traction of the prepuce by making one or more slight nicks at its narrowest part.

Dr. Sayre's cases are in themselves interesting, and are particularly valuable in serving to direct attention to a source of reflex irritation which has not been as generally recognized as it should be.

J. A., JR.

ART. XXXVII.—*On the Treatment of Intra-thoracic Aneurism by the Distal Ligature.* By CHRISTOPHER HEATH, F.R.C.S., etc. (Reprinted with additions from the *Lancet*.) 8vo. pp. 24. London: J. & A. Churchill, 1871.

THIS little pamphlet completes the history of the well-known case in which Mr. Heath, in November, 1865, tied the right common carotid and right subclavian arteries for aneurismal disease, which was at the time supposed to involve the innominate artery, but which was subsequently proved to have been aortic. The patient received very decided benefit from the operation—the aneurismal tumour greatly diminishing in size, and all the urgent symptoms of the case passing away—and for two years it appeared as if the improvement would be permanent; as the result, however, of a very irregular mode of life and of the rather injudicious treatment to which the patient was subjected on one of the numerous occasions on which she was found drunk in the streets, the progress of the disease was ultimately renewed, and death followed external rupture of the sac in December, 1869. The post-mortem examination showed, as already mentioned, that the aneurism was of the aorta and not of the innominate artery.

Mr. Heath refers to Mr. Maunder's case, in which the double ligature was likewise used for supposed innominate aneurism (death following on the sixth day, when the aorta was found to be the artery chiefly involved); and adds the details of a second case in which he attempted to repeat his former operation, but was obliged to desist on account of the aneurismal sac extending much further than had been anticipated. This case also terminated fatally, from hemorrhage, on the sixth day.

Mr. Heath's case is of very great interest, not only because recovery followed so severe an operation as the simultaneous ligation of the subclavian and carotid arteries, but because it also shows that aneurism of the thoracic aorta is not entirely unamenable to surgical treatment. At the same time it is evident that the circumstances could very seldom arise in which a prudent surgeon would consider operative interference justifiable if the aorta were known to be the seat of disease.

Mr. Heath's pamphlet is adorned with two excellent lithographic plates taken from the Transactions of the London Pathological Society: one illustrates his own case, and the other the celebrated case in which Mr. Fearn successfully tied the carotid, and two years afterwards the subclavian artery, for innominate aneurism.

J. A., JR.