seemed unable to close it. The mitral valve was healthy. Above one flap of the aortic valves there was an abnormal pouch, about large enough to contain a filbert, and empty. The corresponding valve-flap was much stretched, and irregularly thickened. Just above this (at a distance of about an inch) was a round opening in the wall of the artery, about the size of a florin, leading to a pouch the size of a small apple, lying between the right auricle and the artery. The liver and kidneys were healthy.

GUY'S HOSPITAL.

OBLITERATION OF THE SUPERIOR VENA CAVA; INFLAMMATION OF THE RIGHT AURICLE, WITH ATHEROMATOUS DEPOSITS; FATAL RESULT.

(Under the care of Dr. OWEN REES.)

ONE of the consequences of the pressure of a thoracic aneurism is obstruction of the superior vena cava. This may proceed to such an extent as to end in actual obliteration, when of course a fatal result soon ensues. From the symptoms present (which we regret are not given more in detail), a tumour was suspected to be the cause of the obstruction in the subjoined case. The autopsy, however, showed that complete obliteration of the superior cava had taken place, not from a tumour, but probably from extension of inflammatory action from the right auricle. This is a peculiar and rare cause of obstruction in this particular vessel.

The diagnostic signs of serious interrupted circulation through the superior cava are: anasarca of the entire upper half of the body, which may be enormous; the surface of the thorax and abdomen is covered with distended and tortuous veins; and the breathing and circulation are greatly embarrassed. All these were present, to a tolerable extent, in the patient whose case we give from the notes of Mr. D. M. Sergeant, clinical clerk. In other instances these symptoms are so much exaggerated as to cause the upper half of the body to appear as if stuffed, with the arms projecting from the sides from oedema, the eyes starting from their sockets, and the integuments ecchymosed. A remarkable case, in which the vena cava became impervious from the gradual pressure of an aortic aneurism, is related by Dr. Watson, in his "Lectures on the Practice of Physic."

Elizabeth L—, aged forty-eight, married, mother of one child, admitted on October 6th last. She states that she was taken ill about four months ago, with what she considered to be ordinary cold, accompanied, however, with swelling of the face, and considerable difficulty of breathing. Up to the time of seizure her general health had been remarkably good. She complained of great pain of the left side, had great difficulty of breathing, and much congestion of the face and upper extremities. The urine was not albuminous. Dulness was present posteriorly on the right side of the chest, and the respiratory murmur was nearly absent. There was ægophony; some dulness was present also on the left side anteriorly. The diagnosis was some tumour pressing upon the superior vena cava. She was ordered three grains of bromide of potassium, and half a drachm of liquor potassæ, in infusion of cascarrilla, three times a day.

Oct. 14th.—Congestion of the face is greater; arms very painful; some swelling of the left leg.

Nov. 2nd.—Died very calmly.

Post-mortem examination.—Much effusion in right pleura; heart healthy, except the right auricle, which presented traces of inflammatory action, covered by atheromatous deposit. The superior vena cava was completely impervious, organized deposit having obliterated the cavity for at least an inch and a half from the auricular opening. Fibrous ante-mortem clots extended up into both jugulars. The right lobe of the liver congested, having a deep sulcus across it. The other organs, with the exception of the uterus, which contained a small fibrous tumour, were healthy.

THE COMPARATIVE APPRECIATION OF SOUND BY HUMAN EARS.—The sensibility of the human ear for the pitch of musical notes has been recently illustrated. M. Fessel, of Cologne, on testing the new Parisian tuning-fork, observed that he heard differently with his two ears, the note heard with his right ear being somewhat higher than that heard with his left. On examining his musical friends, he has not yet found one, even amongst part musicians, whose ears are precisely alike in the estimation of the pitch of musical notes.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, DEC. 5TH, 1860.

DR. TYLER SMITH, V.P., IN THE CHAIR.

THIS being the last meeting of the second session, the following gentlemen were appointed to audit the accounts for the year 1860:—Dr. Braxton Hicks and Mr. J. T. Mitchell, F.R.C.S.

Dr. TANNER exhibited a

LARGE COLLOID TUMOUR OF THE OVARY.

This tumour, which weighed upwards of 8 lbs. avoirdupois, was removed from a patient of Dr. Robert Fowler. The woman was thirty years of age, and was doing very well, eleven days having elapsed since the time Dr. Tanner operated. The operation was employed as a last resource to save life, since the patient was not only suffering from the tumour, but also from ascites produced by it. Five days before the performance of ovariectomy tapping was resorted to, and fourteen pints of ascitic fluid withdrawn; yet at the operation it was found that about five pints of fluid had been again secreted. With regard to the operation itself, there was one point deserving of mention,—namely, that after applying ligatures to the pedicle, the tumour, instead of the pedicle, was cut through, and a portion about the size of a small hand left attached, which was retained outside the abdomen. By this proceeding the use of the clamp was rendered unnecessary, while all risk of hæmorrhage was avoided. The latter point was of no little importance, since bleeding from the pedicle had been the cause of death in no less than 16 per cent. of the fatal cases. The edges of the wound were carefully brought together with twine sutures; these latter not being passed through the peritoneum.

In reply to a question from Dr. Tanner,

Mr. SPENCER WELLS said he had attached the greatest possible importance to the practice of passing the metallic sutures or hare-lip pins through the peritoneal edges of the wound. He had been led to originate this practice by observing the inner aspect of the wound in the first fatal case of ovariectomy which had occurred in his practice. The sutures had been passed through integuments and muscle, but not through the peritoneum; and the consequence was that a raw surface of considerable breadth was only partially protected from the general peritoneal cavity by a portion of intestine, which was already adhering to it, although the patient died the day after the operation. Had she lived longer, there could be no doubt that pus or other secretions from the wounded surface would have been poured into the cavity of the peritoneum. Struck by this observation he (Mr. Wells) made a number of experiments, in concert with Dr. Richardson (who narcotized the animals by puff-ball smoke or chloroform), upon guinea-pigs, rabbits, and dogs, opening the peritoneum and closing the wound in some cases by sutures which included the membrane, and others which only passed near it, and killing the animals at various periods after the operations, which were made as accurately comparative as possible. The result was that nearly all the animals recovered; but in those where the more superficial sutures were used there was a portion of the parietes left destitute of peritoneum, and this defect was supplied by adhesion of intestine or of omentum. In two cases where omentum became adherent, the motions of the dogs were materially interfered with. In those cases where the peritoneal edges of the wound had been included, the union was so perfect that it was difficult to detect the line of union two or three weeks after the operation. This was explained by the observation of a case in which a woman died within two days after ovariectomy. The hare-lip pins which had passed through the peritoneal edges were quite concealed from view and protected from contact with intestine, partly by folding of the peritoneal edges together, and partly by effused lymph. Mr. Wells said he had preserved many of the most striking specimens, and would be happy to show them to any gentleman who was interested in the subject.

Dr. TYLER SMITH had recently attended a case which strongly exemplified the good effects of bringing the edges of the peritoneum together by the sutures. After union of the external wound and the removal of the sutures, suppuration took place along the whole line of incision, extending through the entire thickness of the abdominal wall. The peritoneum had, however, healed so perfectly that no pus found its way into the peritoneal cavity. In this case, silk sutures had been