on the whole directly with the generally recognised pathogenicity of the members of the group, the most severe cases being associated with the streptococci and the least severe with the white staphylococci; but that the severity of the symptoms produced by any of the individual organisms may vary considerably with the idiosyncrasies of the patient. That there is reason to suppose that these bacteria, when associated with other pathogenic organisms, tend to increase the severity of the conjunctival inflammation. That the types of acute conjunctivitis due to these organisms, although presenting no pathognomonic features, are not infrequently suggestive of their etiology. That staphylococcal, as well as streptococcal, infection of the conjunctiva is liable to be associated with membrane formation. That conjunctivitis due to the diphtheria bacillus is uncommon and may be difficult to diagnose on clinical grounds. That diphtheroid bacilli are present in a high percentage of cases without appearing to influence the nature of the processes. It is probable that they represent more than one species and it is possible that some of these may be pathogenic to man; but there is no evidence that they may ever become transformed into the genuine diphtheria bacillus. That sporadic cases of pneumococcal conjunctivitis must be of rare occurrence in London, not a single case being met with in this series. Inasmuch as the diagnosis of this organism from a streptococcus may be a matter of great difficulty, its identification by film preparations only or by incomplete cultural investigations cannot be relied on; the mere appearance of encapsulation of the organisms in the films is most unreliable as a means of diagnosis. These observations agree with the investigations of others as to the rarity of organisms of the bacillus coli group as causes of acute conjunctivitis.

In conclusion, we have to thank the members of the staff of the Royal London Ophthalmic Hospital and of the Ophthalmic Department of St. Thomas's Hospital for permission to make use of the material from their cases. All the inoculation experiments were performed by Mr. L. S. Dudgeon at St. Thomas's Hospital and some of the organisms isolated were submitted to Gordon's tests by him. We are also indebted to him for his advice on many occasions. We have also to thank Mr. H. E. Gotelee, Mr. W. C. A. Ward, and other ophthalmic house surgeons at St. Thomas's Hospital for their assistance in obtaining the clinical notes of some of the cases.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTES OF A CASE OF DISTAL LIGATURE OF THE COMMON CAROTID ARTERY FOR ANEURYSM.

BY J. CRAWFORD RENTON, M.D. EDIN.,

SURGEON AND LECTURER ON CLINICAL SURGERY, WESTERN INFIRMARY, GLASGOW; EXAMINER IN SURGERY AND CLINICAL SURGERY IN THE UNIVERSITY OF ABERDEEN.

THE patient, a female, aged 47 years, was sent to see me by Dr. J. Holms of Paisley in October, 1906. She was suffering from a pulsating swelling immediately above the right sterno-clavicular articulation and she complained of the throbbing and of a pain in the region of her heart giving rise from time to time to palpitation. On examination the tumour and its pulsation were distinctly visible and on palpation both were easily felt; the two radial pulses were equal in strength and character. Considering the above facts it was evident that she was suffering from an aneurysm of the first part of the right common carotid artery not involving the innominate or subclavian. I therefore advised that a distal ligature should be applied to the common carotid. Professor R. Stockman saw her in consultation and was satisfied that her general arterial condition was otherwise healthy. The operation was performed, a silk ligature being carried round the artery above the omohyoid. The wound healed by first intention; no headache was complained of, and the patient at the end of four weeks was allowed to lie on the sofa. On examination at the end of this time no pulsation was visible in the swelling and only

moderate beating was noticed on palpation. Three months after the operation the patient was unfortunately in a tramcar collision, after which the pulsation increased for some weeks. This has now to a large extent subsided and the patient expresses herself as free from any discomfort.

Remarks.—Ever since Brasdor suggested and Wardrop carried out distal ligature of the common carotid in 1825 cases of aneurysm to which this method is suitable have occurred from time to time, but they are sufficiently rare to allow of the above case being recorded. The great improvement in the aneurysmal condition and the increased comfort which the patient now enjoys seem to justify the operation.

Four weeks after this case was under care Dr. Holms asked me to see another patient with an aneurysm exactly similar to the above. She was 74 years of age and had general arterial disease so that I did not advise operation. It is curious to have had the opportunity of seeing two such cases within six weeks, the more so that no parallel case has come before us for consideration for several years.

Glasgow.

A CASE OF FOREIGN BODY IN THE FEMALE BLADDER.

BY WILLIAM HOOK, L.S.A.

THE patient in the following case was a woman, aged 22 years, who was brought by her mother to my surgery on June 15th. I was informed that owing to difficulty in leaving her work for lavatory purposes her daughter had inserted a cork into her "front passage." An examination of the vagina showed that there was no foreign body there, so I assured her that it must have been expelled and as she no longer felt pain she went home. Returning, however, very shortly she said that she was sure the cork was still there. I then made an inspection, and finding the urethra very low and dilated without the slightest difficulty I passed my finger into the bladder and there came on the cork. About an hour later, having obtained the assistance of my friend, Mr. R. J. Heatly, of Stockwell-road, who put the girl under an anæsthetic, I made an attempt at removal but was unable to locate the foreign body. My friend, however, who has a long forefinger, quickly did so and after failing to grasp it with suitable forceps ultimately succeeded in manipulating it through the urethra. I saw the girl two days later and she then appeared none the worse for her foolish act. The cork measured an inch in length and half an inch in diameter.

Clapham, S.W.

A CASE OF PROLONGED RETENTION OF FOOD IN AN ŒSOPHAGEAL POUCH.

BY WILLIAM AYRES, M.D. DUB.

THE patient, who was a female, 38 years of age, suffering from pulmonary tuberculosis, sent for me as she was troubled with a severe cough. As there was a large cavity opposite the third and fourth ribs on the left side and as there was a large quantity of secretion this cough was naturally thought to be one of the ordinary concomitants of the condition present. A few days subsequent to my first attendance after a violent paroxysm of coughing a peculiar-looking yellow mass was expectorated. The cough was much relieved in a few days. The pathological report was as follows: "The substance expectorated one and a half inches long, five-eighths of an inch wide, is cheese; it must have been lodged in some fossa or in a pouches œsophagus formed by adhesion to a tubercular gland at the bifurcation of the trachea and after irritation from its presence or during an attack of coughing ejected." The patient disliked cheese; only twice during the year had she partaken of such an article of diet—namely, once during August and the last time on Dec. 26th. The substance was ejected on Feb. 5th, so that it must have lain in the pouch for at least six weeks without giving rise to any symptoms.

The points of interest are the size of the piece of cheese and the length of time it was in the pouch. The question will also arise, What, if any, are the powers of digestion possessed by the glands lining the œsophagus?

Brierley Hill.