

to be followed, for this patient was pregnant only six months, and the disease in her retinae was making rapid progress, so that in all human probability she would have become blind in the course of a short time. Moreover, there was less risk to her life during a premature confinement than in labour if pregnancy had been permitted to run on until the ninth month. But in cases of this form of retinitis, in which the sight commences to fail during the seventh or eighth month of pregnancy, the question of a premature confinement is an extremely difficult one. As a rule, the risk under any circumstances is considerable, but the danger to life from convulsions during confinement is generally greater the longer the birth of the child is delayed.

With reference to the sight, every week the confinement is postponed, after symptoms of rapidly-advancing retinitis have declared themselves, the greater the risk of permanent loss of vision, for the destructive changes in the retina are apt to make sudden, frequently rapid, and irrecoverable strides in cases of this kind.

MIDDLESEX HOSPITAL.

STRANGULATED FEMORAL RUPTURE IN A MAN AGED EIGHTY-FOUR; OPERATION, SAC OPENED; OMENTUM ALMOST GANGRENOUS; DEATH ON THE THIRD DAY FROM PERITONITIS.

(Under the care of Mr. HULKE.)

AN old man, aged eighty-four, formerly a hall-porter, was admitted Dec. 20th, 1876, with an oblong swelling lying superficially along the right groin, not particularly tender or painful. It had, he said, come the day before, but for many years he had had in the same place a little knot, which, however, had never troubled him. Since the appearance of the swelling the bowels had not been moved, and he could not keep anything on his stomach.

The swelling was plainly a femoral rupture, and, being irreducible by taxis, it was at once operated on. As the strangulation was recent and the symptoms had not been acute, reduction without opening the sac was attempted, after section of Gimbernat's ligament and some deeper fibres of fascia immediately outside the neck; but the contents only partially returned. The sac was then opened, and found to contain a mass of omentum, swollen and friable, nearly black from congestion and hæmorrhage. This was cut off, and the wound was lightly dressed, a drainage-tube being put in its lower angle. Throughout antiseptic precautions were used. Peritonitis followed, and death on the third day.

NORTH STAFFORDSHIRE INFIRMARY.

ENCYSTED HYDROCELE OF THE TESTIS.—SUBCUTANEOUS RUPTURE OF A HYDROCELE.

FOR the following notes we are indebted to Mr. W. A. Frost, F.R.C.S., house-surgeon.

Encysted hydrocele of the testis.—This was perhaps one of the largest, if not the largest, encysted hydrocele of the testis on record. A swelling had existed in the left side of the scrotum for forty years, but during the last three or four years had increased rapidly. The swelling was heart-shaped, with the apex downwards, measured eighteen and a quarter inches in circumference, and was slightly translucent. The left testicle could not be felt; the inguinal canal was clear; but the penis was buried in the swelling. The hydrocele was tapped, and fifty-two ounces of milky fluid withdrawn. This fluid contained an abundance of well-formed spermatozoa, and was free from albumen (? a trace); specific gravity 1005. Nothing abnormal could be felt about the testicle.

Subcutaneous rupture of a hydrocele.—A man aged forty had suffered many years from a hydrocele, which had never been tapped. One day he received a blow on the part; in a short time the whole scrotum became diffusely swollen. When seen about three hours after the accident the integuments of the scrotum were cedematous, and black from extravasated blood. The scrotum was elevated and evaporating lotions applied. In about ten days all the swelling and ecchymosis had disappeared, leaving everything apparently quite normal. As the patient never presented himself again, it is not known whether the hydrocele refilled.

YEDO HOSPITAL.

ANEURISM OF POPLITEAL ARTERY; FAILURE OF FLEXION AND COMPRESSION; LIGATURE OF FEMORAL ARTERY WITH CARBOLISED CATGUT; RECOVERY.

(Under the care of Dr. PURCELL and Mr. ANDERSON.)

E. R—, aged forty-five, lighthouse-keeper (Englishman), was admitted in September, 1875, into the hospital of the Public Works Department, under the care of Dr. Purcell, suffering from aneurism of the left popliteal artery.

The aneurism was of about twelve months' duration; no cause could be assigned for its appearance. Its increase had been progressive, but it had not up to the time of admission prevented moderate exercise.

The patient had always enjoyed good health, but said he had lived a rather "rough" life at sea for many years. He looked about five years older than his alleged age, but was strongly built, and presented no signs of premature decay. The other arteries were apparently healthy.

The aneurism was about three inches in its transverse diameter, and projected chiefly towards the back and outer part of the ham. The superjacent integument was neither tense nor discoloured. The sac-wall was apparently thin; pulsation and bruit were very distinct. The limb was slightly cedematous; the superficial veins were a little enlarged; no pulsation could be discovered in the anterior and posterior tibial arteries. Neuralgic pains in the foot were complained of.

Extreme flexion of the leg was tried for four days, but was discontinued at the desire of the patient, who was unable to bear the constrained position any longer. No effect upon the aneurism had been produced.

Compression of the femoral artery by a tourniquet (Signorini's) was afterwards adopted, but could not be borne for a sufficient length of time, notwithstanding the frequent administration of narcotics to deaden sensibility. After the discontinuance of this treatment the condition daily became worse, the tumour enlarged slightly, the pulsation became more distinct, the cedema of the leg increased, and the pain in the foot became so severe that repeated doses of morphia were necessary for its alleviation.

On Dec. 9th Dr. Purcell requested Mr. Anderson to see the case in consultation with him.

On the 11th a second attempt at cure by compression was made. A Signorini's tourniquet was applied over the femoral artery, and the Japanese medical officers of the Naval Hospital kindly volunteered to keep constant watch for thirty hours. The patient was maintained in a state of semi-narcotism by repeated injections of morphia, and complete compression of the vessel was effected during nearly the whole of the period, partly by the tourniquet and partly by the thumbs of the watchers. The point of pressure was varied from time to time, to lessen as far as possible the injurious local effects of the treatment. At the end of the time the pulsation in the aneurism was decidedly diminished in force, and the pain in the foot was considerably relieved, but the condition of the soft parts at and around the situation of compression by the tourniquet-pad was too threatening to allow further perseverance in the use of the instrument. The slight improvement gained by the experiment continued for about seventy-two hours and then gradually disappeared, leaving the aneurism on the 17th in its original state. The skin over the soft parts corresponding to the points of application of the tourniquet-pad was then rather dark, and a few vesicles had formed upon it; the adjacent tissues were cedematous. The man's strength had begun to fail.

On Dec. 18th, ligature of the femoral artery, at the apex of Scarpa's triangle, was performed by Mr. Anderson, chloroform being administered by Dr. Purcell, and assistance given by some officers of the Naval Hospital. The operation was rendered rather difficult by the infiltration of the tissues, down to the sheath of the artery, with extravasated blood-serum. A carbolised ligature was applied, the ends cut short, and the wound was closed as accurately as possible. Pulsation in the tumour ceased immediately after the tightening of the catgut. The usual after-treatment was carried out.

On the following day the wound looked healthy, and the limb was warm and comfortable, although somewhat benumbed. The temperature (in axilla) was raised to 100·2°, but in other respects the general condition was satisfactory.

From this time until Jan. 6th nothing worthy of special note occurred, except the formation of a superficial slough at the seat of operation, and its subsequent separation, leaving a healthy granulating surface. The bad ventilation of the hospital, however, appeared to retard the man's constitutional progress.

On Jan. 6th the wound became suddenly inflamed, and an erysipelatous redness extended around its margins for some distance. Febrile symptoms appeared, and on the following day a rigor occurred. On the 8th the wound was sloughing extensively and discharging a scanty, ill-formed matter; the parts around the slough were hot, dusky red, swollen, and acutely tender. The patient was intensely depressed, mentally and physically; face sallow; tongue thickly furred; pulse frequent and feeble; skin clammy, but, at the time of examination, not hot; he had been feverish on the previous evening, and perspired profusely in the night. The bottom of the wound was carefully opened, exposing a cavity, about the size of a filbert, containing a small quantity of very foul pus. The wound was syringed freely with permanganate of potash lotion, and a poultice was applied.

The bad symptoms disappeared almost immediately, and in a few days the wound was again healthy. The man left the hospital, cured, on Feb. 10th.

The interest of this case lies chiefly in the success of the carbolised ligature, which set up no irritation even during the sloughy condition of the wound, which had been induced apparently by bad hygienic circumstances. Had an ordinary ligature been used, the unhealthy inflammation would probably have been conducted by the thread to the vessel, and would have caused extreme danger of secondary hæmorrhage. In the present case the deep tissues appear to have closed immediately over the vessel and its organisable ligature, forming a protective wall which shut off the important structures completely from the surface wound.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Distal Deligation of the Carotid and Subclavian Arteries for Innominate Aneurism.

THE ordinary meeting of this Society was held on the 10th inst.; Dr. C. West, President, in the chair. Only one paper was read. It was by Mr Barwell; and it dealt with three cases of distal ligature of the carotid and subclavian arteries for innominate aneurism—two with success. These patients, both females, and one only twenty-seven years of age, were shown to the Society. Messrs. Heath, Holmes, and Kelburne King took part in the discussion.

In declaring the result of the ballot for the election of new Fellows, the President congratulated the Society upon the following additions to the list of honorary Fellows: Sir John Lubbock; Professor Guido Baccelli, M.D., Rome; Noel Guéneau de Mussy, M.D., Paris; Professor Friedrich Wilhelm von Scanzoni, of Wurzburg; Professor Theodor Schwann, M.D., Liège.

The following is an abstract of Mr. BARWELL'S paper on three cases of Distal Deligation of the Carotid and Subclavian Arteries for Innominate Aneurism. After referring to a case of innominate aneurism which he had successfully treated by double distal deligation, and which is published in the Transactions of the present year, the author related the case of J. B—, a man aged forty-eight, who died from the effects of the anæsthetics thirty hours after the operation. The parts, showing very large aorto-innominate aneurism, were exhibited. The operation was performed on Dec. 6th, 1877. On that day Mr. Barwell also tied the same vessels for Laura G—, aged thirty-seven, who had a pulsating aneurismal tumour perforating the upper anterior wall of the chest on the right side, and also above the clavicle. Except for the aneurism, the patient appeared healthy, but extremely nervous and excitable. After the operation no

brain symptoms were developed nor any pyrexia, but her progress was fluctuating, the variations appearing to be in part connected with the catamenial period, in part with her mental condition. The patient left the hospital in July, having no tumour, though pulsation from the solidified aneurism communicated by the aorta could still be felt. On January 10th, 1878, Mr. Barwell tied the same vessels for Catherine H—, aged twenty-seven, who had a visible pulsating tumour, about the size of a small walnut, above and a little outside the sterno-clavicular joint, and also intra-thoracic aneurism. This patient, rather feeble and extremely nervous, also made a fluctuating recovery. She had no cerebral symptoms and no pyrexia. She left the hospital on July 22nd, a tumour remaining in the above situation, and though probably not quite, yet is nearly (Mr. Barwell believes) solid. The cough and dyspnoea, from which she had previously suffered, have quite disappeared. After some remarks concerning the excitability of the vasomotor system, which in these patients always accompanied the menstrual period, the author gave his views concerning the use of catgut as a ligature, and stated his belief that with such material it is advisable to tie the vessels with very moderate force, so as not to divide the middle coat. He attributes his success to this mode of tying. The statistics of these operations are as follows:—Including the subjects of the present paper eleven cases in all have been thus treated; of these eight have been unsuccessful, all of them dying at various periods from the effects either of the aneurism or of the operation. The case Mr. Barwell recorded last year and the two now related constitute the three successful ones.—Mr. BROOKE directed attention to a form of spiral aneurism needle he had devised about twenty years ago, which had fallen into disuse, and suggested that by its means possibly Mr. Barwell might have surmounted the difficulty he met with in passing a needle round the subclavian in one of his cases.—Mr. CHRISTOPHER HEATH said he believed the case upon which he operated in 1865 was the first—at any rate, within recent times—in which double distal ligature was practised. Mr. Barwell was right in not including it in his list of cases, for although thought to involve the innominate artery at the time of operation, when, four years subsequently, the post-mortem examination was made the aneurism was found to be wholly aortic. At the same time it was a perfectly successful case, the patient's death being due to his intemperate habits, the aneurism bursting externally. (The preparation is in the museum of the College of Surgeons.) So much did that case resemble the case of the older of the two female patients shown by Mr. Barwell that Mr. Heath ventured to predict that in her case also the aneurism was mainly, if not entirely, aortic, and not innominate. The sphygmographic tracing did not show the characters of an innominate aneurism, and he believed that vessel was but slightly, if at all, involved. He had seen the case before operation, and would testify to the great benefit received by it, the chest having notably sunk in. In the other case the persistence of pulsation below the seat of ligature in the carotid was remarkable and difficult of explanation, but here also much benefit seemed to have been derived. Speaking of the catgut ligature, Mr. Heath could not think it possible, in an operation of such magnitude, to regulate the force with which it should be tied to the nicety insisted on by Mr. Barwell. Indeed, he thought it better that the coats should be divided than that the risk of imperfect ligature should be run; and in a case he brought before the Clinical Society last year, where a second ligature had to be applied, owing to the failure of the first, he believed this failure was due to the fact that he had not pulled the ligature tight enough. He held to the hempen ligature as being more secure and more likely to divide the coats of the vessel efficiently.—Mr. HOLMES agreed with Mr. Heath as to the difficulty in diagnosing between innominate and aortic aneurism. The only case in which he had performed the distal ligature with satisfactory results was one of aortic aneurism, beyond the innominate, in which he tied the left carotid. The patient's condition before operation was most critical, but the result of the treatment was that now—five years after—she is in health and pursuing her work. (The case is to be found in the Clinical Society's Transactions, vol. ix., p. 114, and vol. x., p. 97.) He could not see how ligature of the subclavian could do good, for if, when tied in the third part, the vessel became occluded, how was the circulation carried on in the limb? Such complete occlusion did appear to have taken place in Mr. Barwell's