of the patient, and also flexion of the thigh on the abdomen, but with no benefit, excepting, no doubt, in developing to some extent the collateral circulation, and thus assisting much in the future treatment. On November 24th, the aneurism measured four and a half inches longitudinally, and four and a quarter inches transversely, the increase having taken place chiefly on its proximal side; and I then performed the following operation, assisted kindly by Mr. Gascoyen of St. Mary's Hospital, as well as by my colleague Surgeon-Major Trotter. Having made the usual external incision, commencing about an inch above, and to the inner side of the median line of Poupart's ligament, the oblique and transversalis muscles were, owing to their great thickness, very freely divided. No notice was taken of the transversalis fascia. The peritoneum, with abdominal contents, was thus easily detached and drawn inwards; but the artery was with difficulty reached, as it seemed to have been considerably pushed inwards by the long course of mechanical pressure, but, pulled outwards slightly with a forceps, the ligature needle was readily passed round it without any attempt being previously made to open the thin sheath which surrounds the vessels there. Perfectly fresh carbolised catgut was used; and, owing to the fear that the first ligature might not have been well applied, and having a great belief in its non-irritating properties, I put another round it of the same material, and in juxtaposition. The wound was then sewn up, and the whole limb, having been well enveloped in cotton-wool, was raised, and a hot bottle applied to the foot.

On examining the foot a few hours afterwards, it was warm, and the patient was quite comfortable. Again I will omit the course of the case, beyond stating that a great portion of the wound towards each end healed by first intention, and that this process was partially retarded by his having a troublesome cough, which strained the abdominal parietes; and for a time there was a rather free discharge, due to the man's state of health, and not apparently set up by the ligatures, which were never observed to come away in it.

On January 6th, he was allowed to get up; and on February 8th, he rejoined his battalion, when his general health was good, and hardly any traces of the aneurism were left; and, I may add, the man has continued quite well to the present time.

This case is published by permission of Surgeon-Major Cay.

SPONTANEOUS CURE OF AN OVARIAN CYST.*

By W. JACKSON CUMMINS, M.D.,
Physician to the Cork South Infirmary and County Hospital.

THE patient, a married lady, aged over 40, with no children, had for some years been off and on under my care for a muco-sanguineous discharge from the bowels. In December, 1873, she received a fall from her horse, and a few days afterwards called on me, as she complained of being slightly hurt in the abdomen. On examination, there was no trace of injury to be seen, but the hypogastric region was found occupied by a tumour tending rather to the left side, and looking like a pregnant uterus. The lady was entirely unaware of its presence, and stated that she menstruated regularly, and had no signs or symptoms of pregnancy. After repeated and careful examination, the diagnosis of ovarian cyst was made, and, in order to confirm this, she was advised to consult Dr. Kidd in Dublin, which she did, and who, in consultation with Mr. Hamilton, reported on the case as follows. "On introducing the uterine sound it was found to pass two inches and no further. The tumour is without doubt 'ovarian', nearly unilocular, and tolerably free from adhesions. No operation should be attempted at present, as it has not interfered with the patient's general health, and no certainty exists as to its rate of growth." She was ordered iodide of potassium ointment and Blanchard's pills, and advised to return home and await the progress of the case. The following are the measurements of the tumour then taken, in inches.

	1874.	Jan. 21st.	29th.
Circumference of abdomen at ninth rib -	-	...	27½
" one inch above umbilicus -	-	30¼	30½
" at crest of ilium -	-	33¾	35
Distance from end of sternum to umbilicus -	-	5¼	6
" " umbilicus to pubes -	-	7½	7¾
" " umbilicus to right anterior superior spine of ilium -	-	7	7½
Distance from umbilicus to left anterior superior spine of ilium -	-	7	7½

There was slight crepitus to the right of the umbilicus on full inspiration.

* Read before the South of Ireland Branch.

On her return I saw, but did not examine her, and some time afterwards she began, with my permission, to drink broom-tea. Previously to this time, she suffered severely from cramps in the stomach, and one night was awakened with a kind of violent wrench in the part, which occurred twice in a few seconds. This was followed by a gradual cessation of the cramps, but there was no diminution in the size of the tumour, but rather the contrary. Shortly afterwards, she was seized with a severe bilious attack, and took a dose of castor-oil, which was followed by purging and vomiting. As the menstrual period came round, the left leg from thigh to toe became stiff and swollen, with inability to put it to the ground. It was at this time (March 1874) that she commenced to take the broom-tea, and ceased the use of the pills and ointment; the tumour being in precisely the same condition. From this time, however, it gradually diminished in size, and, in seven weeks, had entirely disappeared. She had taken during that period a wineglassful of the broom-tea twice daily. I had no opportunity of examining the lady after her reported cure; but, as she was to pass through London on her way to the Continent, I wrote to Mr. Spencer Wells, stating the nature of the case, and Dr. Kidd's opinion, and asking him to examine her, which he did, and replied as follows. "Mrs. M.'s case is probably one of rupture of an ovarian cyst into the peritoneal cavity, with absorption of the fluid. Its occurrence during the use of broom-tea can hardly be more than a coincidence. The base of the cyst can now be felt about as large as an orange to the left and in front of a rather large uterus."

Dr. Kidd, to whom I communicated the result, seemed to agree with Mr. Wells's view of the case, as I also do myself, though the very gradual diminution of the tumour testified to, both by the patient herself and her husband, a clergyman of high intelligence and judgment, would seem unfavourable to this explanation of the cure. This case agrees to a great extent with the views expressed by the most celebrated ovariologists of the day, who, when speaking of the utter inutilty of drugs in such cases, mention the fact that spontaneous cures have taken and will take place during the use of some inert *placebo*.

Whether the cure here took place by rupture into the peritoneal cavity, and consequent absorption of the fluid; or, whether it was the result of direct absorption without rupture of the cyst-wall, is a question on which I shall be glad to hear the opinion of the members, though it may not necessarily arise in connection with the interesting case I have detailed.

THERAPEUTIC MEMORANDA.

NITRIC ACID AS AN UTERINE CAUSTIC.

I HAVE read with much interest an article from Dr. Braithwaite, in the BRITISH MEDICAL JOURNAL for November 13, on nitric acid as a caustic in uterine practice, and I can fully confirm all he says as to its superiority to other caustics. I believe that I have tried them all; but, after using the nitric acid for at least twenty-five years, I have no doubt of its superiority. It does just what is wanted and no more, rarely gives any pain, and leaves no ill-effects. If Dr. Braithwaite will turn to pp. 245, 285, etc., of Churchill's *Diseases of Women*, he will find additional testimony to that which he has quoted; and I may add that it is used and held in high esteem by all the Dublin obstetricians.

F. CHURCHILL, M.D., Fellow and ex-President of the King and Queen's College of Physicians, Ireland.

TREATMENT OF CANCER BY CITRIC ACID.

S. C., AGED 69, mother of seven children, had always had very good health. About two years and a half ago, she first found difficulty, with occasional pain, in swallowing, followed by regurgitation of food after a variable interval. Twelve months ago, she applied for treatment. There was then no marked cachexia; no emaciation; very little pain. She had regurgitation of food after every meal, and in the interval constant regurgitation of viscid fluid, clear and colourless; never any blood, etc. By the aid of oesophageal auscultation, an obstruction could be easily made out to be at the cardiac orifice of the stomach. She was then treated in a London hospital, and returned apparently dying; anæmic, cachectic in a marked degree, and unable to swallow anything, everything going down a certain distance and then being vomited. At her urgent request to give her something to "cut the phlegm", I gave her large doses of citric acid, combining with it minim-doses of ipecacuanha wine, on Dr. Ringer's plan, the good effect being very marked; the vomiting was almost stopped, and, from being unable to swallow anything, she could eat and enjoy bread and cheese and beer; she gained flesh and strength, and even did her own washing. After a few