

there has been little change in the way of operating or in the general management of the cases since last report. During the operation perhaps more care than ever is taken to tie every bleeding point; and it need hardly be added, that Lister's animal ligatures are now used. After operation the same precautions are taken in restricting the giving of food and stimulants, especially food.

As an anæsthetic, pure, dry sulphuric ether (Macfarlane's) made from methylated alcohol is always used, and with the best results, especially in the very feeble women. Of one hundred cases in which sulphuric ether has now been given, there have been only thirteen deaths.

---

46. *Ovarian Dropsy operated on during an attack of Acute Peritonitis.*—Dr. RICHARD T. TRACY communicated to the Royal Medical and Chirurgical Society (Oct. 8, 1872) a case of this. The subject of it was æt. 31, married five years; mother of two children. The patient had noticed the tumour fifteen months. When first seen she was in a hectic condition, with a rapid and feeble pulse, and suffering great pain from the enormous distension of the abdomen. Some relief was at once obtained by tapping and drawing off two quarts of thick colloid fluid (the tumour was multilocular). After the tapping she was removed to the hospital, and carefully examined. She measured thirty-eight inches in circumference, nine inches from the ensiform cartilage to the umbilicus, and eight inches and a half from the umbilicus to the pubes. Her stomach was very irritable, and she had to be supported by nutrient enemata. Her temperature was 102°; pulse 120; the abdominal tenderness extreme. As it was evident she would soon sink unless something could be done to relieve her, ovariectomy was performed on March 19. The tumour was multilocular, semi-solid, and almost universally adherent; the peritoneal surface was deeply congested, much thickened, and full of flaky lymph, which was removed in large quantities. The pedicle was secured with a clamp, and the wound closed by deep silk sutures and superficial ones of horsehair. Two hours after the operation there had been a considerable fall in the temperature. On the fourth day there was a large escape of gas and fetid fluid from the wound, and from this time recovery was rapid and finally complete. The author expresses his opinion in favour of bichloride of methylene as an anæsthetic, and recommends the extra-peritoneal treatment of the pedicle by the clamp wherever it is practicable.—*Med. Times and Gazette*, Oct. 19, 1872.

---

47. *Aneurism of the Subclavian Artery cured by Injections of Ergotine and Digital Compression.*—The aneurism developed rapidly, and sixteen injections of ergotine were made in the space of six weeks. From the time the fourth injection was made, there was a marked diminution of the tumour. Digital compression was then employed for six hours every day, during six days. The beatings of the tumour then ceased, and five months later there were left no signs, objective or subjective, of the aneurism.—*Lancet*, Nov. 23, 1872.

---

48. *Use of the Capillary Aspirator.*—M. LÉON LABBÉ, Surgeon to the Hôpital la Pitié, contributes to the *Practitioner* (Oct. 1872) an interesting article on the puncture of the bladder performed in the hypogastric region by means of the capillary trocar and pneumatic aspiration.

The value of the operation is based upon the fact that, when once the bladder is emptied, and consequently the normal relations of this organ re-established, and when the tenesmus of the whole region is overcome, it becomes generally possible in a short time (a few hours, a day, two or three days) to re-establish the course of urine through the normal passages, whether the cause of the retention be due to traumatism of the urethra, hypertrophy of the prostate, false passages produced by the hand of the surgeon, or very narrow strictures of the canal.

The knowledge of these facts naturally encouraged surgeons to seek for an operative proceeding by means of which they might carry out the leading indication, namely, *to empty the abnormally distended bladder, and to gain time, so as to re-establish the natural passages without, if this be possible, causing the patient to run the risks of a serious operation.*

M. Labbé relates six cases in which the aspirating puncture, according to the method of Dr. Dieulafoy, was successfully employed for emptying the abnormally distended bladder, and from the facts given draws the following conclusions:—

1. That capillary hypogastric puncture is a perfectly harmless operation.
2. That in all cases it must be substituted for ordinary hypogastric puncture.
3. That in a great number of cases it may, when only once practised, allow the surgeon to penetrate afterwards into the bladder through the natural passages.
4. That in certain cases where catheterism is impossible, it may be performed three or four times a day without any injurious effect, and thus permit the surgeon to gain time and restore the natural passages; and at the very least it constitutes a palliative means of the highest importance.

In the *Tribune Médicale* (Oct. 13, 1872), Dr. DIEULAFOY relates ten cases of retention of urine successfully treated by him by the capillary aspirator. In these ten cases fifty-six punctures were made without any unfortunate results. In one case, that of a man aged 72 years, twenty-three aspirations were resorted to in eight days. Dr. D. considers the innocence of the capillary puncture of the bladder in retention of urine as now established.

In a later No. of the journal just quoted (Nov. 10), Dr. D. reports three cases, one of scrofulous abscess of the glands of the neck, cured by seven operations with the capillary trocar; one of a large hygroma of the knee, cured by two operations; and one of hemorrhagic pleurisy, relieved by a single aspiration.

We find also in the last named journal, quoted from the *Gaz. Méd. de Strasbourg*, Aug. 1, 1872, a case of strangulated crural hernia reported by Dr. WATCHER, of Erstein. In this case there was great suffering, which was relieved by the withdrawal of half an ounce of sanguinolent fluid of a faecal odour. Though the hernia was irreducible, the patient was relieved of her sufferings and was able to return to her work.

Dr. CHAUVEAU reports in *Tribune Médicale* two cases of strangulated hernia successfully treated by the capillary aspirator. In both cases puncture of the intestine gave issue to a coloured liquid and to a certain amount of gas; in both cases reduction by means of taxis took some time to be effected (ten minutes in one instance), and required some degree of exertion. Cure took place very rapidly, and both patients were able to resume their work twenty-four hours after the puncture.

Dr. DIEULAFOY has communicated to the Surgical Society of Paris nineteen cases of dropsy of the knee, in which puncture with the capillary aspirator had been performed sixty-five times without any ill consequences. The character of the fluid withdrawn varied, and was sometimes purulent or bloody. Dr. D. stated that he never resorted to this practice in cases of bloody effusion complicating fracture of the patella.

Dr. CHAIROU communicated to the French Academy of Medicine (Oct. 22, 1872) a case of capillary puncture of the pericardium in a young soldier affected with symptoms of dropsy of the pericardium, a sequel of an attack of pleurisy. A large quantity of sero-sanguinolent fluid was drawn off, which quickly gelatinized. No accident followed, and the next day he was lounging about the passages of the hospital.

Notwithstanding the above array of evidence, some surgeons of the highest authority do not admit that the use of the capillary aspirator is free from danger in all cases.

M. DUBRUEILH communicated to the surgical society of Paris (*L'Union Médicale*, Oct. 29, 1872) a case of fracture of the patella with large effusion of blood into the joint, in which he twice resorted to puncture with the capillary aspirator without succeeding in drawing out any of the blood. This operation was followed by very serious consequences—purulent arthritis—and a fatal result was anticipated. In the discussion which followed the reading of this case MM. Chassaignac, Verneuil, Despres, Guyon, Trélat, Marjolin, Larrey, and Le

Fort united in proscribing the use of the capillary aspirator, except for special indications and when absolutely required.

49. *Excision in Gunshot Wounds.*—M. OLLIER read an interesting paper on this subject at the late Medical Congress at Lyons. He observed that his remarks would be confined to injuries of the upper extremity. During the late campaign he had systematically abstained from excision of the bones of the lower extremity, the transport of the wounded being so bad that amputation was always the preferable operation. But at any time he is no strong advocate for excisions of the lower limbs, preferring expectation as a general rule for the hip, and almost always amputation for the knee. Excisions of the ankle usually succeed better than those of the other bones; but even with regard to these expectation is often the better practice.

It has been objected that in gunshot wounds the periosteal sheath cannot be retained; but this is an error, for, however crushed the bone may be, subperiosteal excision can be performed with almost as much regularity as when the bone remains intact—the periosteum being detached from each fragment in succession. This arises from the fact that while the bone, being fragile, breaks, the supple and resisting periosteum yields without rupturing. In aged subjects, however, it is adherent, and is easily torn away with the fragments.

During the late campaign M. Ollier performed subperiosteal excision of the elbow seven times. In one case fatal hemorrhage, caused by an unperceived section of the brachial artery, came on on the twelfth day. In two cases there was complete ankylosis, in consequence of the apparatus having been retained too long a time without the necessary movements having been imparted. The four other cases had complete articular reproduction, and possessed active extension and flexion of the forearm, without lateral movements. In one of the cases these last existed to a slight extent, but without impeding the functions of the limb.

The question of the indications is sometimes a delicate one. If the elbow-joint be largely opened, and there is notable loss of soft parts, amputation is the sole resource; but if the soft parts remain sufficiently intact, excision may be performed, howsoever great is the lesion of the bone. The indication is precise when the fissures do not extend beyond a fourth of the shaft of the bone, but is less positive if these extend to the half of its length. As a very general rule it is the state of the soft parts which determines the indication. The most difficult cases to decide upon are those in which there is a small wound of the joint and the bone. Expectation may produce a cure by ankylosis, but there is considerable danger of death from purulent arthritis; and excision, while it gives rise to very much less pain, is also less dangerous than purulent arthritis. When arthritis supervenes, and especially when the wound is small, the pains are fearful, and the large opening caused by excision at once assuages them. The indications for excision in the continuity of bones are less peremptory than are those for articular lesions. When the humerus is traversed and broken into numerous fragments, expectation should still be the rule. M. Ollier performed excision in only three such cases, and “expected” in more than twenty. When the fragments are considerable, we cannot tell where they extend to until after exploration under anæsthetics. If, after removing those of them which are loose, there is no fissure, it suffices to render the limb immovable; if there are fissures, each fragment should be caused to project, so that it may be examined. When with the fissure there exists a detachment or laceration of the medulla, the limits of this should be ascertained, and the bone removed at its level; in fact, it is the condition of the medulla that is to be taken into account rather than the fissure itself, and especially in young subjects.

In treating the case afterwards, we should bring the ends of the bones nearer to each other in proportion as we rely less on regeneration. In a child the entire sheath may be retained; but in older subjects upon whom primary excision has been performed, not more than three or four centimetres must be allowed to intervene between the ends, and often less. The *os auto-silicaté*