

swelling had subsided, the only difficulty to locomotion being stiffness of the joint. I cracked the adhesions by using the requisite amount of well-applied force, and we concurred in advising free use of the joint. In a note which I received from my colleague seven weeks after our first consultation, he wrote: "Our patient is progressing very satisfactorily; he comes to business every day, walks about a good deal, and does not require surgical supervision."

DOUBLE OVARIOTOMY—TRANSFUSION OF MILK—RECOVERY.

Dr. T. G. Thomas, (N. Y., Obstet. Society,) presented two solid tumors of the ovary, both removed from the same patient, whose history he related as follows:

Three weeks ago he was consulted by a lady, thirty-two years of age, the mother of three children, the youngest of which is seventeen months. The patient had always enjoyed good health until the birth of her last child, after which she gradually lost strength, suffered from night sweats, and became very much emaciated. She consulted Dr. Clark, of Oswego, who made an examination and discovered a solid tumor of the right ovary of the size of a hen's egg, which he thought malignant in character. The tumor grew with moderate rapidity until it reached the size of the larger one exhibited, plus about one-third lost by shrinkage since its immersion in absolute alcohol, *i. e.*, about the size of an adult head. The patient in the meanwhile consulted Dr. Chauncery L. Mitchell, of Brooklyn, where she resided, and Dr. Atlee, of Philadelphia, the latter of whom said that the tumor was malignant, and that an operation for its removal would be extremely hazardous. When Dr. Thomas first saw the patient she was exceedingly feeble and emaciated, appearing like a person suffering from diabetes. The abdomen was tender to the touch and distended by a tumor, which reached above the umbilicus. The general and local features of the case reminded him of two cases of adenoma of the ovary which had previously occurred to him; he therefore made that diagnosis, and dissented from Dr. Atlee as to the chance of recovery, telling the friends of the patient that there was ninety chances out of one hundred against her, but probably ten in her favor. Wishing to make a further examination in the presence of several gentlemen of this city, Dr. Thomas requested the patient to call at his office again, but she was so exhausted by her first visit that she was unable to comply with his request. The friends were very anxious for the removal of the tumor, and the operation was therefore fixed for Thursday, October 14th, and performed at 3 p.m. on that day. On opening the abdomen, which contained no dropsical fluid, a large solid tumor of the right ovary was found, the pedicle of which was first secured by a clamp, which was subsequently removed, however, and its place supplied by a ligature, the pedicle being then dropped. The left ovary was found in Douglass' cul-de-

sac, pushing the uterus forward. Previous to the operation Dr. Thomas had thought this tumor behind the uterus to be a portion of the large tumor, and probably adherent, which fact would have rendered the prognosis still less favorable. The left ovary was removed, the pedicle ligated and dropped. The duration of the operation was only thirty-six minutes, which was fortunate, as it is important not to keep the abdominal cavity open too long, or the patient for a long while under ether. After the operation the patient was seized with vomiting, which continued until the following Saturday, and obliged nutrition to be performed entirely by the rectum. On Saturday she had a severe metrorrhagia (after having been amenorrhoeic for the last three months), and became very much prostrated, pulse, 140, temperature 101°, no febrile reaction. On Sunday, Dr. Thomas left for Rhinebeck, where he had an operation to perform, leaving Dr. S. B. Jones in charge of the patient. In the afternoon he received a telegram that she was sinking, and apparently near death. During the night, however, she rallied somewhat, and appeared slightly better when he saw her on Monday morning. In the evening, between 6 and 7 o'clock, however, he received a dispatch, saying that she was sinking rapidly. He hurried to Brooklyn, arriving there at 8 o'clock, and found the patient bathed in a cold, clammy perspiration, and exceedingly collapsed, the pulse 142-145, sometimes entirely lost at the wrist; and in his opinion, and that of the attendants, the end approaching. Preparations had already been made to perform transfusion with milk in case of necessity, for which Dr. Thomas had left directions in the morning; an Alderney cow was driven into the yard and milked into a pitcher covered with gauze, the pitcher standing in a pail of warm water. All impurities were thus prevented from entering the milk, which was kept at a proper temperature by the warm water in which it stood. The canula was introduced into the median basilic vein, and nine ounces of milk were gradually injected. Dr. Thomas used the transfusion apparatus devised by Robert and Colin, of Paris, which consists of a large funnel, into which the fluid to be transfused is poured, at the bottom of which funnel is an opening connecting with a syringe, to which is attached the tube leading to the canula in the vein of the patient; closing this opening in the bottom of the funnel is a movable ball of aluminium, which, being lighter than any fluid, but heavier than air, when the mouth of the funnel is turned upward, by its own gravity effectually closes the opening against the entrance of air with the fluid when the piston of the syringe is drawn back in filling, or pushed forward in emptying the syringe. This ingenious contrivance was used with great satisfaction in this case. After the injection of a few ounces the patient experienced no sensation whatever, the pulse being feeble and beating 160-167; but when six ounces had been introduced, she at once complained that her head felt like bursting, a rigor came on, followed by high temperature, the pulse beating 152-155. These symptoms continued for