old hernia, and he ventured on purgatives, but as reduction of the fresh rupture had not truly been effected, the plan was of course abortive. When I saw the patient, the vomiting was decidedly feculent; and this, taken in conjunction with the other symptoms, determined the advice for an immediate operation. As the case was anomalous, the sac was opened before division of the stricture, and found to contain firmly adherent omentum, almost enveloping a small intestinal protrusion.

Strangulation had here existed for six days, and the parts were discoloured and in bad condition. Death occurred in another six days from peritonitis (verified by a *post mortem* examination), although the operation bade fair to be successful for the first four days.

[*To be continued.*]

A SUGGESTION FOR THE TREATMENT OF OVARIAN TUMOURS, BY COMPRESSION AND OBLITERATION OF THE TUMOUR AT ITS BASE OR PEDICLE.

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On rising from the perusal of Mr. Spencer Wells's remarkable work on *Diseases of the Ovaries*, a suggestion has occurred to me, in regard to the treatment of ovarian tumours, which is, I believe, new, and which, if successful, would simplify the present operation to an extent that none, except those who have seen the operation performed, can understand.

My suggestion is simply to operate, so as to compress and obliterate the tumour at its base or pedicle, either by ligature or acupressure, and thus to cut off its vascular connection with the body; then to evacuate the fluid in the cyst, as far as is possible, by the trocar; and, lastly, to leave the cyst in the body to undergo natural shrinking and absorption.

The suggestion is based on the consideration, that an ovarian tumour is, after all, virtually an enormous aneurism. True, it is filled only with the water of blood, a little albumen, and a little saline matter; but all the fluid is derived from blood; and when death occurs, it is as from slow hæmorrhage. To cut off, therefore, the blood-supply from the tumour, would be to prevent the secretion of new fluid, and to stop the nutrition of the sac altogether.

From the comparative ease with which the ovariotomist turns out the sac, when the abdominal walls are laid open, I cannot assume that the cyst derives any important blood-supply, except from its base; from the point, that is to say, where it originally was developed. If this be the anatomical fact, it follows that the nutrition of the cyst can be commanded at the base; and that to tie or otherwise compress the cyst there, and cut off all vascular communication from it, is simply equivalent to the performance of Hunter's operation on the femoral artery for the treatment of aneurism in the popliteal space, and is the same as removing the cyst itself.

The details of the operation, subject to modification, would be the following.

1. The patient being under chloroform, a trocar should be passed into the cyst: the trocar should be so constructed, that, without the necessity of removing it, the current from the tumour could be stopped at any moment, as the operator should direct.

2. When the body is relaxed to a proper extent by the withdrawal of fluid, a small incision should be made over the base of the tumour, and the parts dissected down until the tumour is reached. An incision such as is made for tying the common iliac artery would probably suffice.

3. The tumour reached, the operator would isolate its neck as low as possible, with the finger, and would then cast two strong ligatures, an inch apart, round the neck, with a large aneurismal needle. He might now entirely evacuate the tumour of its fluid contents, through the trocar, and then tie his ligatures; or he might tie first, and draw off the fluid afterwards.

4. The ligatures, cut off close, might be let remain in the abdomen; and, the wound being closed and pressure being applied to the abdomen, the cyst, I think, might be left without danger.

I have here suggested the compression of the neck of the cyst by a ligature, to apply which requires an incision. But in so doing, I only insist on the act of compression, not necessarily on the incision. I see indeed, if the principle be correct, that the details may be much simplified. It would not be difficult—for example—to pass through a very small incision, a long acupressure needle behind the tumour, and by a figure of eight twist round the extremities of the needle outside the abdomen, to bring the neck of the cyst fairly up to the abdominal wall and secure its compression.

Or it might be possible to obliterate, subcutaneously, by means of a needle and thread only; I mean by passing a long curved blunt-pointed needle armed with a strong thread, and introduced into the abdominal cavity by a subcutaneous incision, clean round the tumour at its base, and by tying the thread, after the needle was withdrawn, in a firm slip noose that should grasp the pedicle of the cyst with the required force for compression.

Again, a clamp might be invented to open round the neck of the cyst, like the blades of a lithotrite, and to close by a screw movement upon the neck, and destroy the vascular connection.

If the principle thus suggested be sound, it will admit of application in all cases of ovarian tumours demanding operation. But it has the advantage of being applicable in cases where the present operation is impossible; I mean in cases of multilocular cyst, or where the cyst is fixed too firmly by adhesions. It might be best to try the operation by compression in one of these cases first; in a case where, the present operation being hopeless, the patient must die, unless some other operation be at hand to save.

12, Hinde Street, February 27th, 1865.

The French Academy of Sciences has offered for 1866 a prize of 20,000 *francs* for the best essay on the question: The Preservation of Limbs by Preservation of the Periosteum.—The academy has awarded the Lalande medal, the highest astronomical prize in the gift of the academy, to Mr. Richard Carrington, of Redhill, the indefatigable observer of solar spots.

Mütter Lectureship on Surgical Pathology. The late Dr. Thomas D. Mütter left to the College of Physicians of Philadelphia the sum of $30,000, and his extensive collection illustrative of surgery and surgical pathology. The conditions having been complied with—the chief one being the erection of a fire-proof building within a specified time, adapted to the purpose of the College—it has come into possession of the thirty thousand dollars, the interest of which is to be expended in making additions to the museum, paying a curator, and sustaining a course of lectures on some department of surgery—the lecturer to be appointed annually by the College. The choice of the College of Physicians of a person to deliver the first course of lectures has fallen on Dr. John H. Packard, who has begun a course on surgical pathology.