

thickening of the dura mater. The moral character of the patient excludes the probability of acquired syphilis during adult life, but I am informed that syphilis is very frequently communicated during childhood by native nurses.

The interesting point in this case is that the injury sustained in adult life seems to have awakened, as it were, the specific latent poison, so that the inflammatory results of the injury, occurring in a syphilitic subject, have been effectually cured by anti-syphilitic treatment; and that, therefore, all the operation has done for us in this case has been to put us on the right scent; the diagnosis having been confirmed by the microscopic examination of the dura, the treatment was simple, and has been followed by the most satisfactory results.

Unruptured Tubal Pregnancy, with Cystic Tumour of the Opposite Ovary. Operation followed by Mania and Phlegmasia Dolens. Recovery. By A. C. BUTLER-SMITH, F.R.C.P.Ed., F.R.C.S.Ed., Surgeon to the Grosvenor Hospital for Women and Children, and Surgeon to Out-Patients, Samaritan Free Hospital for Women and Children.

E. D., aged 31, a short, stout, dark-featured woman, attended at the out-patient department of the Grosvenor Hospital on February 22nd, 1892. She gave the following history:—Healthy girlhood. Menstruation appeared at the age of 11. The periods were regular, but she had much pain during the flow, which usually lasted for four days, and never was excessive. Married at 27. No family. Two years ago she had an attack of "inflammation in the belly," and was admitted into a London General Hospital. When there she was told she had a tumour, but nothing further being done she left that institution and went home. Had been in good health and quite regular up to Christmas, 1891, at which date her last period occurred. Soon afterwards she began to feel ill, and had attacks of sickness throughout the month of January. On the evening of February 10th she was suddenly seized with acute pain in the abdomen, and had attacks of sickness and faintness during the night. Turpentine stupes were applied, and gave some relief, and the pain passed off towards morning. Her doctor was then sent for, and he attended for three days, during which time she was kept in bed. At the patient's request, however, he discontinued his visits, but two days later, in consequence of a second attack of a similar nature, he was again called in, and remained in attendance for four days, the patient being kept in bed and under the influence of morphia. At the end of that time she got

up, and not being satisfied about her condition she came to the Grosvenor Hospital, where she was seen by my colleague, Dr. Gibbons, who strongly advised her to come into the Hospital. Two days later she was admitted under his care.

Condition on Admission.—Bimanual examination revealed the uterus pushed forward, and to the right side, the body being enlarged, and the cavity measuring $8\frac{1}{2}$ inches. Cervix soft. Os patulous. Behind the uterus, and filling up the left side of the pelvis, was an irregular swelling, baggy to the touch, somewhat tender on pressure, and reaching to the right side of the uterus, where another swelling, round, and about the size of a cricket ball, could be felt fixed in Douglas's pouch. Defæcation and micturition have both been painful and difficult of late. Urine acid, sp. gr. 1005; clear; no albumen. There has been an intermittent discharge of blood since February 17th. On March 1st a small piece of fleshy substance was passed per vaginam. Dr. J. Bland Sutton was kind enough to examine the specimen, and pronounced it to be decidua. On March 4th a larger portion was passed, after much suffering, and next day an almost complete cast of the uterine cavity was expelled. The patient was seen in consultation by Dr. Gervis, and there being no doubt as to her condition, she was transferred to my wards for operation on March 7th and on the following morning I operated.

The abdominal walls were very fat, there being quite three inches of adipose tissue above the muscles, necessitating an incision five inches in length. There was no fresh blood or blood-clot either in the abdominal or pelvic cavity. The left Fallopian tube was enlarged to the size of a German sausage, and it was intimately adherent to some coils of intestine, to the floor of the pelvis, and to the back of the uterus. Its fimbriated extremity was spread out over and adherent to a cystic tumour occupying the right side of the pelvis, which proved to be an ovarian cystoma fixed in Douglas's pouch by old adhesions. The Fallopian tube was separated with some difficulty from its surroundings, and brought unruptured to the surface, but just as the pedicle-needle had been passed, the patient coughed and strained, and the needle cut through the tube, the contents escaping into the abdominal cavity. Some smart hæmorrhage occurred at this moment, and the elastic ligature was immediately put round the uterus. I then transfixed and tied the left uterine cornu and top sewed the wound with fine silk. The elastic ligature was then loosened, and there being no more bleeding, it was removed. The ovarian tumour was next removed, together with its corresponding tube. The abdominal cavity was then well flushed out with warm water, but no fetus was observed at the time, and a second flushing out being required, the contents of the first receptacle were emptied out, thus preventing further search. A glass drainage-tube was placed in the lower end of the abdominal wound, which was then closed with silkworm gut sutures, and covered with ordinary gauze dressings. Owing to the trouble caused by

splitting of the tube and the consequent amount of time spent in repairing the damage, the operation was prolonged to just over two hours and a quarter, but the patient when removed to bed recovered rapidly from the shock, and had no sickness. Previous to the operation it was recognized that the patient would give some trouble, because of her violent temper, but we hardly expected anything like that which occurred during her sojourn in the hospital. From first to last, eight nurses in succession were exclusively occupied in watching this woman, but one by one they were tired out and retired from the case. There was no history of drink; on the contrary, the patient was said to be a sober, hard-working woman, but very excitable and quick-tempered.

On the day following the operation the patient became very restless and noisy. She rolled about in bed and screamed at the top of her voice. She seemed to be hysterical and could not be made to lie still, though for the safety of the patient thigh straps had been employed, and a nurse stationed on each side of the bed to control her movements. Twenty drops of tincture of opium were twice administered within three hours, but failed to produce even drowsiness. In the morning she developed a hard cough, but there were no chest symptoms and no pain on either side. Respirations, 36; temperature, 101°; pulse, 120. Urine plentiful, clear, and without any trace of albumen. Sp. gr. 1017.

March 10th.—She had a bad night and was very tiresome. Slept but little, and towards morning became wildly excited and resumed her screaming, and was very noisy all day. Her cough is very troublesome, and the respirations are still 36 to the minute. Pulse, 110; temperature, 100·6°. No pain in chest, but she complains of backache low down. Saline expectorant ordered and thorax poulticed. Opium discontinued because of cough. Flatus passed freely at midday. Mental condition much worse in the afternoon. She rolls about in bed and yells at the top of her voice like a madwoman, and by her movements has frequently displaced the drainage-tube and dressings. As the glass tube had become a source of danger and was useless, it was removed, and 20 grains each of bromide of potassium and chloral hydrate were given by the rectum.

March 11th.—Patient was awake most of the night and is extremely troublesome to-day. She does not wander or mutter, but simply screams and roars, and won't keep still, in spite of all her nurses can say or do. It is evident that she is not responsible for her actions and cannot be left alone for a moment. The cough is better and there is no albumen in the urine. Pulse 118 and full; temperature, 100·4°; respirations, 32. Thirty drops of tincture of opium were given with the feeding enema at night, and the patient had several short intervals of sleep.

March 12th.—Cough much better. Respirations, 22; pulse, 88; temperature, 99°. Urine normal. Patient is still tiresome, but on

the whole more reasonable and better behaved. Abdomen soft and flat, and the wound healing well. Bowels opened by enema of soap and water. Opiate at night.

March 13th.—She had a good night and slept fairly well. Looks much brighter this morning and is surprisingly quiet. Says she has stomach-ache, but the condition is all that could be desired. Pulse, 100; temperature, 100°; respirations, 20. Urine normal. Mental condition much improved.

March 14th.—She slept well during the night and is much better to-day. The cough has quite disappeared. Respirations, 18; pulse, 96; temperature, 100°. Lowest suture removed, wound looking well. Opiate at night.

March 15th.—She had rather a sleepless night, but dozed towards morning, and has been very good all day. Temperature, 100·2°; pulse, 90. Opiate given at night. Takes nourishment well by mouth.

March 16th.—She slept fairly well, but complains to-day of great pain in the lower part of her abdomen. Two more stitches were removed, and in each instance a drop of pus exuded from the stitch-hole. Pulse, 112; temperature, 100·8°. Patient seems to be exhausted, and has been lying on her back all day. She is rather sulky, but very quiet, and takes her food in fair quantities. Five grains of quinine were given by mouth and the usual opiate at night.

March 17th.—Patient had a very restless night, and did not get any sleep. She complained to-day of abdominal pain, which was, however, relieved by passing the flatus-tube. Two more sutures were removed, and again pus exuded from the stitch-holes. About noon the patient complained of severe pain in her left ankle, and said it prevented her sleeping. There is nothing in the way of swelling or redness about the ankle, but the temperature has gone up to 101·6°, and the pulse is 120 and full. Hot fomentations were applied to the ankle, and the night-draught was increased by ten minims.

March 18th.—She slept but little during the night, and to-day is very restless, and inclined to be noisy and troublesome. The pain in her ankle is gone, but she complains of backache and severe pain low down in her abdomen. Four more sutures were removed from the wound, which looks well united. In the evening she again complained of much pain in her ankle and calf of leg. The limb was raised on a pillow, and, after her opiate, she went to sleep and had a fair night. Pulse, 112; temperature, 101°.

March 19th.—In the early morning the patient began to be noisy and troublesome, and by noon had one of her maniacal outbursts in full play, rolling about in bed and screaming loudly. Morphia was then resorted to, but with little or no result, and after a fatiguing day, during which she gave her nurses no rest, she became quiet and dozed off, waking up now and again with a fresh outburst of screaming. Pulse, 120; temperature, 101°.

March 20th.—She had rather a poor night, and to-day feels bilious and cold, and has vomited quantities of green fluid. Hot water and bicarbonate of soda were freely administered with good effect. In the afternoon she became extremely troublesome, and screamed and jerked her legs about. An opiate was given, and her left leg secured to a pillow and poulticed. Temperature, 100°; pulse, 100; urine normal.

March 21st.—She had a very bad night, and lay awake making the hospital ring with her screams, much to the horror of the other patients. The left leg is now swollen and hard, and she says the pain is acute behind the knee and in the thigh; but as yet the upper part of the limb is soft. The bowels were opened by enema, and much hard fecal matter was evacuated. Tongue coated; temperature, 100°; pulse, 120; no albumen in urine.

March 22nd.—Patient slept off and on throughout the night, but is still restless this morning, and complains of acute pain in her left thigh, the lower part of the limb being much easier. A slight amount of pus exudes from the stitch-holes. Temperature, 99.6°; pulse, 102; urine normal. The whole of the left limb is now swollen and hard.

March 23rd.—The patient is better to-day, and much quieter. She takes her nourishment well and sleeps soundly. Mentally there is a marked improvement. Temperature 99.2°. Pulse 90. Bowels regular. The limb is still hard and swollen, and extremely painful when moved.

March 24th.—Patient again inclined to be troublesome and noisy. There is less pain in the limb, which is somewhat softer. Poulticing discontinued, and the limb bandaged. Five grains of quinine given by mouth and a table-spoonful of brandy every four hours. Opiate at night.

March 25th.—She had a very good night, and to-day is free from pain. Temperature 99.2°. Pulse 98. Bowels open, and urine normal.

March 26th.—The left leg is very painful behind the knee and in the calf; the ankle also is again swollen and hard. Poultices resumed, and opiate at night.

March 27th.—Patient improving mentally and bodily. Temperature 99.6°. Pulse 96.

March 28th.—Restless again to-day, and tiresome. Complains of severe pain behind the knee and in her ankle, though the limb seems less swollen. In the evening she was seized with acute pain in her right leg, which kept her awake in spite of a night draught. Temperature 99.6°. Pulse 100. Limb raised on pillow.

March 29th.—The right leg is very painful to-day, and has begun to swell. Patient complains of backache, and is in very low spirits. Temperature 98°. Pulse 100.

March 30th.—Right leg very painful and much swollen. Bowels opened by enema. Temperature 100°. Pulse 100.

March 31st.—She had very little sleep and complains bitterly of acute pain in her right thigh and leg. Has been sick this morning. Temperature 100·4°. Pulse 110.

April 1st.—Patient's mental condition has shown marked improvement during the last week, and she now behaves like a reasonable being, though at times she inclines to her old habit of screaming without any apparent cause. The right limb is much swollen, hard, and painful when moved. Temperature 100·6°. Pulse 108.

April 4th.—Much better in every way. Right limb less swollen and not so painful. Temperature 99·6°.

April 10th.—Stronger and improving every day. Slight backache and pain in the right limb.

April 26th.—Limb bandaged and pillow removed. Mental condition much changed for the better. She is now obedient, contented, and remarkably quiet.

May 5th.—Quite convalescent. Temperature and pulse normal. Some stiffness remains in both limbs, which are still bandaged.

February, 1894.—The patient is in good health and is able to perform all her household duties.

May 27th.—Patient in perfect health, mentally and bodily.

OCCASIONAL NOTES OF THE QUARTER.

The New Rules of the Medico-Psychological Association.

After much discussion, and having passed through the searching ordeal of a Select Committee, the new Rules of the Association have been agreed to, and now await the passing of the minutes at the annual meeting to be formally adopted.

The question with regard to the admission of ladies as members of the Association has been settled, and although the proposal to admit them was carried by a large majority, there were strong opinions expressed against it. Other societies, however, having shown the way, there was no reason why ladies should be excluded, provided they were registered medical practitioners, and were prepared to carry out the objects of the Association. The admission of ordinary members seems to be duly safeguarded, although it would have been better to have made it compulsory for the names of all candidates proposed for election to have come within the purview of the General Secretary.

The chief feature of the new Rules is the creation of Divisions, and this is decidedly a step in the right direction.