

"altogether exceptional" for it to do so; and Robert Barnes says, "it might be laid down as a general law that nature would not tolerate the concurrent progress of these two conditions." Oslander<sup>1</sup> reports several such cases. One of them was a woman whose abdomen was "larger than that of one carrying twins," who became four times pregnant, and bore three living sons and one daughter while in this condition. In 1801 he tapped a woman and took away forty quarts [?] quartier] of water; eight weeks before the patient had been unexpectedly delivered of a living child, and her confinement was not looked for because she had had this dropsical abdomen for three years. Another woman with extremely large abdomen came to him and he counselled tapping; but she refused, saying she believed herself to be pregnant, and she had already given birth to two children since this swelling came on, and she merely wished the question of pregnancy settled.

Dr. Geo. H. Kidd, in a paper<sup>2</sup> on ovarian tumours complicating pregnancy, gives some cases. One patient measured forty-eight inches around, and the labour was complicated with hemorrhage. He gives five pregnancies in two patients without serious inconvenience from the tumours.

Braxton Hicks<sup>3</sup> states, as the result of his own observation, he had seen no evil consequences arise from complication of labour with ovarian disease. His experience amounted to seven pregnancies; one was tapped at the seventh month.

When we come to the treatment of these cases, we find the widest differences of opinion even among the most eminent authorities, as shown by the reports of the debates already alluded to. Some would tap, others would induce premature labour, others again would leave the patient entirely alone, while so high an authority as Mr. Hicks says that "until more cases have accumulated he is not in a position to lay down any rule of action."

Certainly the treatment will be influenced by the character of the tumour in the particular case under care. In such an one as that reported there can be no question as to the propriety of tapping; and we believe that more cases can be found which terminated fatally from rupture of the cyst than of those which went to the end of pregnancy and delivery with safety to mother and child. We have too the highest authority for this operative proceeding, a fact of which I was in ignorance when this case was under my care. Spencer Wells says, "he has repeatedly tapped ovarian cysts during pregnancy, and never saw anything unusual follow." [The conclusions of Mr. Wells' most valuable paper may be found in the number of this Journal for April, 1870, p. 562.]

*A New Method of Arresting Hemorrhage by the Artery Constrictor.*—Dr. S. FLEET SPEIR offers (*Medical Record*, April 1, 1871) this instrument as a substitute for the ligature, acnpressure, and torsion. The arrest of arterial hemorrhage is a subject of intense interest to every surgeon; it is attended, at times, with such hazards to the patient, and with such difficulties to the surgeon, that a new method of accomplishing it may not be found unacceptable, the more especially as this method claims to have fulfilled the indications which are considered as those most to be desired by surgeons generally, viz: the closure of arteries by some method which leaves no foreign substance attached to the vessel or in the wound, and is, at the same time, proof against secondary hemorrhage.

It is claimed that such a result can be uniformly arrived at by the use of the artery constrictor, which consists of a flattened metal tube, six inches (more or less) in length, open at both ends, with a sliding steel tongue running its entire length, and having a vice arrangement at the upper extremity, by which it can be made to protrude from or retract within the tube or sheath. The lower end of the tongue is hook-shaped, so as to be adapted to the artery to be constricted. It is so shaped that, having grasped an artery, it can be made to

<sup>1</sup> Handbuch der Entbindungskunst, I., p. 280, 1818.

<sup>2</sup> Dublin Quarterly Journal of Medical Sciences, May, 1870.

<sup>3</sup> Transactions London Obstetrical Society, vol. xi. Also Am. Journ. of Med. Sci., Oct. 1870, p. 487.

contract upon it by means of the vice at the upper end, which forces it within the sheath.

The hook of the tongue is so shaped and grooved as to form only a compressing surface, by which means the artery, when acted upon by the force of the vice, is compelled to assume the form of the curve of the tongue, and the artery is constricted in such a way that its internal and middle coats give way, but the external coat is preserved intact. The severed internal and middle coats contract, retract, curl upon themselves, and are driven down the artery in the form of a plug by the continued pressure of the grooved tongue as it passes on into its sheath. The artery may now be slipped out of the instrument, and it will be found that the external coat has been compressed at the point where it was in contact with the instrument, and the internal and middle coats will be found severed and invaginated on either side of the constriction. This invagination of the internal and middle coats is of itself sufficient to arrest the flow of blood; and as soon as the current of blood is arrested in the vessel, a coagulum forms upon the invaginated surface of the internal and middle coats, and this completes the occlusion of the artery.

The application of the constrictor is very simple. The artery is to be caught up by a tenaculum or a pair of forceps (which answers better) and the tongue of the constrictor placed around the vessel; the tongue is then drawn tightly upon the artery by means of the vice arrangement at the upper end of the instrument. As soon as the screw turns with a considerable degree of resistance, or the internal and middle coats are seen to be invaginated, by noticing their movements in the end of the artery, the instrument is to be detached from the artery and the operation is completed.

In large arteries the tongue of the constrictor must be drawn into the sheath further than is necessary for small arteries. This is the one point which it is necessary to attend to in the closure of large arteries; there can be no harm done to the vessel by being drawn well into the tube, and a thorough invagination secured. The invagination of the internal and middle coats may be made as thorough as it is desired, by drawing the artery into the tube as far as needed to effect the object. Some of the instruments have been made with stops, to indicate when a proper invagination was reached; but by further experience it was found that the touch was the best guide for the operator. By a continued traction upon the external coat of an artery, after the invagination is once commenced, the internal and middle coats may be peeled up and pushed entirely out of the external coat, and this latter coat be drawn out through the sheath, entirely freed from its inner coat, so that the operator has it in his power to produce an invagination to any desired extent.

It is well always to permit the blood to flow into the artery (if it has been controlled by tourniquet or otherwise during the operation) before removing the constrictor; this secures a perfect clot upon the invaginated coats, which can hardly be displaced afterwards.

"The peculiar effect of the artery constrictor upon the coats of the artery—rupturing and invaginating the internal and middle coats, while it preserves the integrity of the external coat," Dr. Speir states, "appears to offer a more substantial ground for confidence than any method based merely upon pressure or an internal coagulum. This, added to the fact that the instrument is instantly withdrawn from the vessel, seems to offer all the advantages which can be expected of any method."

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*Carbolic Acid as a Remedy for Carbuncle.*—Dr. J. D. ROGERS, of New York, was led by Dr. J. C. Nott's advocacy of local applications of carbolic acid in carbuncle (see No. of this Journal for April, 1871, p. 596) to try its efficacy in a severe case under his care, in which other remedies had failed. The axilla, he states (*Medical Record*, April 15, 1871), was the part affected, the inflammation being quite violent and extensive. He ordered a solution of the acid (1 part to 40 of water), a sponge moistened in the solution to be applied to the part and renewed every two or three hours. During the first day the symptoms were much modified, and after the second day all applications were discontinued; resolution, complete and rapid, being the result of the treatment.