patient was attacked fifteen days after the operation. If there had been any access of septic material, notwithstanding the carbolic spray, she would not have progressed so favourably for fourteen days after so severe an operation; and if the starting-point were inflammation near the pedicle, set up by the presence of the ligatures, it might have been expected that the right leg, and not the left, would have been affected."

Of course, in my case the presence of ligatures is to be left out of consideration altogether, in looking for the causes of the inflammation of the vein, and I am quite inclined to believe that the trouble did come from septic, or more properly, from *irritating* material, and see no reason whatever to doubt this from the fact that the cases did well for some ten days or two weeks. The irritating material was, I believe, the peculiar fluid in the sac, which in both cases had the same characters, and some of which, as before said in my case, got access to and remained in the abdominal

semble papillomata and cylindro-cellular epitheliomata, but clinically they are distinguished from the latter by absence of any marked tendency to constitutional infection."

cavity. Dr. Galabin says of this fluid that "it was not pale, but was stained by blood pigment to a deep reddish-brown," and "that the whole interior of the cyst was covered by papillary growth." The cysts and their contents had the same characters in these two cases, and I would attribute the extraordinary complication that attended them both, to the influence of the fluid that certainly escaped into the cavity of the abdomen in one case, and that may have done so in the other.