

A supplemental chapter to the first edition of the work on dropsy, by Dr. Ayre : and consisting of cases illustrative of the plan of treatment recommended in that work.

Contributors

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felt so little. A No 19 gum-elastic catheter was passed into the bladder, and left there, and a fomentation was ordered. At ten in the same evening I saw him

SUPPLEMENTAL CHAPTER
TO

THE FIRST EDITION
OF THE

WORK ON DROPSY,

BY
DR. AYRE;

AND CONSISTING OF
CASES ILLUSTRATIVE OF THE PLAN OF TREATMENT
RECOMMENDED IN THAT WORK.

eight, and skin moist.—Ordered an aperient. The urine had passed on the side of the catheter. At the period of this sheet going to the press he was going on so favourably that I had little doubt of the case terminating quite successfully.

THE END

ADVERTISEMENT.

SUPPLEMENTAL CHAPTER.

In putting forth a second edition of this work I have not been required to make any change in the doctrines delivered concerning Dropsy, nor any in the treatment recommended for it, as further experience in both has only tended to confirm me in their truth and importance. I have added to the work another chapter, consisting of a selection of cases of Dropsy, illustrative of the successful method of treatment recommended in this work, and demonstrative of the practicability of curing those severe forms of the disease, which hitherto have been either treated with worse than palliatives, or neglected as incurable.

14, Somerset Street, Portman Square,

March, 1820.

LONDON:

Printed by A. & R. Spottiswoode,
New-Street-Square.

ADVERTISEMENT.

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14. *Somerset Street, Portman Square,*
March, 1829.

Character of this Work.

“ Among the multitude of works that come before us for examination, it is refreshing to meet with one which enables us to lay aside, in a great measure, our critical weapons, and to present it to our readers, without being compelled to notice omissions, defects, or errors, which to pass by in silence might imply, on our parts, either ignorance, neglect, or wilful partiality. It is, indeed, gratifying to us when we meet with such a work, and we do not hesitate to affirm that the present one is of this kind. We are fully persuaded that the pathological views of Dr. AYRE are sound; that they are, generally speaking, founded in fact; that they are perspicuously detailed, and ably illustrated; and, moreover, we venture to pronounce that this work will hold a permanent rank among the best monographs of modern times, and shed a beneficial influence on the treatment of this particular class of diseases.”

London Medical and Physical Journal for Feb. 1826.

CHAP. V.

CASES ILLUSTRATIVE OF THE TREATMENT.

THE following cases are selected from my Case-book, to illustrate the principles of treatment inculcated in the foregoing pages, and to prove by the success of the treatment the soundness of the principles. The selection is small, because it is not so much the object to point out the precise mode of practice which each particular case may require, and which must be varied by circumstances, as to prove the value of the antiphlogistic mode of practice in the treatment of dropsy, and the practicability of curing those various forms of the disease which, for the most part, have been hitherto regarded and neglected as incurable.

The first case is one in which there is an effusion of water to a considerable extent

into the cavity of the chest, producing hydrothorax, and into the body, causing ascites, together with an anasarcaous swelling of the limb, constituting a form of dropsy in which the most unfavourable symptoms are present, and the most unfavourable prognosis given, and where the practice pursued, so contrary to the prescribed modes, triumphed over the disease, and procured for the subject of it not merely a temporary respite, but so entire a recovery, that now, after three years, he still continues free from it.

The second case is nearly of the same kind as the first one, but of less intensity. The effusion of the fluid was into the chest and lower limbs, the body being free from it. The treatment was of the same kind, but less active and less prolonged, and the disease fully yielded to it. The patient has continued well since, with the exception of slight relapses from imprudent exposure to cold, and to other obvious causes; but the same treatment readily

arrested them, and re-established him in health.

The third case is one of less severity than the two former, from its having come earlier under treatment. There was a slight effusion into the cavity of the chest, along with an anasarcaous state of the legs, and the disease was gradually advancing to the severer state. It forms, indeed, a good example of that milder form of the complaint, in which the symptoms are not unfrequently regarded as anomalous, or confounded with some others, and a treatment directed for them as various in its kind as are the opinions entertained of their nature and origin. Like the two last, it yielded to the means employed, and it resembled the first one in the peculiarity here to be noticed, of the conversion of one disease into another, by which the irritation, in a slight degree, became translated from the tissues of the chest to the head, and an affection of the latter superinduced. It is not uncommon in hydropic

complaints, where, as in these cases, a congestive fulness of the system is the remote cause, and it yields, as will be seen also in these cases, to the same method of treatment which they require.

The fourth case is one of dropsy of the body, with a swelling of the limbs and trunk, by which, from the pressure of the water upward on the lungs, and the great distention of the body, symptoms were produced something like those of dropsy of the chest. In this case is shown the efficacy of the antiphlogistic method of treatment, in preventing the return of the effusion after the operation, and the effect which the use of fermenting liquors had in reproducing the dropsy; and, finally, the beneficial result of a contrary practice, subsequently adopted, in fully restoring her to health.

The fifth case is one of ovarian dropsy, which did not come under my care until after the fourth operation of tapping, but which was arrested by a long perseverance

in the antiphlogistic treatment; and the patient has now reached the end of the second year of her recovery, without any return of her disease. It affords an excellent illustration of the truth of the pathology given of this disease, and an answer to the opinion rashly affirmed by many, that ovarian dropsy is incurable.

The sixth case is another example of ovarian dropsy, but differing from the last in having come under treatment before it had advanced to that degree of distention in which an operation would be required, and by yielding to the means employed without the operation becoming necessary; the lady having now, during ten years, continued wholly free from her disease.

The seventh case is also an instance of ovarian dropsy, communicated to the *Lancet*, from which I extract it, by Mr. Jones Morgan, a respectable surgeon of Corsham, Wilts. It differs from the two former in the circumstance of its occurring in an unmarried female, and in its having

proceeded to a somewhat greater extent than the last case, and also in its being of the sub-acute kind, and attended with more marked appearances of inflammation. The treatment was by general bleeding, instead of the local evacuations usually resorted to by me; but the inflammatory action became arrested by this treatment, the water was carried off without having recourse to tapping, and the patient was fully and permanently restored to health.

CASE 1.

DROPSY OF THE CHEST AND BODY, WITH ANASARCA.

IN March 1826, I was requested to meet Sir Patrick M'Gregor in consultation on the case of a gentleman of the commander-in-chief's office, whom he had attended for some time, and who was labouring under a dropsy of the chest and body, and an

anasarcous state of the legs and thighs. The patient was 57 years of age, of a corpulent habit, and had mixed much in society, and partaken in the usual pleasures of the table. During the previous two years, he had been affected with several premonitory signs of his disease. His feet and ankles had generally swelled towards evening, and only partially lessened in a morning; and his breathing became short upon attempting to walk quickly, or on ascending a stair. Whenever he took cold, his breathing became affected, being troubled sometimes with a severe cough, and he was obliged at these times to lie in bed, with his head and shoulders raised. In some of these attacks he had been bled, with partial relief, and latterly he had taken less wine than he had been used to. The habitual difficulty of breathing had, however, continued to increase, and exercise on foot had nearly become impracticable with him. About a fortnight before my seeing him, his complaints had become greatly aggra-

vated, particularly his difficulty of breathing, and the dropsical swellings had now extended to the whole of the lower limbs. The following are the symptoms under which I found him labouring:— A great sense of tightness in the chest; the breathing habitually difficult, so as quite to preclude his lying down; the countenance of a purplish hue, particularly the lips; the mind at times slightly wandering; the body considerably enlarged, and yielding a distinct feeling of fluctuation; the pulse about 90, and intermitting; the bowels torpid; the urine very scanty; some thirst, and the appetite almost gone. He had likewise a tickling cough, with a mucous expectoration. His nights were passed in a nearly sitting posture, and his sleep was disturbed by terrifying dreams. The lower limbs were greatly swelled, and the legs were peculiarly hard, and inflamed on their surface. I found him in fact labouring under the complicated forms of dropsy of the chest and belly, with an anasarcaous swelling

of the lower extremities ; and so alarming was his state, that a fear had been expressed to the patient's friends of his not surviving many days.

From the history above given, which I procured of this gentleman's disease, and of the causes which produced, or increased it, there was, to my judgment, a satisfactory proof of the existence of inflammation in the serous tissues of the chest and body, and a slow effusion, as the consequence, going on into these cavities ; but at the same time it seemed probable, that if the patient could outlive the immediate effects of the fluid already effused into the chest, that means might be used to prevent any farther effusion ; whilst the water already collected might be removed by a proper course of medicine. The inflammatory action was the true disease, the effusion of water being its effect ; and although this its effect was the main cause of the imminent danger, yet the increase or continuance of the cause, as leading to

an increase in the effusion, was the primary object to be attended to. There was, however, another point for consideration, as affecting our prognosis, namely, whether the inflammatory action set up in the serous tissues, and producing an effusion, was itself an effect of a structural disease previously subsisting in that or a neighbouring part, or independently of it. Were it the former, the difficulty in the cure would be increased, and the convalescence in a measure be rendered incomplete; if the latter, as it proved to be, the danger might be imminent, and the recovery slow; yet the restoration to health could be rendered permanent. We began our treatment by having 12 oz. of blood taken from the chest by cupping, to be followed by a blister on the breast, and a drastic purgative to be taken, and afterwards some diuretic medicine every three hours; the patient's diet to be vegetable, and he was to abstain wholly from

the use of wine and other fermented liquors.

At our visit the following day, we found that some slight relief had been afforded by the cupping, and that the pulse was somewhat softer. In other respects, the symptoms remained the same. A second cupping was ordered, and the other means to be continued.

At our next visit we learned that the tightness about the chest was sensibly lessened, and that he could breathe more deeply. The other symptoms as before. The drastic purgative was to be repeated, and the other medicines continued.

On the following day we found the countenance of a more natural appearance and colour, and the urgent symptoms generally to be lessened. The drastic purgative had answered well, and procured some watery evacuations.

In the course of the following three days the cupping was repeated, and with

farther relief, and the quantity of the urine was somewhat increased.

In the course of the succeeding week, our patient was again cupped to the extent of eight ounces ; the drastic purgative was repeated twice, and the other means continued—occasioning the urine to become increased in quantity, and the breathing so improved that the patient was enabled to lie in a somewhat recumbent posture.

During the following week another cupping was employed, and occasionally a drastic purgative was given, and the same treatment, under a slight variation, continued. The urine became abundant, the breathing more free, and the body much lessened, and the fluctuation no longer perceivable. In the next ten days there was again a cupping of eight ounces, and a purgative dose of the supertartrite of potash given each morning. Notwithstanding these evacuations, the patient's strength had not declined, and he had in all other respects greatly improved. In

the course of the following ten days, the patient underwent a slight relapse from an accidental exposure to cold, and he was twice cupped during that time, and a blister was applied to the chest. The cough and difficulty of breathing readily yielded to these means, and he progressively advanced in his recovery.

During the following fortnight, he was cupped once at the back of his neck, with the full effect of removing some fulness about the head, as shown by a great degree of drowsiness, and an evident failure in his judgment and memory. Wine had been suggested and tried, on the supposition of these symptoms arising from debility, but with evident injury, and they only yielded after having recourse to the cupping.

From this period our patient progressively improved, and he was only cupped once during the succeeding three weeks, and this chiefly as a precautionary measure. All appearance of the dropsy, either of the chest or body, had entirely disappeared. The swellings of the thighs also

had yielded to the use of the general means; but the legs, from the knees downward, continued swelled, and they retained their great hardness and erisipelatous redness.

Our patient was told that this swelling arose from debility, and would subside as he regained his strength. They had, however, swelled when his strength was entire; and his feet and ankles had been swelled during the preceding two years; and the swelling of the thighs, which had occurred in common with those of the legs, had subsided in common with the effusion into the cavities by means of cupping and the other evacuant measures; nor was the patient weaker at the end of ten weeks than he had been at the commencement of this treatment. Bandaging was suggested. By many, puncturing the swelled limbs, to let out the fluid, would have been adopted, to be followed, perhaps, and most probably, as I have several times witnessed, by inflammation and gangrene of

the parts. The swelled state of the legs depended in this, as in the other cases, upon the presence of inflammation in the cellular tissue, but was too local to yield to any thing but a local treatment. This method became, therefore, necessary; and Sir James M'Gregor did me the honour to watch, with assiduous attention, the effect of the treatment which I proposed for its cure. This treatment consisted in keeping the legs constantly wet with a cold evaporating lotion, applied by means of a strip of muslin. We had the girth of the legs measured before commencing with the plan. At the end of the first twenty-four hours there was no perceptible decrease of the swelling. At the end of the second day a decrease was produced, and on each succeeding day a progressive lessening and softening of the enlarged limbs ensued. At the end of a fortnight the legs had entirely recovered their former natural size and softness, and *after three years, they still retain* them. On two or three occa-

sions, indeed, a temporary swelling of them has occurred, accompanying a recurrence of the pectoral attack ; but they both yielded readily to the treatment respectively employed before for them. Of the patient's state, generally, it is gratifying to add, that, since the period when he first recovered, he has continued, with the exception of these slight and temporary relapses, to improve into a state of health that may be termed robust, and that for several months past he has continued free from every trace of his former disease, having taken at times much active exercise on foot, frequented freely the places of public amusement, and mixed in the evening parties of his friends. And although for a period of forty years he had been accustomed to the daily use of wine, he has for the last three years entirely abandoned it, and enjoys his health and strength, and an undiminished flow of spirits, with no other beverage than water.

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 costive; the appetite much impaired; some

CASE 2.

DROPSY OF THE CHEST, AND ANASARCA.

ON the 5th of October 1828, I was requested by my friend, Mr. Lambert, of Dean Street, Soho, to visit with him a Mr. W., a respectable hotel-keeper, of about 60 years of age, who was labouring under a dropsy of the chest, and a dropsical swelling of the limbs. The following were his symptoms: An habitual difficulty of breathing, attended by a severe cough, and with an inability to lie down in bed, or on either of his sides. His cough is considerably worse during the night, and upon making the least change in his posture, and attended with only a trifling mucous expectoration. His nights are passed by him in a nearly sitting posture, and his sleep is disturbed by terrifying dreams. The pulse is forcible and intermitting; the bowels costive; the appetite much impaired; some

thirst, and the urine high coloured, and very scanty. The lower extremities are greatly swelled, and the thighs pit deeply on pressure, whilst the legs are swelled and hard, and a good deal inflamed. These complaints commenced about three months since, and have progressively increased during the last five or six weeks; has been for some time under the medical treatment of a consulting surgeon, and had been bled twice with slight relief. Latterly, he had been ordered by him to the sea-side for change of air, and was allowed gin punch, and brandy and water as an occasional drink. He was also permitted to continue in the use of his wine.

He was now directed to lose twelve ounces of blood from the chest by cupping, to apply a blister to the chest, to take some diuretic medicines, and use an evaporating lotion to the legs, and to abstain from the use of all fermented liquors.

Visited him again on the 7th, and found him somewhat relieved; had been able to

lie rather lower in bed, having only five pillows to prop him up, and his breathing and cough are something better. A second cupping ordered to the amount of eight ounces, and the medicines to be continued.

Visited him again on the 9th. The difficulty in the breathing and the cough were now so much relieved that he could sleep with only three pillows, and could now lie on either of his sides without any aggravation of his symptoms. The swelling had left the thighs, and decreased in the legs. Was ordered a drastic purgative, and the other medicines to be continued.

12th. The dyspnoea and other symptoms of water in the chest had now become so much removed that he was able to lie with his head quite low, using only one pillow; and he made a trial before us of lying not only on each of his sides, but *even recumbent* on his face, and without either hurrying his breathing or exciting his cough.

Saw him again on the 20th. The legs had now recovered their natural size and softness, and no part of them pitted on making pressure. The evacuation by the kidneys had become abundant, the appetite natural, and the sleep uninterrupted through the night.

Saw him on the 23d, and learnt that he had suffered a slight relapse by an imprudent exposure to cold, that his cough and dyspnœa had returned, and that his legs had again become swelled. His urine had become less free, and was deep-coloured. Had also taken a glass of wine daily, contrary to orders. Had applied a blister to the breast, which was still sore. Was ordered to be cupped between the shoulders to twelve ounces, and to repeat the drastic purgatives; to continue the other means, and to be diligent in the use of the evaporating lotion to the legs; to abstain entirely from all fermented liquors, and to confine himself to his bed-room.

25th. Was cupped to twelve ounces, and was much relieved in his breathing. Was able to lie quite flat in bed, and his legs had again become of their natural size, and free from all inflammation. The urine passed each twenty-four hours amounted to nearly seven pints.

27th. Had passed good nights, and slept in the recumbent posture. The urine continued abundant; appetite quite good; the breathing quite free; the legs of their natural size. Had persevered in his disuse of wine, and kept his room. The drastic purgative ordered to be repeated, with the other medicines; the lotion to be omitted.

29th. Cough gone; breathing quite free; the nights quite good; legs had continued of their natural size; water plentiful, and the other functions healthy.

CASE 3.

DROPSY OF THE CHEST, AND ANASARCA.

IN November 1826, I was consulted by a gentleman from Manchester, who was labouring under an anasarcaous state of the feet and ankles, extending sometimes to the knees, and with the ordinary symptoms of effusion into the cavity of the chest. The patient was between fifty and sixty years of age, of a full habit, and had been accustomed for several years to indulge in what are termed the pleasures of the table. At the time of his consulting me his countenance was highly florid, and inclining to the purple hue. He complained of a tightness in his chest, and an inability to lie recumbent in bed, having disturbed dreams, which awoke him suddenly. His breathing was habitually short, but aggravated by exercise, or on ascending a height. He had some cough. His urine was scanty ;

the pulse of unnatural strength; and the bowels torpid. His complaints had been gradually coming on during the preceding two years, and particularly the swelling about his ankles. He had taken medicines at various times, and latterly had taken less wine or other fermented liquors.

The case was one of increased action in the serous tissues of the chest, brought on by too great vascular fulness in the system, and a too-highly stimulant mode of living, as favouring the production of that fulness, and rendering it of more evil effect when so produced. There was an inflammatory action in the membranes lining the chest, and a corresponding action in the cellular tissue of the legs. The plan of treatment to be pursued consisted in removing this fulness, and in subduing the excited action of the parts implicated in the disease. Eight ounces of blood were ordered to be drawn from the chest by cupping, and afterwards a blister to be applied there. A total abstinence from fermented liquors, and

a plain and spare diet were ordered, together with some diuretic medicines, and an occasional drastic purgative. He was relieved by these means, and after a few days he returned into the country with directions to lose a farther quantity of blood from his chest. By pursuing these instructions he gradually lost the several symptoms of which he complained. At the expiration of something more than a twelvemonth my patient called upon me to inform me of his having recently had a relapse of his complaints, and, as it appeared, through some neglect of the regimen enjoined him. Cupping and the other parts of the treatment again became necessary. He again became relieved, and returned into the country; and by a more strict attention to regimen, the renewal of his dropsical symptoms was permanently prevented. Such, however, was the tendency in this gentleman to vascular fulness, that, notwithstanding the very considerable attention bestowed by himself on his ge-

neral management, he still became subject to its attacks. The particular point, however, to which it was directed underwent a change, and the disease thence resulting was altered. He was now no longer subject to dropsy; his breathing remained free, and the ankles did not swell; but the head became affected, and he was threatened with an apoplectic complaint. This change took place about six months ago, when he first began to be sensible of too great fulness about the head, and an unusual weakness in the knees, with an occasional and temporary loss of consciousness.

In this case there has been a translation of the disease from the chest to the head, the same tendency exerting an undue action from vascular fulness, the precise point of attack being changed, and this change being dependent upon some slight causes inherent in the system, or superinduced upon it by accidental causes. The importance of the organ now implicated in disease over the one previously the seat of it,

has made a much more active means, and a more steady attention to regimen necessary than had been before employed; and I had the pleasure to find that the disease within the head, as it arose from the same causes as that of the chest, so it yielded to the same plan of treatment, and my patient is now convalescent, being entirely free from his former disease of dropsy, and apparently from any tendency to it; whilst this secondary affection has given way, as the first did, to local depletion and an abstemious regimen.

CASE 4.

DROPSY OF THE BODY, AND ANASARCA.

IN the early part of 1826, I was consulted from a distance respecting the case of a married woman of about 35 years of age, who, from domestic disquietudes, had unfortunately become addicted to the in-

ordinate use of fermented liquors, and who a few weeks previously to my being applied to, had become affected with a dropsy of the body, and a universal anasarca. Her breathing had become greatly oppressed, and she was unable to lie low in bed from the pressure of the water upward. The secretion of the kidneys was greatly interrupted, the bowels were torpid, the appetite much impaired, the pulse languid, and she was listless and drowsy. The practitioner, whose care she had been under, was of opinion that tapping must be resorted to, but was fearful of undertaking it, from supposing that the liver was diseased, and that the dropsy was the effect of it, and that she would inevitably sink under the operation. She had been allowed, though in a more temperate degree, the use of fermented liquors, from supposing that the habit which she had acquired had made the continuance of them necessary. In the treatment of the case little more than palliatives had been em-

ployed, with the exception of mercury, which had been liberally given with the view of curing the assumed disease of the liver, and which was considered as the cause of all the other affections. The urgency of the breathing, and the very great distention of the body, made the operation of tapping necessary, as preliminary to any plan of treatment for her relief, and the patient was herself desirous of it. She accordingly underwent the operation, and upwards of three gallons of transparent fluid were drawn off. The patient was instructed to make her diet consist of farinaceous food; and six hours after the operation twelve leeches were applied to the body. The following morning a medium dose of gamboge was taken, which answered well. On the second day the same number of leeches were applied. There had been a considerable oozing from the punctured wound, but on the third day this ceased. The patient was free from fever, and the body without any tenderness.

In the evening eight leeches were again applied, and likewise a small blister to the body, and the drastic purgative was repeated. Diuretic medicines were substituted for the saline which had hitherto been taken, and some animal broth was allowed. The anasarcaous swellings had now considerably declined, and the urine was a good deal increased. On the 7th day the leeching and blistering was renewed, and the leeching again on the 12th. The swelling about the limbs continued to decline, and the body remained free from all irritation. From this period the patient continued progressively to improve, and gradually returned to the exercise of her ordinary avocations. For about sixteen months she remained free from any return of her disease, when, from having again resumed her habits of intemperance, she began to perceive her body to enlarge, and the anasarcaous swellings to return. The same plan of treatment was resumed; and as the quantity of fluid in the body was

inconsiderable, the tapping was rendered unnecessary; for shortly after the treatment was begun with, the body began to subside, and I had the satisfaction to learn, many months afterwards, that the patient had fully regained her health, and was likely to retain it, as she had at length complied with the positive directions given her in regard to the use of fermented liquors, the abuse of which having in her case been alike the cause both of the first and second attack of her disease.

CASE 5.

OVARIAN DROPSY.

IN March 1827, I was requested by Mr. Pater, surgeon, of the Commercial Road, to visit with him, in his neighbourhood, a lady who had recently come up from the country labouring under an *ovarian dropsy*. She had already been tapped three times

in the course of two years, and had come up to town from a distant county to undergo the operation for the fourth time, and which was performed by Sir Astley Cooper a few days previous to my seeing her. The history given me of the origin and progress of the disease, corresponded in most of the particulars with what is met with in others. There had been, from the commencement of the complaint, a certain degree of uneasiness in the iliac region, accompanied by much bearing down, which was greatly increased by walking exercise, or by any continued standing. There was also a considerable degree of muscular debility, and much tendency to fainting, and a general inability for exertion. The re-filling after each operation had been gradual, and nothing untoward had occurred after any of them. The fluid discharged had been considerable, and colourless. On examining the patient's body, there was no uneasiness felt upon making pressure, and the punctured wound of the operation

had healed. There was much complaint of debility, and the pulse was feeble and frequent. The bowels were prone to become confined, the appetite was small, and the urine somewhat scanty. The lady's age was about forty, and she had had several children previous to the attack of her disease. The case was evidently one of ovarian dropsy, a disease which the profession are prone to regard as incurable, and which is ordinarily abandoned as such; the only means ever attempted for its relief being palliatives to abate its inconveniences, and the operation of tapping to remove its fluid. That it is curable, under its milder and incipient forms, is a fact that I had ascertained from my own experience; and though the disease in this case was of some standing, and four successive operations of tapping had been performed, it was no unreasonable presumption to conclude, that the same means which proved successful in the less-protracted cases, would, if actively pursued, be of service in

this. A sac, indeed, of considerable size, and, consequently, a considerable extent of secreting surface, had been formed, and which, after each preceding operation, had acquired, as an effect of it, an increased disposition to pour out the dropsical fluid. The clear indication of treatment was to repress or prevent that increased action of the secreting surface by which the water was effused. To this end all the means were to be employed that could in any way contribute to it. One purpose was to prevent all irritation in the diseased part; the second was to obviate the effects of any irritation that might naturally or incidentally arise. For the first object, the patient was directed, for the present, to recline much upon the sofa, and abstain from walking exercise, and avoid all unnecessary pressure on the body. The diet was to be plain, and little stimulant, and diuretics were to be taken as medicine. To this plan was united the means for correcting that inflammatory irritation which suc-

ceeded the former operations, and by which the fluid would be effused. The feeble state of the patient, and the considerable effect which all debilitating means produced in her, rendered any active means inadmissible, and apparently unnecessary. Much, it appeared to me, might be accomplished in this case by the use of moderate evacuations, frequently repeated; and as the disease was purely local, that local evacuations would be most useful, and might be of a less amount, because of their being local. Leeching and blistering the abdomen were the means which offered; and I directed, therefore, that three leeches should be applied to it every third or fourth day, and a blister of one square inch and a half in size be likewise applied in the same manner. Our patient remained in town for some weeks afterwards, and diligently persevered in this plan, and without sustaining any particular inconvenience from it. The effect was such as I had hoped for; the body did not enlarge, and

the disease was clearly arrested. The lady had now to return to her home, and to undergo the fatigue and risk of a journey, in which more or less of irritation might be expected. She reached her home without apparently suffering from the journey, and immediately resumed her course of treatment and regimen. She communicated with me from time to time by letters. The treatment by leeching and blistering was persevered in with comparatively little inconvenience; the small number of only two or three leeches which were applied, and the minuteness of the blisters, rendered them too inconsiderable to produce either much weakness or much pain. For several months this treatment was uninterruptedly continued; for the success which attended it, and the fear of a failure, encouraged to perseverance. Before the expiration of the first year after commencing this treatment, there were occasional interruptions to it, and some changes were made in the medicinal

part of the plan, and in the regimen, particularly in allowing a small portion of wine daily, and in the patient undertaking some of the more active duties of her household.

There were also some fears entertained, once or twice, of the disease being about to return; but the symptoms were simply those of a disordered digestion, and constipated bowels, and subsided under the plan of treatment suited to those states.

Two years have now elapsed since the operation, and there has been no return of the dropsy; and as it is now many months since my patient wholly discontinued the leeching and blistering, there is the fairest ground for concluding that the disease has yielded to the treatment, and that the admirable perseverance of my intelligent patient has been rewarded by a permanent cure.

what scanty. The lady was the mother of two children, and could assign no cause for her complaint. On examining the body of our patient, there was a very distinct sense

CASE 6.

OVARIAN DROPSY.

IN March 1819, my friend, Mr. Watson, of Cottingham, called upon me, accompanied by a young and married lady, for the purpose of consulting me upon her case. I learned that the patient had felt, about six or eight weeks before, a certain degree of uneasiness at the inferior part of her body, on the left side, with a slight degree of pain, and sometimes numbness of the thigh of that side. After a short time the lower part of the body began to swell, and at length a very perceptible fluctuation was discovered in it. The patient became emaciated, lost her appetite, and had generally a dry skin, and the urine was somewhat scanty. The lady was the mother of two children, and could assign no cause for her complaint. On examining the body of our patient, there was a very distinct sense

of fluctuation perceivable, and the swelling had gradually become of such a size, as to render the inferior part of the body equally distended. The patient had been under medical treatment, and the usual methods of cure had been employed without effect. The disease consisted evidently in an inflammatory action in the left ovarium, and an effusion had commenced in the usual way, and was gradually advancing. It was an incipient ovarian dropsy, and was proceeding to that maturity when tapping becomes necessary, and by which an aggravation is afforded to the disease, and an earlier accumulation occasioned of the fluid. The method of treatment usually pursued in these cases is directed exclusively to the carrying off of the water, but the true disease consists in an inflammatory action in the ovarium, producing the effusion, and the remedies employed to remove the fluid have no power to remove the morbid state which produces the fluid. The proper disease being chronic, and

purely local, local evacuations are peculiarly required. We accordingly began the treatment by applying leeches to the lower part of the body, and continuing, with some slight variation, the diuretic medicines already employed. At the end of a week I saw my patient, and had the satisfaction to find that the symptoms had subsided, and that she had been sensibly relieved by the leeching. She was directed to renew it, and to continue the other parts of her treatment. In a few days I again saw her, and learned that the improvement continued, and that the body had undergone no increase. The cause of the disease was thus materially checked. The objects now to be attained were those of keeping the ovarium in a quiescent or passive state, and of effecting the absorption of the effused fluid; and for this purpose various medicines, and chiefly those of the class of diuretics, were in succession employed, and at length their full purpose was attained by the entire absorption and

removal of the fluid, and by the full restoration of the patient to health. It is now ten years since she recovered from her disease; and notwithstanding her having borne several children since that time, she still continues perfectly well, and free from every appearance of her former disease.

CASE 7.

OVARIAN DROPSY.

To the Editor of the Lancet.

SIR, — Will you do me the favour to publish in your widely-circulated journal, the history of a case of ovarian dropsy, successfully treated lately under my care? Perhaps you will deem it more worthy of insertion, as in Dr. Johnson's Quarterly Journal for April, the critic, who reviews Dr. Ayre's excellent practical work on dropsy, hesitated to admit the practicability

of removing ovarian dropsy by the plan laid down by Dr. A.

I remain

Your obedient humble servant,

M. JONES MORGAN, Surgeon.

Corsham, August, 1826.

Sarah Cole, ætat. 22. (laundry-maid in a gentleman's family in this neighbourhood), of a sanguineous temperament, tall, and of a slender form, called to consult me on the 8th December 1825.

I found the abdomen large, as in the ninth month of pregnancy. She informed me that about the month of May 1824, she felt a small swelling, nearly the size of a cocoa-nut, in the right side of her belly, a little above the groin. It gradually increased in size, and at the expiration of twelve months the tumour was considerable, but still confined to the lower belly, and she was not yet larger round the waist. For the last seven or eight months, she has increased in size more rapidly, and now

measures forty inches in circumference. The integuments of the abdomen are extremely tense, and the fluctuation is as distinct as ever I felt it in ascites. Her general health is good, and the only inconvenience she feels is the large bulk of the abdomen. She has not hitherto consulted any medical man, nor taken medicine of any kind. I wish also to add, she is a very steady girl, and enjoys the good opinion of the very respectable family she lives with; and I have myself noticed her size for the greater part of the time she has been ailing, though I did not speak to her on the subject. The catamenia left her for the first three months of her attack, since which she has been perfectly regular. I bled her in the arm, and prescribed

R Hydrar. Submuriatis, gr. v.
 Cambogiæ Pulveris, gr. iij.
 Scillæ Rad. gr. ij.
 Conf. q. s. ft. pil. hora somni sumendæ.

R Potassæ Supertartratis, ʒij.
 Pulv. Jalapæ, gr. x.
 Pulv. Zingib. gr. v.

M. ft. pulvis mane sumendus.

After which she took the following daily, until the 21st of December: —

R Hydr. Submurialis, gr. x.
 Cambogiæ Pulv. ℥j.
 Pulv. Scillæ, gr. xv.
 — Digital. gr. viij.

M. ft. pil. No. x. sumat j. nocte manea.
 R Potass. Supertart. ℥ij.
 Pulv. Zing. gr. v.

Ft. pulv. meridie sumendus.

The medicines acted freely on the bowels, but without any diminution of the swelling.

January 10. 1826, directed her to take

R Hydr. Submur. gr. vj.
 Solve in Æther. Nitric. ℥j. deinde add,

R. Digitalis,
 — Scillæ, āā ʒss.
 Miscæ, capt. cochl. j. misc. in cyatho infusi genistæ bis quotidie.

R Potass. Supertart. ℥ij.
 Cambogiæ Pulv. gr. iij.
 Pulv. Scillæ, gr. iss.
 — Jalap. gr. xv.

Ft. pulv. 4tis horis sumendus; and to rub over the the abdomen a camphorated mercurial liniment every night and morning.

She continued these medicines long enough to give them a fair trial, and also to occasion a slight salivation, but still without any perceptible amendment.

On Wednesday, March 22. I consulted an eminent physician (Dr. Sainsbury) of this place, who directed her to be immediately bled in the arm to $\bar{z}xvj.$; and to give her, —

R Hydr. Submur.	gr. iv.
Cambogiæ Pulv.	gr. iij.
Scillæ Rad. Pulv.	gr. ij.
Jalap. Rad. Pulv.	gr. xv.
Ol. Juniperi,	gr. ij.
Syrup. q. s. ft. pil. vj. capt. iij.	hora somni et iij.
mane sequenti.	

The pills made her very sick, and acted copiously on the bowels.

On Saturday 25th, she was directed to be bled again to $\bar{z}xvj.$; to take four of the cathartic pills every third morning.

R Tinct. Scillæ,	
— Digital. āā	ʒiij
Spt. Æther. Nitric.	ʒvj.
M. capt. cochl. i. minim. bis quotidie.	

On the following Tuesday morning (28th) she began to pass immense quantities of water, which continued until Thursday evening (30th), when she became as thin as ever; and has enjoyed excellent health and natural size to this day, 11th August 1826.

— give her —

R Hydr. Submur.
 gr. iv.
 Camphor Pulv.
 gr. iij.
 Scilla Rad. Pulv.
 gr. ij.
 Jalap. Rad. Pulv.
 gr. xv.
 Ol. Juniperi,
 gr. ij.
 Syrup. p. s. ff. pil. vi. cap. iij. hora somni et iij.

THE END.

mane sequenti.

The pills made her very sick, and acted copiously on the bowels. On Saturday 25th, she was directed to be bled again to xxvj ; to take four of the cathartic pills every third morning.

R Tinct. Scilla,
 — Digital. aa
 Spt. Aether. Nitric.
 M. cap. coch. i. minim. bis quotidie.

On the following Tuesday morning (23rd) she began to pass increased quantities of water, which continued until Thursday evening (26th) when she became entirely anorectic; and the expected exfoliation of the placenta and normal size for this day, 11 lb. 10 oz. was passed.

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