

collection was not discharged, in consequence of the canula becoming several times plugged up. She had been complaining for some days before this time of a painful dragging sensation in the right side of her abdomen, and did not make a good recovery, had one or two slight faintish feelings on the day after the operation, and also some abdominal tenderness, which, however, yielded to the application of a bran poultice; she took soup with a relish, but was averse to wine; she was, however, able to go about her room as usual in a few days. On the 10th November she was again tapped, and 13 quarts evacuated of similar purulent fluid; after which she made a fair recovery. She was tapped in the beginning of February, 1846, and only seven quarts of a similar fluid were drawn off—the canula becoming obstructed. On the 28th February 8 quarts were evacuated, but the abdomen was only very partially emptied on either occasion; her recoveries were not good; she suffered a good deal of pain in the abdomen, and she did not regain strength, and was seldom able to move about the room; her appetite failed, and her sleep became interrupted. On the 11th May it was again necessary to relieve her of the weight, and four quarts were drawn off (when the canula became stopped) which did not reduce the size of the abdomen much. On the 27th May, a phlegmon, which had been forming in the seat of the wound in the *linea alba*, opened, and a small quantity of purulent fluid was discharged, which continued to flow at intervals, in sufficient quantities to prevent any great distention of the abdomen, till about the 21st of August, when she again desired to be tapped, and about 10 quarts were drawn off, the matter being unusually offensive. She bore the operation well, and the abdomen appeared sufficiently emptied.

Her strength and appetite had been gradually failing her for some time, and she did not make a good recovery after this operation; she slept badly, scarcely ate any thing, kept her bed, and died on the 7th September.

Before I notice the pathological condition which the *post mortem* inspection revealed, I will state the views I entertained previously to the autopsy. The diagnosis I formed of the case, at first, was, that it was ascites, probably owing to her advanced time of life (although her constitution and general health were unusually good for her age) as no organic change could be detected in the heart or liver, nor did the urine afford any indication of alteration in the renal structure. The ovarian tumor, however, may, probably, have existed for some time previously to its discovery, as it had acquired such considerable size when it was first detected: if not, its growth in 10 months must have been very rapid. Its situation in the epigastrium did not mislead from a cor-

rect diagnosis, the sensations of the patient indicating its connection with the right iliac region, and to this cause, in all probability, the ascites may be attributable. The extraordinary nature of the fluid evacuated in July, 1845, and the disappearance of the tumor, led to the opinion, that either it had burst into the peritoneal cavity, and become intimately mingled with the dropsical fluid, or that the tumor had accidentally been punctured by the trochar. The previous sensations of the patient, as well as the homogenous nature of the fluid, and the total disappearance of the dropsy, favored this view, while the absence of symptoms of constitutional irritation, threw doubts on the correctness of this idea; the advanced time of life of the patient, might have been unfavorable to the development of constitutional irritation, but it could hardly have been an effectual preservative. On the whole, I concluded, that the tumor had, after being opened, formed adhesions to the abdominal walls, and was safely punctured on all occasions: the formation of matter appeared a sufficient explanation of the rapidity of the growth of the tumor. The complete and sudden disappearance of the dropsy was not so easily explained.

*The Autopsy.*—The body was much emaciated; the abdomen considerably distended, and very prominent, unlike its ordinary appearance on former occasions; about 5 or 6 quarts of purulent fluid, like what had for the last twelve months been discharged, was evacuated by puncture. On opening the abdomen, it was found that this fluid had been contained in a cyst, having firm dense walls, as thick as the strong leather generally used to make “beef moccasins,” or coarse boots. This sac was so extensive that it quite concealed the entire of the abdominal viscera; it was loosely adherent to the abdominal peritonæum in many points, by long bands of loose cellular texture, apparently of old formation, which were easily torn down. Towards the hypogastric region, the tumor was free and unattached, and presented the shining and healthy appearance of serous membrane; in like manner, the parts adherent to the walls of the abdomen, when detached, presented the characteristic appearance of serous membrane. There were no recent formations or effusion of lymph.

The color of the sac generally, was a mottled brown, or red and white, in some parts being more of a livid hue, and very vascular. Its inner surface was thickly coated by a tenacious puriform lymph; two large pieces (the size of a hand) of thick adventitious membrane, coated with pus, were found in the cavity, in a great measure detached. Two cysts, about the size of a hen's egg each, were found in the walls of the sac, or attached to its outer surface; they contained a yellowish gelatinous looking fluid, like synovia.