

lancet will be quite enough to enable us again to evacuate the morbid contents of the gall-bladder if that became necessary. The more experience I have in dealing with these cases, the less necessity, it seems to me, there is for anything more than the simple process of cholecystotomy, and the extremely favorable results obtained from it seem to me to put it within the first rank of modern operative proceedings."—*Lancet*, April 14, 1888.

II. II. TAYLOR (London),

V. A Case where a Suppurating Spleen was Opened and Drained. By MESSRS. CATON & REGINALD HARRISON (Liverpool). The patient, æt. 30 years, was admitted on December 9, 1886, complaining of shooting pains in both legs, particularly the left, with some swelling, no history of ague, and except for an attack of acute rheumatism, the history generally was negative. His occupation was that of a painter, in which he was a good deal exposed to damp and cold. His present illness commenced a month ago with shooting pains and swelling in lower limbs from the groin downwards. On admission he appeared fairly nourished and healthy looking. No jaundice color was present, no œdema of face; there was fluid in both knee joints. Cardiac dulness was increased. Slight dulness over bases of both lungs, liver dulness was increased to four inches and a half. On the left side a dull area extended downward from the last rib for four inches, and this dulness could be traced forward up to within half an inch of the umbilicus. There was pain and tenderness in both lumbar regions, especially the left; the urine was normal in color; slight trace of albumen. During the next few days the pain and tenderness increased in the left lumbar region, and subsequently a distinct tumor was discovered coinciding anteriorly and superiorly with the area of dulness referred to above on the left side, and posteriorly terminating at the anterior superior iliac spine. The urine was found to contain pus, and hyaline casts and granular epithelium. The splenic dulness was found to be continuous with that of the tumor and splenic abscess or tumor was consequently diagnosed.

Fluctuation in the tumor having declared itself, an aspirating needle

was introduced two inches above the iliac crest, and nineteen ounces of dark chocolate colored fluid were withdrawn.

Repeated aspirations at intervals were practiced after this, and large quantities of pus were withdrawn, but the patient was losing ground and Mr. Harrison was called in consultation. Further surgical interference was deemed necessary, and an incision was made parallel with the last rib on the left side. On reaching the subperitoneal fat and connective tissue the finger was passed underneath the rib in an upward direction, when it entered a large collection of matter. About thirty ounces of pus of a dirty yellow color escaped through an opening, which was freely enlarged with the finger, the cavity was washed out with a weak solution of carbolic acid and a large drainage tube was inserted.

The patient rapidly improved after this operation. It subsequently became necessary in the course of the case to enlarge the wound in order to facilitate drainage, and to open an independent collection of matter along the line of Poupart's ligament on the left side. But after these procedures the patient's progress to recovery was uninterrupted, and he was discharged perfectly well.—*British Medical Journal*, Mar. 17, 1888.

H. PERCY DUNN (London).

VI. A Case of Omphalectomy for Strangulated Umbilical Hernia. By W. W. KEEN, M.D. (Philadelphia). A very fat woman, æt. 56 years, had an umbilical hernia about the size of a small pear for eighteen years. Six days before the operation the tumor became painful and inflamed, and symptoms of strangulated hernia followed. On the sixth day the tumor was exposed, a small enterocele reduced and an epiplocele excised. It being impossible to close the umbilical aperture, it was excised by a vertical elliptical incision six inches long with the umbilicus at the centre and the lips of this opening drawn together and united. The patient did not rally well, and death supervened the following day. The operator attributes the death of the patient to the exhaustion and fæcal vomiting, believing that an earlier operation would have saved her.—*Medical News*, Feb. 25, 1888.

JAMES E. PILCHER (U. S. Army).