OBSERVATIONS ON THE TREATMENT OF OVARIAN DROPSY.

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I am induced, by the perusal of the very interesting case of ovarian dropsy, published in a recent number by Mr. Eager, of Guildford, to suggest that in the great majority of the cases of ovarian dropsy, an imitation of the process by which in this case the disease was spontaneously cured, might with advantage be substituted for the formidable operation which, with many successful results, has however so often had a fatal termination. I have for some time conceived that the removal of a portion of the cyst, and, after a partial evacuation of its contents, the closure of the small orifice into the abdominal cavity necessary for this operation, would, without danger, be uniformly followed by the cure of all cases of unilocular ovarian cysts; and that in those cases in which the larger cyst coexists with one or more smaller cysts, the comparative innocuousness of the operation might justify its repetition in the event of a subsequent development of these smaller cysts. I believe that in all the cases, and they are numerous, in which the operation of tapping has been followed by a radical cure, the effect was the result of the process by which Mr. Eager's case recovered.

There are, in the records of the art, several cases similar to that recorded by Mr. Eager. In one, a lady affected with ovarian dropsy, crossing one of the bridges in London, was frightened by a bull, and leaped upon one of the seats in the alcoves; she felt something give way within her, a sense of sinking, and a degree of sickness, which were all the unpleasant consequences; the swelling gradually disappeared, and never returned. There is also related by an American physician the case of a lady affected with ovarian dropsy, in which the supervention of pregnancy, and its arrival at a certain stage, was twice attended by a rupture of the cyst into the peritoneal cavity, and the absorption of its contents, attended with a greatly increased evacuation of the secretions by the kidneys and skin. I believe that if I had time to consult the books, I could cite a number of similar cases.

Often the contents of the cyst are of such a nature that their evacuation into the peritoneal cavity would necessarily be attended by fatal peritonitis, but such a result could be easily obviated by an exploratory puncture of the sac, and in such a case other modes of proceeding should be adopted. In such a case I think the old method of proceeding practised successfully in this country a century ago by Houston, and in France by LeDran and others, in some of the most unpromising forms of the disease, ought to be adopted. After making an incision into the parietes of the abdominal cavity, and puncturing with the trocar the walls of the sac, the aperture in this last was enlarged by a bistoury; the contents of the cyst, in some instances almost solid, were removed; the edges of the aperture of the sac were connected with the aperture in the abdominal cavity, and the fistulous cavity thus resulting was treated like an abscess. The apparently rude treatment borne by the patient in these cases, was not attended by the constitutional symptoms which might have been anticipated, and for this I think

there is an obvious reason. In almost all the cases of ovarian dropsy that I have examined, and certainly in all the cases in which the operation of ovariotomy was justifiable, the vascularity of the tumour was very slight, and the vessels at the root of the tumour were, in proportion to the large mass of matter which they had to supply, much smaller than would be necessary to supply a corresponding proportion of the least vascular tissue of the animal body. I should imagine there is a corresponding degree of development of the organic nerves, which no doubt accompany these vessels. It is therefore extremely improbable, that on the quasi-mucous tissue, forming the lining of the sac, a degree of inflammation could be set up by its exposure, which would be attended by constitutional symptoms of any degree of severity. I think medical men have been generally misled upon this subject by the supposition that there is an analogy between the lining membrane of the sac and the serous membranes of the body.

The views which I have here ventured to suggest to the profession on this subject, have, I have no doubt, occurred to others. I know that at a late meeting of the Pathological Society in this town, the operation I have suggested was proposed by Mr. Minshall, surgeon to the Southern Hospital. That I may not appear to have unfairly taken advantage of this communication, I may state that I can bring evidence to prove that I have held these opinions for nearly two years. My attention was directed to the subject by the fatal termination of the operation at which I was present and assisted, in the case of a lady in this neighbourhood. The operation was performed by Mr. Banner, in the presence of Messrs. Bickersteth, Stubbs, Bainbrigge, and Lewis, with all the precautions and skill which might be expected from the well established character of the operator and of his assistants; and the after-treatment in which I assisted, was in strict conformity with the rules laid down in the records of the treatment of operations followed by more favourable results. Yet with many other favourable concomitants of youth, health, and patient resolution, it deprived society of a lady of the most interesting character.

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It is with deep regret that we feel called upon to notice the proceedings which are reported to have taken place at the Royal College of Surgeons, on the occasion of the delivery of the Hunterian Oration by Mr. Lawrence. Various accounts of what occurred are in circulation; we need only refer to the measured language in which the *Medical Gazette* speaks of the oration, to show that the censure with which it was received was not undeserved. "The oration," it is stated, "occupied two hours in its delivery, and was, on the whole, a curious medley of beautiful language in praise of