

sight was affected, and her thirst was great. At the time the treatment was begun, she was passing twelve Roman livra of urine in the twenty-four hours; it was not albuminous, but contained a large quantity of glucose. At first she was given daily three-quarters of a grain of the alcoholic extract of *nux vomica*, dissolved in 3 ozs. of distilled water, and the dose was increased by three-quarters of a grain every three days, until she was taking $4\frac{1}{2}$ grains per diem. Under this treatment the quantity of urine diminished, and it became very acid, flocculent, and coloured by biliary pigment. At the same time the glucose diminished until only traces of it could be discovered. The general symptoms improved, and the patient was restored to her previous good health. The second patient was a large, robust man, seventy-two years of age. During eleven hours he passed two Roman livra and eight ounces of urine, which was rich in urates and albumen. Under the use of the *nux vomica*, the glucose gradually diminished in quantity and finally disappeared entirely.—*The Doctor*.

MONOCYSTIC TUMOR OF THE OVARY IN DOUGLAS' CUL-DE-SAC.

CLINIC BY PROF. THOMAS, NEW YORK.

Our next patient is Mrs. Mary G., a native of the United States, and fifty years old. She has had four children and one miscarriage, and has been a widow for the last fifteen years. Her last pregnancy occurred seventeen years ago. First let us get the history of the case from the patient herself, as far as we are able.

How long have you been complaining, Mrs. G.? "Well, I cannot exactly say how long." For five years? "Yes, for at least seven years; but I have been worse during the last two years." From what have you suffered during that time? "Weak back, pain in the back, and hot flushes running over the bowels and then down along the thighs." From anything else? "A great pressure on the bladder, causing me to pass my water very often."

Any one practising medicine in a superficial manner would be very apt to prescribe for such a case as this in a general way, without thinking it worth while to make any physical examination whatever, and, perhaps, he might not be very greatly to blame for doing so. You have heard the symptoms of which this patient has been complaining for seven or eight years, and which have become greatly aggravated during the last two years. Suppose she had come to your office with this history, and you were not satisfied to treat the case on general principles—perhaps as a neurosis of the part of the system affected—and had insisted on an examination per vaginam. The following is the condition of affairs which you would thus have

discovered. In the first place, the uterus is markedly anteфлекed, and so pressing directly against the bladder. At once, you perceive, we have a sufficient explanation of the symptoms in connection with the latter organ, without resorting to the hypothesis of any neurosis. As the menopause occurred five years ago, this malposition of the uterus is important only on account of its effect upon the bladder.

But this is not all that you would have ascertained by your exploration. On passing two fingers up behind the uterus (and I would strongly advise you always to employ two fingers, instead of the index one alone, whenever you wish to reach well up into the pelvic cavity, on account of the great advantage which this method gives for so doing), you would have discovered a perfectly movable mass of considerable size, in Douglas' cul-de-sac. The first thing that suggested itself to me when I found it, was, that it was a fibroid, and I thought that its mobility might be explained by the fact that it, perhaps, had a long pedicle. But on resorting to conjoined manipulation (which could be performed with peculiar facility in this case, both on account of the senile atrophy of the tissues of the abdominal walls and their laxity, from the effect of child-bearing), I found it was altogether too soft for a fibroid.

Further palpation, with one finger pressed up into the rectum, enabled me to determine that it was undoubtedly a slowly growing ovarian cyst of about the size of a goose egg, which had fallen down into Douglas' cul-de-sac. By its presence there all the symptoms of the case were satisfactorily explained. By its mechanical effect in pressing the body of the uterus forward upon the bladder the irritability of that viscus was unquestionably due, and the other troubles of which the patient complained were all accounted for by the reflex nervous disturbance occasioned by the presence of this mass in such a position.

By thus ascertaining by physical exploration the actual condition of the pelvic viscera we have gained two very important points. First, we have found how utterly useless all general remedies would be in the case, and, secondly, we may be able to save the patient from the serious operation of ovariectomy.

It is impossible to say whether this cyst is going to increase in size or not; for it is, in my experience, a very uncertain matter. These growths not infrequently remain dormant, or, at all events, increase but very slowly, for many years. I now recall the case of a young lady in this city, who, while returning from the theatre one evening, in a stage, suddenly felt a severe pain which seemed to be caused by the jolting of the vehicle. I was sent for late at night, and on making an examination, I discovered a cyst of the size of a large apple, just in the position of this one. For eight and a half