

of the organ, and yet after drainage for some weeks it was completely restored to its functions, whatever they may be. Dr. Bernays says that ideal cholecystotomy is indicated when the bladder is normal in structure, and when the gall-ducts have been cleared of obstructing calculi. But he seems to be perfectly well aware of the validity of the conclusion which I have completely established, that it is absolutely impossible to be sure that the gall-ducts have been so cleared. His own case of successful ideal cholecystotomy was an example of which I have seen a considerable number, where, by the chronic inflammatory change effected by long impaction of gall-stones, the duct was practically obliterated. In such cases the regurgitation of bile after the operation does not take place until the inflammatory effusion has subsided, many days after the operation, sometimes two or three weeks; therefore it was not really a fair chance to test the efficacy of his ideal operation; and supposing that the accident of subsequent suppuration took place, a not unlikely thing after such an operation, nothing could happen but that the suppurating gall-bladder would discharge its contents through the aperture made at the time of the operation. One other point is the consideration of the possibility of a subsequent formation of gall-stones, and is a very strong argument in my own mind against Dr. Bernays' ideal cholecystotomy; for if such a thing should happen the whole operative process must be gone over again. On the other hand, if my proposal, characterised by Dr. Bernays, and very appropriately, as natural cholecystotomy, had been carried out, a single incision into the adherent gall-bladder, guided by a tattoo mark, which can be very easily left to identify the site, would enable complete and effectual relief to be given without any risk at all. This is an argument in favour of the operation I advocate, which I have frequently pointed out, and which I desire again to put into prominence. In all other respects I entirely agree with Dr. Bernays, more particularly in his condemnation of the transcendental cholecystotomy of Dr. Gaston.

Birmingham.

STUNNING AND BURN BY AN ELECTRIC LAMP.¹

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INJURIES from electric lamps are becoming not infrequent. In most of the cases related death has been instantaneous. In a case reported on Jan. 22nd as occurring at Liverpool the man was stunned and remained unconscious for a time and on recovering was found to be quite blind. The case here related is very curious as to its causation and its effects.

William C—, aged forty-four, a workman in Clydebank building-yard, was engaged at a crane on Nov. 19th, 1885. At the extremity of the wooden arm of the crane was an iron pulley, over which hung an endless chain for raising weights. The man had occasion to pull at the chain, and while so doing an electric lamp, which was suspended above, by some mischance was lowered till it touched the iron pulley. The lamp was one of the arc kind, worked on the brush system. The instant this occurred the man felt a shock pass through him, became "doubled up," and then lost consciousness; but he did not fall to the ground, being held up by the chain which his hands firmly and involuntarily grasped. Some three or four minutes elapsed before the electric current was cut off at the machine, when the man dropped down on the ground stunned. He was taken to the Western Infirmary about an hour afterwards, by which time he had recovered consciousness and could give a distinct account of what had happened. The injuries received were not very severe. There was a vesication on the palm of his hand where it held the chain; also one on the side of his neck, which rested against the chain during his pulling it down. On the sole of his right foot in front, where the chief weight of his body rested in the act of pulling, was a spot about two inches square, where the tissues were completely charred by the heat of the current passing into the ground. There were no nails in the boots, and there was no perceptible evidence of heat on them, but the sole of the stocking was charred opposite the charred part of the foot. Sir William Thomson, who questioned

the man after his recovery, explains that the moist foot of the stocking must have acted as the medium of conduction between the man's body and the ground, and so determined the seat of the burn.

The symptoms complained of were not very severe; they consisted of a slight amount of general shock, a feeling of heat in the abdomen and chest, and dimness of vision, all of which passed off in twenty-four hours. The wounds were treated in the ordinary way. A large slough separated from the sole of the foot, followed by rapid granulation and cicatrisation, and the man was dismissed cured in about six weeks.

Sir Wm. Thomson suggests that if any of the bystanders had taken the man by the clothes and drawn his feet from contact with the ground, or had thrust a bit of dry clothing of any kind under his feet, the contact would have been broken, and the hand relieved from its grasp of the chain. The wonder is that an electric current powerful enough to char the thick integument of the sole of the foot, passing through the man, did not produce any internal mischief.

LARGE FIBROID TUMOUR OF THE UTERUS.

SPONTANEOUS EXPULSION; CURE.

By W. H. JALLAND, F.R.C.S.,

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ALTHOUGH spontaneous expulsion is one of Nature's ways of performing a cure in this condition, still, as it of so comparatively rare occurrence for large fibroids to be got rid of in this way, I think this case worthy of record. I first saw the case in consultation with Mr. Aylward, of York, on Jan. 2nd, 1885, on account of severe hæmorrhage from which the patient was suffering, and which at one time looked as if it might prove fatal. When I first saw her she was in such a feeble and blanched state that very little examination could be made, all our energies being directed to stopping the bleeding. This was fortunately done with the aid of ergot, ice, and opium, together with absolute quiet. I may say the bleeding had almost stopped before I saw her, through the active measures Mr. Aylward had adopted. I saw the patient again with this gentleman on Feb. 7th; the bleeding had then almost ceased, but she was apparently getting into a septicæmic condition, with a temperature of about 102°, tenderness over the abdomen, fetid discharge, and brown tongue. Thinking I should have her more under control in case the hæmorrhage returned, I advised her removal into the York County Hospital, which was accordingly done on Feb. 12th; and the following notes were taken during her stay there by Mr. T. Birt, junior house-surgeon.

Mrs. B—, aged forty-one, married. One sister died from recurrent tumour of arm; other relations healthy. Previous history good. Had three children; one died in infancy. No miscarriages. Two years ago (five or six years after the birth of the last child) she noticed a small lump in the lower part of the abdomen, which never gave her much inconvenience, but gradually increased in size till last Christmas, when she was seized with an attack of severe flooding, and since then has been subject at intervals to similar though slighter attacks. On admission, the patient was emaciated and very blanched, the mucous membrane of the lips being white. She complained of pain in the lower part of the abdomen, which kept her awake at night. She said she had a discharge of blood, which was not so profuse as it was a week ago. The vaginal discharge was very fetid, being noticeable for some distance from her bed. There was present an enlargement, dull on percussion, roundish in outline, and smooth, passing upwards out by the pubes to a point about three fingers' breadth above the umbilicus, and occupying the median line; from the tumour there bulged outwards at its upper part towards the right hypochondrium a smooth swelling about the size of an orange, giving a semi-fluctuating sensation on palpation. The whole mass could be moved slightly from side to side. On examination per vaginam the os was patulous and open, readily admitting the finger; discharge purulent and fetid. The sound passed readily into the cavity of the uterus for 6½ in. Temperature 101.2° at 8 P.M. She was ordered a

¹ From notes by John Macdonald, M.B.