

in four parts, as near the point of stricture as possible, then incised the omentum as near the ligatures as practicable, and after enlarging the stricture, we returned the stump into the abdomen. After placing three deep sutures in the wound, the usual dressing completed the operation. The removed omentum weighed nine ounces. It was about four inches long and one and one-half inches thick, and nearly round, being a little larger at the proximal end.

On the 21st the patient was resting well; pulse 100, temperature 100°. On the 22d the pulse was 110; temperature 100. Pulse and temperature declined from last date until the 27th, when warm water enemata were freely used. On the 28th, after having removed, mechanically, a large amount of impacted feces from the rectum, the bowels were freely evacuated. On the 29th the temperature rose to 102°; pulse to 100, but both fell back to nearly normal during the next three days.

Up to this time the patient had been nourished entirely on milk diet. After this a little bread was added to his three meals per day.

On June 6, seventeen days after the operation, the patient passed per anum one of the ligatures used in ligating the protruding omentum above mentioned, and at the same time there was found in the stool of the patient a piece of what was supposed to be a part of the omentum devoid of its fatty substance. The pulse and the temperature again rose to 100, but fell back to normal the next day. Three days later another one of the four ligatures used in the operation was found in one of the patient's stools.

At no time during the treatment of the case did the patient suffer much pain; and there was but little swelling of abdomen. Opium was freely used from the time of the operation until the patient was considered out of danger. It is now nearly nine months since the operation, and the patient is well and pursuing his occupation as a farmer.

### UNUSUAL CARDIAC ANOMALY.

BY A. M. HAYDEN, M.D.,

OF EVANSVILLE, IND.

I wish briefly to record a case of cardiac anomaly which is altogether different from any case that I have ever seen, and so far as I can find there is no similar case on record. The case is as follows:

I was called to see the child when one week old. I found it fairly well developed, weighing eight or nine pounds, with more or less incomplete, though marked, cyanosis. Breathing was labored, and there was a slight cough. I made a diagnosis of non-closure of the foramen ovale, and gave an unfavorable prognosis.

I was superseded by a physician of considerable reputation, who pronounced my diagnosis incorrect.

Thirteen months later I was again called to see the child. I found that it had grown but very little, and was much emaciated, not weighing more than ten or twelve pounds. It was suffering with a well-marked case of chronic bronchitis, mucous râles be-

ing distinctly heard on both lungs. I now concluded that I was mistaken in my former diagnosis, as the child was not cyanosed, the skin having regained its normal color. I treated the case for bronchitis.

Heard nothing more from case until a few days ago, when I was called on to make a post mortem examination, the child having died from the effect of disease at the end of the sixteenth month.

*Autopsy* revealed chronic bronchitis, with hepatization of lower lobes of both lungs. Heart enlarged. Hypertrophy of walls of ventricles. Foramen ovale pervious. Right auriculo-ventricular foramen normal. Left auriculo-ventricular foramen normal. Foramen one-half inch in diameter connecting right and left ventricles. Auricles slightly dilated. *The pulmonary artery took its origin from both right and left ventricles*, the cavity of the artery dividing in the wall of the heart into two equal parts, one terminating in each ventricle. The aorta took its origin from left ventricle, and seemed to be normal. The pulmonary veins emptied into left auricle.

I report the above case with the hope of eliciting comment, both as to the probable cause of the condition, and as to the manner in which the circulation was carried on so as to sustain the life of the child for sixteen months. I would also like to hear of any similar cases, if there be any on record.

Evansville, Ind., December 17, 1886.

### MEDICAL PROGRESS.

**TREATMENT OF HERNIA BY SUBCUTANEOUS INJECTION.**—At the meeting of the New York County Medical Society on December 27, Dr. W. B. DE GARMO gave a brief history of the treatment of hernia by methods purporting to be subcutaneous, the object of all of which had been, up to the time of the publications of Heaton's method, to cause obliteration of the hernial sac. Heaton had been practicing his method, and obtaining many cures, since 1843, but he refused to make it known until 1877. Heaton made no attempt to destroy the hernial sac; the whole object of his operation was to so fortify the fibrous tissue surrounding the canal that protrusion would not occur. His method stood alone; it differed in every way from previous methods of subcutaneous treatment; the fluid injected was astringent and mildly irritant, and its action was brought to bear upon the muscular and tendinous structures of which the inguinal canal was composed, and upon the connective tissue which bound these layers together. That improvement and practically cures would result from injections of this oak-bark solution the reader had had abundant evidence, and he could also state that it was practically without danger, at least when correctly employed. Several years ago he stood almost alone in indorsing the method, but since then it had been adopted by many others. That frequent failures had occurred was beyond question. To throw light upon the cause of some of the failures was a principal object of the paper.