

years its growth was exceedingly slow, but it then suddenly began to increase very rapidly, and at the end of six months more I removed a very large monocystic tumor, by ovariectomy.

I have also known of another case in which the mass was in the pelvic cavity, and could be felt through the abdominal walls, rolling about under the hand when palpation was made, but in which there was neither increase nor diminution in size for a period of four years, during which the patient was under observation. The above remarks apply only to this monocystic variety of ovarian growths, and not to the polycystic tumors which are so much more frequently met with.

But suppose this cyst should increase markedly in size. I should then recommend aspiration through the walls of Douglas's cul-de-sac. This would not be done for the purpose of establishing the diagnosis, but in the hope of effecting a cure in this way, as is sometimes the case. Should such a happy result not be obtained, I would perform vaginal ovariectomy, an operation which, to my certain knowledge, has been performed in at least twelve or fourteen cases, and in no instance, so far as I am aware, with a fatal result. The manner of performing it is, briefly, as follows: When the growth has attained the size of a child's head at birth, an incision is made through the posterior wall of the vagina, and the contents of the cyst drawn off with the aspirator. The walls of the sac are then hooked with a tenaculum, and having been drawn down through the wound, its attachments are slowly severed by means of the *écraseur*. But, you must understand that, notwithstanding the immunity from loss of life that has hitherto attended it, this is a capital operation, and is by all means to be avoided if possible.

What, then, is to be our treatment here at present? Very little attention need be paid directly to the cyst, I may remark. Some would apply electricity, the constant current being employed for the purpose. But the question of the utility of this agent in the treatment of ovarian growths is, as yet, in a state of utter chaos. One gentleman, Dr. Semileder, of the city of Mexico, was successful in curing six cases in succession by electrolysis, and hence, encouraged by this remarkable result, he naturally recommended it in all cases. The method was tried here very extensively, and I have myself seen it employed in three instances. The first case was at the Woman's Hospital, and was under the charge of Dr. Semileder himself. He made three applications of the electricity, and by the time they were completed the temperature had gone up to 104 degrees. The operation of ovariectomy then had to be hurried through with, and I think the patient was thereby saved from the peritonitis which seemed so imminent.

In the second case in which I saw electrolysis employed, I had made a little mistake in diag-

nosis, thinking the tumor to be of a fibro-cystic character, while it was in reality an ordinary polycyst of the ovary. In that the application was repeated five or six times, when acute peritonitis supervened, and soon put an end to the patient's life. The third case was that of a female physician, and ten days after the electrolysis I saw her death in the paper, the fatal result being caused here also by acute peritonitis, in consequence of the operation.

In this connection, I merely state facts which have come under my own observation, and draw no deductions; but I think I have said enough to warn you that it is at least best to be cautious in the use of this method of treatment. Some time ago I went to Boston, on the invitation of Dr. Ephraim Cutler, a very faithful worker in this department, and there saw him make use of electrolysis in the case of a colored woman. This was the only instance in which I have seen an ovarian cyst in one of the negro race. The rarity of this affection, however, is compensated for by the remarkably frequency of fibroids among negroes. By this means Dr. Cutler succeeded in reducing the tumor to the size of a coconut, but, unfortunately, after a time it commenced growing again, and having rapidly attained a size greater than it had ever had before, ovariectomy was finally resorted to. I do not know the result of the operation.

Dr. Ward informs me that just a month before his death, Dr. Peaslee performed ovariectomy in the case of a patient in whom electrolysis had been employed by another gentleman, and had given rise to acute peritonitis. She died upon the table.

In this case no medicine of which I have any knowledge will be of the slightest service in getting rid of the cyst or preventing its further growth.—*Med. & Surg. Reporter, Dec. 14, '78.*

#### POTT'S DISEASE, SAYRE'S JURY-MAST.

This little child has antero-posterior curvature of the vertebral column—about the junction of the dorsal and cervical divisions. The weight of the head here presses upon the suffering, the inflamed bones. It must be supported and the bones relieved before we can hope for any relief. I have often explained to you the difference between this kind of deformity, and a lateral curvature. In these cases you have a positive, a destructive disease of the bodies of the vertebræ—leading on to softening, to suppuration, to death or permanent deformity if not arrested, whilst a lateral curvature is a functional disorder, a defective condition of the spinal muscles, a mere want of equilibrium in the muscles of the two sides of the body. Those of one side may be tonically contracted and over-