fatal whatever might be done. I wish no one to be mistaken as to the class of cases about which I am talking. There is a vast difference in the chances of a woman taken with eclampsia when labor is present or has progressed more or less, and the chances of one taken with eclampsia in the eighth or ninth month of pregnancy all signs of labor being absent. It is of this latter class that I am speaking. All of these three women were *in extremis* and I am sure that with any other mode of anesthesia they would have been lost.

There was much doubt in my mind, before doing my first operation, as to whether or not the uterus would contract promptly and efficiently under this form of anesthesia, but in all of the cases the contraction was excellent and just as firm as when I have done cesarean section under ether.

Professor Babcock of Philadelphia writes me that he is quite sure that these cesarean sections are the first in the United States to have been done under spinal anesthesia; he thinks that they are the first to be reported from any country.

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SUBCLAVIAN ANEURYSM WITH SUCCESSFUL ENDO-ANEURYSMORRHAPHY

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Patient.—R. W., a boiler-maker, aged 38, was admitted to St. Vincent's Hospital March 12, 1912. He was pulseless and in extreme shock from loss of blood consequent on a stab wound just beneath the middle of the left clavicle, inflicted a few minutes before. By packing the wound and applying pressure over it, hemorrhage was checked. The shock was combated by intravenous infusion and other routine measures. Four days later, signs of aneurysm were first discovered on auscultating near the stab wound, which region was perceptibly bulging. Expansile pulsation and a thrill were evident to palpation. The left radial pulse was slightly weaker than that of the right side. He was kept in bed with rest and suitable diet for three weeks. During this time, he complained of considerable pain over the tumor and shooting down the arm. Beginning on the eighth day, powerful compression was applied over and just above the tumor three times daily, for a period of fifteen minutes each time. The pressure employed above the clavicle stilled the pulsation and bruit in the sac; likewise the radial pulse was obliterated. Following this procedure, the patient experienced complete relief from his pain. At the end of three weeks he refused operation, and left the hospital. Two weeks later he returned, complaining of much pain over the tumor, which had visibly increased in size. He was pale and very weak. Operation was decided on at once. His family and past history were negative. He had never had syphilis.

Operation.—The patient was anesthetized and an incision 3 inches in length was made about half an inch above the clavicle and parallel to it. The subclavian artery was exposed and a temporary tape ligature passed around it and tied at the point where the artery emerged from behind the scalenus anticus muscle. Next an incision 4 inches in length was made along the lower border of the clavicle, its middle corresponding to the bulging of the tumor. The sac was quickly opened and furious hemorrhage occurred. This was controlled with great difficulty by pressure, but in spite of all efforts blood kept welling up in such quantities that nothing could be done. Finally an aneurysm needle, threaded with a stout, heavy ligature, was passed around the artery, beneath the clavicle just proximal to the sac, the wounds above and below the clavicle having been made freely into one large wound. By a lifting and squeezing action with this ligature, all hemorrhage from the proximal opening into the sac was stopped. The bleeding from the distal opening was controlled by pressure,

and a stitch taken across its lumen; when pulled on, this stitch effectually stopped all bleeding. It could now be seen that the aneurysm involved the third portion of the left subclavian artery, that it was the size of a small hen's egg and contained considerable fibrin, clots, etc., and that there were two openings about three-eighths of an inch in diameter, and a similar distance apart. No groove between the two could be demonstrated. The detritus was removed from the sac. The openings were then closed with interrupted chromic catgut stitches, four stitches being taken in the lower, and five in the upper. The temporary ligatures proximal to the sac were now removed; the sac remained dry. The sac was then closed with a running Lembert suture. The radial pulse, while quite weak on the left side, immediately after the operation, was easily felt, and the next day was equal in size and strength to that of its fellow.

Postoperative History.—Healing occurred by first intention, and convalescence was uneventful. The patient was kept in bed three weeks and then allowed to go about. Since the operation the left arm and side have been normal in all respects. The patient returned to his arduous work eight weeks after the operation. When he was seen three weeks later, there was no tumor, no bruit and no pulsation under the scar. The left radial pulse was similar in all respects to that on the right side. The patient feels well, and has gained 25 pounds. Although careful search has been made of the literature, no record of a successful aneurysmorrhaphy of the subclavian artery has been found. It is my belief that it was possible in this instance only because all the tissues involved were healthy. The most impressive thing about the operation was that ligature, above the sac, apparently had no effect on checking hemorrhage from the opened sac. It is possible also that the compression employed in this case accentuated an already free collateral circulation.

A CASE OF SPOROTRICHOSIS IN NORTH DAKOTA: PROBABLE INFECTION FROM GOPHERS

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A few cases of sporotrichosis have been reported in North Dakota. Probably many cases are not recognized. Diagnosis is easy if this disease is kept in mind. Potassium iodid occasions a prompt recovery. Ordinary surgical treatment is of little avail.

Patient.—G. A., a man, aged 19. Five weeks before examination, while at Tappen, N. Dak., a lump like a "boil" appeared on the dorsum of the right hand. No pain, tenderness, fever or other constitutional symptoms were present. A few days later subcutaneous nodules began to appear on the back of the right forearm. On examination there was an ulcer about 1 inch in diameter on the dorsum of the right hand. The ulcer was raised and contained thick gelatinous pus. There was no pain, tenderness, fever or headache. Three nodules on the back of the right forearm were similar to that on the hand except that there was no ulceration. There was a distal nodule about one-half inch in diameter, raised and purple-red in color. Other nodules were smaller. Proximal nodules were wholly subcutaneous and not adherent to the skin.

Culture.—On blood-serum a number of snowy white colonies appeared in three or four days. Two days later the colonies were brown. A smear from the culture showed a branching mycelium with oval or ovoid spores.

Source of Infection.—Patient was on a farm at Tappen, N. Dak., but states that none of the cows or horses had any sores. Many gophers that he killed and handled had sores similar to that which later appeared on his hand. As sporotrichosis is present among rats, it is probable that gophers may be infected with this disease.

Treatment.—Tincture of iodine was applied locally and potassium iodid, 10 minims, was given three times a day. In ten days the ulcer had nearly healed and the nodules had almost disappeared.