externally about the level of the cricoid cartilage; whilst this was being palpated the boy complained of a feeling of something giving way, and coughed up about 1 oz. of very foul pus mixed with blood. This was followed by the immediate relief of both the dysphagia and dyspnoea, whilst the temperature rapidly fell to normal. He was again placed on rectal feeding, and two days later I again examined him by direct œsophagoscopy. I found a small opening situated just above the cricoid cartilage, which communicated with the original abscess cavity in the œsophagus. I presume that the opening in the former situation closed too rapidly and that the pus forced its way upwards, the abscess rupturing into the deep pharynx. The boy made an uninterrupted recovery, and was discharged from the hospital in 28 days cured. There was no tendency to contraction at the level of the primary wound when he was discharged.

This case well illustrates the danger of using instruments such as the probang, which in these days of direct œsophagoscopy should be obsolete. If this case had been examined at once by direct œsophagoscopy the object could have been removed and there would probably have been no further trouble, but the attempts to remove it had simply had the effect of driving the body through the wall of the œsophagus and more firmly impacting it. Fortunately for the patient the object was impacted in the cervical and not in the thoracic portion of the œsophagus, otherwise the boy would almost certainly have lost his life.

Wimpole-street, W.

NOTE ON A CASE OF UNILATERAL OPTIC ATROPHY AFTER EXPOSURE TO AN ARC LIGHT.

BY ADOLPH BRONNER, M.D. HEIDELB., M.R.C.S. ENG.,
SENIOR SURGEON TO THE ROYAL EYE AND EAR HOSPITAL, BRADFORD.

THE patient, who consulted me in November, 1911, had six days previously (on Nov. 23rd) used an electric magic-lantern. The arc light did not act very well, and she was carefully watching and adjusting it for about an hour. The light was covered by a piece of neutral tinted glass, which was frequently removed. She felt no discomfort whatever, but on going downstairs afterwards she noticed that she had difficulty in finding the steps and had to walk slowly. She also felt giddy and unsteady when walking. On the 25th she accidentally found that on closing the right eye she could not see with the left eye; everything looked black. She was quite certain that the vision of the left eye was perfect some days before.

When I saw the patient on Nov. 29th she could only count fingers at the distance of a foot with the left eye. The vision of the right eye was normal. The left pupil was slightly larger than the right, and acted rather more slowly to light. The left retina was congested in the region of the macula; the optic nerve was apparently normal. I ordered Hallauer tinted glasses, and prescribed iodide of potassium and nux vomica. I saw her again on Feb. 12th, 1912. The vision was 6/18, and had been gradually improving. There was ill-defined slight central scotoma, and the field of vision was contracted outwards. The central vision for colours was slightly affected; she recognised large squares of colour quite well, but small squares only indistinctly. The left disc was paler than the right. The region of the macula was apparently normal. On March 28th the vision was 6/12. The field of vision was contracted outwards 60°, and the disc was pale. On April 29th the vision was 6/9-12 and the disc white. On Nov. 2nd the vision was 6/12. The field was contracted outwards and inwards, and the disc was white. There was slight relative central scotoma; a small white square was recognised, but a grey square was not. The patient had difficulty in reading, as the letters in the middle of the field were indistinct; she could only see a few words at a time. The field was distinctly contracted, out 60°, in 40°. There were a few small dark spots in the region of the macula. The disc was quite white and the retinal vessels were narrower than those of the right eye. On Jan. 12th, 1913, the vision of the left eye was 6/12. There was a central scotoma for small squares of red and green, but not for white. The patient still had some difficulty in reading. When she looked at faces parts of the face seemed clearer than others. The field was contracted, out 60°, up 40°, in 40°, and down 30°. The disc was

white. There is no history of any disease, no affection of the nose or teeth, or any other part of the body; no constipation or leucorrhœa.

This case is interesting from many points of view. There has been no pain or photophobia. The right eye is not affected. This is probably due to the fact that the patient chiefly used her left eye and kept the right eye partly closed when watching the arc light. There was a neutral tinted glass in front of the arc light during part of the time. The disc has got distinctly paler during the last few months, and the field of vision is contracting. There has never been a well-marked central scotoma, although the central vision, especially for colours, has always been more or less affected.

Bradford.

NOTE ON A PAROVARIAN CYST IN A CHILD PRESENTING IN THE EPIGASTRIUM.

BY FREDERICK DEANE, F.R.C.S. EDIN.,
VISITING SURGEON, BARBADOS GENERAL HOSPITAL.

THE patient, a girl aged 8 years, was admitted into the Barbados General Hospital on Nov. 21st, 1912, suffering from a tumour in the upper abdomen. About six months previously her parents had noticed a small tumour in the region of the umbilicus, and after taking her to several physicians, who diagnosed worms, her mother brought her to the hospital, as the tumour was rapidly increasing in size. A consultation was held by the visiting staff and an operation was advised.

On Nov. 22nd I opened the abdomen in the middle line above the umbilicus and found a thin-walled cyst distended almost to bursting strain. The cyst was tapped and the sac delivered. The pedicle was found to be connected with the uterine appendages on the left side in the vicinity of the parovarium. The little patient was allowed to sit up in bed next day. The Michel clips were removed on the 26th, and the child has made an uninterrupted recovery.

Barbados.

Medical Societies.

ROYAL SOCIETY OF MEDICINE.

SURGICAL SECTION.

Ligature of the Renal Artery and Vein as a Substitute for Nephrectomy.—Unusual Cases of Renal Tumour.

A MEETING of this section was held on March 11th, Mr. G. H. MAKINS, the President, being in the chair.

Mr. T. H. KELLOCK read a paper on Ligature of the Renal Artery and Vein as a Substitute for Nephrectomy. He gave the history of a patient on whom he had performed this operation. The man, a native of India, had been operated upon several times before he came to England; a stone had been removed from the bladder by perineal lithotomy, and several operations had been performed in the region of the left kidney. When he arrived in England he was in a thin, emaciated condition; there were many scars in the left lumbar region, and a sinus discharging pus. The urine was small in amount, contained pus, and was passed in frequent small quantities. The sinus in the loin led down to the region of the left kidney, and was surrounded by dense fibrous tissue. A skiagram showed the presence of a stone apparently in the pelvis of the left kidney. An examination under an anæsthetic was made, and the stone felt with a probe through the sinus. An attempt to extract it with forceps was followed by profuse hæmorrhage, which was only arrested by a rapid enlargement of the sinus forwards and backwards, extraction of the stone, and tight plugging of the cavity. Eighteen days later the abdomen was opened through the upper part of the left rectus muscle, and the left renal artery and vein ligatured. Some difficulty was experienced in doing this, as the tissues in their neighbourhood were matted together by inflammatory products. A few days later the urine was found to be free from pus, and had increased in quantity. The sinus in the loin did not heal until it was again explored, when the kidney was found to be quite anæmic and friable. The greater part of