had been carefully examined by my friends, Assistant-Surgeon Jackson, of H.M. 13th Light Infantry, and Dr. Caird, of the Camel Corps, by both of whom I was ably assisted, I proceeded to operate, the patient being under the influence of chloroform. The mode of operating is as follows: "The scrotum having been invaginated upon the finger, as the only mode of guiding the needle in its passage, a long strong curved needle, fixed firmly in a handle and armed with silver wire, guided by the finger, transfixes the scrotum at the apex of the invaginated portion, passes through the internal column, and appears through the skin of the abdomen, when one end of the wire is drawn out. The point of the needle is then drawn backwards, and disappears again in the canal. Its direction is then changed. Whilst still embedded in the scrotum and guided upon the finger, its point is made to traverse the external column of the ring near Poupart's ligament, lifting the skin of the abdomen. By gliding the skin upon the needle, the point appears through the small puncture made by the first passage of the needle, when the other end of the wire is seized, and the needle is unarmed and withdrawn through the scrotum. The finger is now removed from the canal, and the two ends of the wire being drawn upon the loop, it dissects the cellular tissue up to the columns, which it hugs closely. By twisting the ends of the wire the columns are felt approaching, until they are brought into such close apposition as to allow nothing to pass between them; the spermatic cord in its exit filling up all the available space remaining of the ring. When the ring is felt closed, the twisted wire is drawn firmly outwards, and clipped off as close as possible to the skin, so that when traction on the skin of the abdomen is removed, the gliding back of the integuments to their normal positions conceals completely the ends of the small loop of silver wire." This is the description of the operation as given by Prof. Chisholm. The operation which I performed was, but with one slight modification, precisely similar. Those who witnessed the operation were much struck, on passing their forefingers up the canal, to find how very distinctly the pillars could be felt approximating as the wire was being tightened; and when it was tied, and the ends cut off, a perfect plug could be felt, presenting an impassable barrier to the egress of any portion of gut.

The progress of the case was everything that could be desired. For the first two days there was slight pain over the abdomen, which was subdued by small doses of opium; and there was also a good deal of thickening of the cord, which subsided after a time. The small wounds healed slowly; nor need this surprise us when we remember that the thermometer stood at 105° in the house.

On the thirteenth day after the operation he was able to rise from his bed and obey the calls of nature; and on the twenty-fifth day he walked from the hospital to my house and back again, a distance of a mile and a quarter, without suffering much fatigue. On the 20th of June (twenty-four days after the operation) he was discharged, being at that time able to draw as much water from the well as he required for his own use.

Remarks.—The operation as performed by me differed in one point from Prof. Chisholm's—viz., that instead of puncturing the scrotum at once with the needle, I made a slight incision with a scalpel through the fascia of the scrotum, and then passed the needle in. This suggestion emanated from my friend Dr. Jackson, who believed that it would render the performance of the operation less obscure, an opinion in which I agree. The only difficulty in the operation is, after having secured the inner pillar and withdrawn the needle, to secure the outer pillar, which requires a peculiar manœuvre. I think it should be secured a line or two lower than recommended by Professor Chisholm, thereby obtaining a more perfect approximation of the parts by reason of the greater purchase that is acquired.

The needle I use is six inches long, and firmly fixed into a handle, in appearance resembling a common suture needle, having, however, on its convex surface a groove sufficiently deep for the silver wire to be perfectly embedded in, and thus avoid a resisting surface, which would be the case were this groove not there. I would recommend intending operators to have a set of four needles, similar to those my friend, Dr. Bourne, is having constructed for me, and from whose firm (Messrs. Bathgate and Co.) they are obtainable. I have purposely avoided commenting on the class of people for whom I think this operation applicable, as from a solitary though successful case it would be all but impossible to draw any inferences, and were we to do so they could only be regarded in the light of postulates.

In conclusion, the question will be naturally asked, Does this operation of Professor Chisholm's present greater advan-

tages than either Wutzer's or Wood's? My answer is, Yes, it does. And I think a careful perusal of the three methods will satisfy practical surgeons of the truth of my assertion. First, it is superior to Wutzer's on account of its greater simplicity by reason of the absence of all complicated apparatus (no mean point to be borne in mind by military surgeons stationed hundreds of miles away from any city), as well as in the procedure itself; secondly, on account of the permanency of the plug, due to the presence of the silver wire always remaining there; and, thirdly, no truss being required in the after-treatment. With reference to Wood's operation, of which it may really be considered a modification, I think hereafter, when we have more data to go upon, that if it does not altogether supersede it, it will at least be found to have a sufficient number of advocates to entitle it to rank amongst the legitimate operations of the day.

Gwalior, July, 1863.

DEATH FROM PRESSURE.

By WILLIAM STORY, Esq., F.R.C.S.

THE following accident occurred on board the ship *Norfolk*, on her passage to England from Australia. I have not heard or read of a similar catastrophe:—

On the 25th of February, 1863, two men named William Joyce and Isaac Watkins were sent aloft to rig out the top-gallant studding-sail boom; and while in the act of so doing, a tremendous roll of the ship caused the main-topsail tie to part, the tie being an iron chain of three quarters of an inch. The men were standing on the foot-rope, and when the snap took place they instinctively seized hold of the yard, and were instantly rolled up in the folds of the sail, the topsail yard being one of "Cunningham's patent self-reefing yards;" in fact, they revolved round the yard just as a fly might be caught in a patent spring window-blind, and were enveloped as rapidly. The tie parting on the fore side caused the yard to revolve forwards, which would not have been the case had the tie parted on the aft side; it would then have revolved backwards. But the most singular circumstance is, that alongside of the yard is what is called the chafing-yard, being only six inches from the yard itself, and the men wrapped in every fold of the sail had to pass, every time the yard revolved, between this yard and the yard itself. At first sight it would seem that every bone in their bodies must have been crushed; yet this was not so. When the yard fell on the cap, which it could not have been more than one second in reaching, both men were alive, although surrounded by four or five folds of the sail; and to show the fearful pressure they must have undergone, one man's head and shoulders had burst through the canvas being nearly a new sail. An idea of the pressure may be gained by putting a narrow piece of tape once round the finger, when very little pressure is felt; but add five or six turns, and the pain becomes unbearable. On being cut out of to them their winding sheet, as I said above, both were alive. Watkins died while being lowered to the deck in a sling, and carefully guarded by two of his mates. On examining his body, which I did twice, I was surprised to find only a comminuted fracture of the left thigh bone, without any external abrasion or wound. His ribs were perfect, and the appearance was that of suffocation. The other man (Joyce) was perfectly sensible, but pulseless, cold, and clammy when I examined him, which was after he had been put into the captain's swing cot. He said he felt something burst in his belly. Everything was done to promote reaction, but without effect, and he sank nineteen hours after the accident, perfectly frascious. The only injuries I could detect were a comminuted fracture of the right thigh bone, and an abrasion of the skin over the right temporal region, where his head had burst through the sail.

And now comes the question, How is it only one bone in each man's body was broken after having passed several times through two rollers, almost similar to a patent mangle, only of gigantic dimensions? On instituting further inquiries, I ascertained that the chafing yard would possibly give from four to six inches as the bodies passed between it and the main yard. This would give from ten to twelve inches at most as the space through which they passed. Death seemed to be from intense shock.

It would have been satisfactory to have made a post-mortem examination, and I made a request to the captain to this effect; but from the severity of the weather, and the superstitious fears of the sailors, he begged of me not to do it. Not the

slightest blame is attachable to anyone. The chain was proved in Messrs. Wigram's yard, and found equal to a strain of six tons, the main yard weighing about two tons. That it should have parted just as these men were rigging out the boom, which occupies but a short time, is not a little singular, and verifies the old adage, that "in the midst of life we are in death."

REPORT OF A CASE

OF

AMPUTATION OF THE SHOULDER-JOINT.

RECOVERY.

By TREVOR MORRIS, JUN., M.D., M.R.C.S.

A. J.—, aged seventeen, employed under a tape-weaver, while placing over a pulley a strap which worked the loom, had the sleeve of her dress caught by it, and her arm broken off just above the elbow-joint, lacerating the soft structures to a frightful extent quite up to the joint on the inner side of the arm, giving much the appearance of a "cat-o'-nine tails." Looking up to the ceiling (where her arm had been carried) at the moment of the accident, she exclaimed to her fellow-work-girls, "Why, girls, there's my arm!" She then fainted. The accident occurred at six P.M. At half-past six I saw her. There was then no hæmorrhage, but she had lost blood to some extent, and was suffering from severe shock, and it was evident nothing could then be done. Stimulants were administered, and she was carefully watched, and after some hours she rallied. A glance sufficed to satisfy me that nothing but amputation at the shoulder-joint was available, which was to be done as soon as she should have sufficiently recovered. I saw her at half-past eleven P.M., and as she had then power enough, it was decided to operate without delay. From the severe laceration on the inner side of the arm, which extended beyond the joint, there was but one course to be adopted, which was to get all available material, so as to form one large outer flap.

At twelve P.M., I put her fully under the influence of chloroform, and commenced the operation by making a large elliptical flap from the outer and posterior surfaces of the arm. This was dissected up, and the joint exposed and cut into; the head of the bone was now turned out, the knife carried through the joint, and made to cut its way out through the lacerated tissues on the inner side. The artery was immediately secured. Probably from the effects of chloroform and stimulants combined, a state of extreme depression came on, with vomiting; the former after a time was relieved by hot iron plates to the axilla, præcordial region, and feet. Lest hæmorrhage should come on after reaction had become fully established, the flap was merely brought forward and retained by a bandage. An opiate was then given, and she slept until six A.M., when she awoke, not knowing that the operation had been done. The flap was now adjusted, sutures employed, with strapping, and the part covered with wet lint, on which chloroform was sprinkled, and not once throughout the case was pain complained of. Some little sloughing occurred; but the girl was out in three weeks, and can now do most things with her one arm.

In this instance I had the very able assistance of my uncle, Mr. W. W. Pearce, to whom in no small measure is due the rapidity with which the operation was performed.

Measham, Ashby-de-la-Zouch, July, 1863.

OSTEO-PERIOSTEAL RHINOPLASTY.—M. Ollier, of Lyons, well known by his successful investigations touching the regeneration of removed bone through the agency of the periosteum, has lately brought before the Medical Society of Lyons a case in which he performed rhinoplasty in a manner different from the mode usually adopted. To avoid the falling in of the parts, which generally takes place when simply the soft tissues are brought down from the forehead, he made use not only of the periosteum of the os frontis with his flap, but detached one of the ossa nasi, and led it downwards, to afford support to the newly-formed nose. From M. Ollier's description, it would appear that the new organ adhered perfectly to the surrounding parts, and was of a very satisfactory shape. He accounts for the absence of necrosis of the denuded os frontis by the absence of inflammation.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY

IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum, et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

POLYCYSTIC DISEASE OF THE RIGHT OVARY; EXTENSIVE ADHESIONS TO THE INTESTINES AND MESENTERY; OVARIOTOMY; ULCERATION THROUGH THE WALLS OF THE BLADDER; FATAL RESULT.

(Under the care of Mr. HENRY SMITH.)

In placing upon record a third instance in which ovariectomy was resorted to at this hospital, we would draw attention to the escape of urine through the abdominal wound. This was an occurrence of the gravest import, yet readily explained as the result of the disruption of some of the adhesions existing between the ovarian tumour and the bladder, no doubt giving rise to inflammation and perforating ulceration. A wound of the bladder during the operation is quite out of the question. It is one of the first cases, moreover, in which urine has passed through the wound in the abdomen; but it is not more surprising than the passage of fæces under the same circumstances, an instance of which we recorded as having occurred in a case under the care of Mr. Baker Brown at the London Surgical Home, but which fortunately ended in a good recovery.

Mrs. P.—, aged thirty-eight, married, and the mother of five children, was admitted into the hospital May 26th, 1863. She states that five years previously she fell down stairs, after which she first noticed a lump on the right side of the abdomen. This was followed by considerable pain for some months, but it gradually subsided, and the swelling increased in size until about ten months ago, when an opening was made into the tumour by a surgeon about an inch above the navel, and a quantity of green matter came away. Three weeks subsequent to this a second puncture was made lower down, but only a very small quantity of fluid came away, and there has been an opening in this situation ever since.

Her condition on admission was as follows. There was a hard well-defined mass of considerable size in the centre and right side of the abdomen, extending from the lower border to as high up as the tenth rib. Near the centre of the tumour, and to the left of the umbilicus, a sinuous opening existed, which freely discharged a fluid composed partly of the ordinary ovarian fluid and pus. This was the site of the last made puncture. A little above this was a firm cicatrix, the point where the first puncture was made. There seemed to be a line of demarcation on the right side between two portions of the tumour. The entire tumour was pretty movable, and its lateral boundaries were very clearly defined just over the part where the original puncture had been made. The skin appeared to be firmly adherent to the tumour. The uterus was healthy, but retroflected.

This woman's general condition was very bad; she was wretchedly thin and debilitated, and suffered continual pain in the abdomen; and there was a constant drain from the opening before mentioned. The tumour was diagnosed to be ovarian, probably polycystic, and of a semi solid character.

The patient was placed in one of the medical wards under the care of Dr. Johnson, and was ordered plenty of good nourishment, and iron and quinine. Under this treatment she improved considerably in her health, but the discharge was as abundant as ever; and, as it was evident that any dealing with this opening would not affect the mass of the tumour, the propriety of ovariectomy was considered, and the case was transferred to the surgical wards, and placed under the care of Mr. Henry Smith. The operation was decided on, but at the suggestion of Mr. Baker Brown, who saw the patient, a delay