

days following the tapping the quantity of urine passed in twenty-four hours rose to thirty-five ounces, and became quite clear in color. I presume that this may be explained by the removal of the pressure of the ascitic fluid which pressed heavily enough upon the kidneys to flatten them out or collapse them, and so diminish the circulation through them. On the 5th of October, two days after tapping, I removed these tumors—one weighing, after the operation, seven, and the other five pounds. I was assisted by Drs. Springle and Ritchie. The peritoneum was very much thickened, and the omentum was shrivelled up like a piece of scorched leather close up to the liver, which latter organ was very much enlarged and covered with metastatic deposits, but there were no adhesions. The abdomen was flushed with plain hot water, and the wound closed with silkworm gut sutures and buried in dry boracic acid powder. A drainage tube was left in for three days, and the silkworm gut sutures were left in twenty-four days, causing no discomfort whatever. She walked out of my hospital on the 30th October, looking and feeling very much better than when she entered.

The tumors present a fairly regular and very smooth appearance, there being only here and there smooth raised patches on their surface about an inch in length. On section, the cut surface appears like pure fibrous tissue, but, on microscopic examination by Dr. Bruère, the characteristic cells of carcinoma could be detected. As there were no papillary or other cysts anywhere in the structure, this is without doubt primary cancer of the ovaries, although the disease is somewhat rare. The most interesting point in the case was the entire absence of symptoms pointing to disease of the ovaries. The patient maintains that she never had the slightest pain in the region of the ovaries. Unless I had removed the fluid it would have been impossible to have recognized the presence of the tumors, and the patient would have been dead ere now.

With regard to the advisability of operating, Winkle claims that isolated primary cancer of the ovary may be completely cured by early extirpation, although it fails, of course, to produce a radical cure when adjacent organs, especially the peritoneum, have already become affected. When the carcinomatous tumor can be readily extirpated the operation will remove the source of the ascites and tension, and at least temporarily contribute to the patient's comfort. He mentions three cases which not only bore the operation well, but were improved for months afterwards. I was somewhat surprised to find the patient make such an easy recovery from the operation, although I have noticed in other cases that a diseased peritoneum tolerates interference much better

than a healthy one. She had none of the usual discomforts which generally follow an abdominal section, and would have been able, and was willing, to get up, if I had allowed her to, two or three days afterwards.

Dr. Gardner considered the case interesting and instructive as illustrating abdominal dropsy. He thought it was the rule, when the dropsy does not yield to constitutional treatment, that tapping should be performed so that a diagnosis can be made. He had not met with cases in which he could not detect the growths by vaginal examination. Extirpation of these masses often lead to latency of symptoms of symptomatic cure, even though their structure may be declared to be malignant.

Dr. Bell asked what were the evidences of cancer of the liver, and if there were any lymphatic infiltrations. The tumors were encapsulated, and he would not expect them, from their gross appearance, to be carcinomatous, nor would he expect a patient who was suffering from such extensive cancer to make so good a recovery.

Dr. Smith, in reply, said that no one could see the peritoneum roughened and thickened, or see the condition of the omentum, without deciding that the condition was cancer. He thought that the enlargement of the liver and the nodular character of the organ pointed to its involvement.

*Uterine Myoma.*—Dr. Wm. Gardner exhibited an enormous tumor removed from a woman aged 47. The symptoms had been rapid enlargement of the abdomen since last July, with some hemorrhage. The diagnosis had been difficult, but he had inclined to myoma; the rapid growth was remarkable. The tumor was removed by total abdominal extirpation.

*A ready Method of Cultivating the Bacilli of Diphtheria.*—Dr. Wyatt Johnson said that about a year ago he had given some results of the cultivation of the bacillus of diphtheria in blood serum, as (if the case is seen early) it afforded a very valuable method of diagnosis. It is known that the bacilli are distinguished by their rapid growth on albuminous substances within eighteen to thirty-four hours after being sown they become quite distinct, while putrefactive bacteria do not attain any material dimensions in that time. The difficulty of obtaining blood serum is so great that this method of diagnosis has not come into general use. The egg has been known for a long time to be an excellent culture medium, and recently it has been recommended by Sakarhof to cultivate the diphtheria bacillus upon it; the method he used consists in maculating slices of hard-boiled eggs, sterilized, and placed in sterilized tubes. This method being somewhat complicated for general use, he (Dr. Johnson)