

part of the gastro-intestinal canal. But since, I have seen the same phenomenon occur after ovariectomy, and consequently there were no cysts to furnish the matter ejected, I have doubted whether any such communication, as we supposed, existed in Dr. Brown's patient. I have frequently since regretted not having had an opportunity of satisfying that doubt by a *post-mortem* examination.

In this case (the first of the kind, by the way, I had ever seen) the pedicle of the tumour was much broader than I ever should have expected to have found it, from the many accounts I had read of the operation, and so short was it that it required strong traction, and forcible pushing back of the abdominal parietes, to bring the clamp outside the wound, although when once fixed there, I think the shortness of the pedicle was favourable to recovery, from its keeping that part of the wound for the first few days fixed and immoveable.

The clamp which I used was made by a gunsmith in this town, and proved inconveniently short; although allowances were made for a pedicle of four inches in breadth. In introducing the needles, they were made to transfix the whole thickness of the abdominal walls, at about an inch from the line of incision, and including a deep hold of the peritoneum.

In emptying the cysts I did not use a trocar, because it would have kept the patient a much longer time with her abdominal viscera exposed to the air. Neither did I, before closing the wound, attempt to soak up any fluids which might have been effused among the viscera, not only for the above stated reason, but because I was afraid the most gentle application of the softest flannel would be more irritating than any small quantity of effused fluid would be, and also because it could not be used without leaving numberless small hairs adherent to the peritoneum, and might be the means of producing fatal peritonitis. I did not use chloroform or any anæsthetic agent, because her respiration was very much impaired, through her great distension; and the heart's action was already so very feeble, that I feared its functions might become altogether arrested, and her chances of life were already sufficiently slender.

The tumor weighed seven and-a-half pounds twenty-four hours after its removal, when it must have lost from wasting, by exudation and evaporation, a very considerable portion of its original weight.

BRANTFORD, C.W., 21st November, 1860.

LONDON CORRESPONDENCE.

No. 4.

I feel disposed to be exceedingly facetious at the novel enquiry of an "Ignorant Subscriber" in the August number of your Journal, as to the signification of the expression *Penile organ*. The part *penile* is occasionally heard from the lips of some of our London Hospital men. I myself have heard Mr. Erichsen use it several times, and at first it seemed rather novel to my ear, but like many other innovations in Medicine, people have become reconciled to it. Possibly it may have had its origin from the French word *Pénil*, which is mentioned in Dunglison's Medical Dictionary to signify the "*mons veneris*." In ordinary French Dictionaries, *Pénil* means the groin, and the adoption of the English word