

or by a seidlitz powder or Rochelle salts. He acknowledges a hint from a remark of Lawson Tait that a brisk purgative would cure septic peritonitis, but the method of effecting it and the explanation as to preventing intestinal obstruction he claims as his own.—*N. Y. Med. Rec.*, March 19, 1887.

VI. Splenectomy for Wandering Spleen. By WILLIAM H. MEYERS, M.D., (Fort Wayne, Ind.). Having been impressed by an autopsy with the feasibility of relieving an enlarged and displaced spleen by extirpation, the author determined to attempt the operation in a future similar case. In case of a woman with an enlarged and dislocated spleen of malarial origin, anti-malarial treatment was advised, but nine months later, the tumor having greatly increased in size and settled down upon the rim of the pelvis, while three suppurating sinuses passed from it through the abdominal wall, although the patient presented a state of extreme exhaustion, the tumor was removed by abdominal section. The pedicle was ligatured in two portions, cut short and dropped into the cavity. All hæmorrhage was carefully arrested and through antiseptic precautions applied to the operation and the dressing, a glass drainage-tube being left in the cavity until the twelfth day, thorough which the abscess cavity was daily flushed with a 1-20 carbolic solution. The patient left the hospital in twenty-one days and ultimately fully recovered. The spleen weighed 7 pounds.—*Jour. Am. Med. Assn.* April 2, 1887.

JAMES E. PILCHER (U. S. Army)

VII. Three Cases of Splenectomy. Case I. By A. G. PODREZ (Harkoff, Russia). In his paper read before the Russian physicians assembled in Moscow in January, 1887, Dr. P. gave a brief account of all known cases of splenectomy, numbering 41, beginning from that of the Neapolitan surgeon Zaccarelli who, in 1549, has successfully removed the spleen, and his patient, a woman, recovered. Dr. Podrez's own case is as follows:

M. G., female, æt. 36, for long time was suffering from malaria; her spleen was largely hypertrophied, and she was suffering from ascites and cachexia; she entered the clinic Nov. 12, 1886. Splenectomy was

performed as *indicatio vitalis*, Nov. 22, 1886. Under chloroform an incision was made 6 inches long along the external edge of m. rectus abdom. sin. Having separated the spleen from the surrounding organs (fibrous fasciculi), it was brought out into the opening. While an assistant was supporting the spleen Dr. P. undertook to put ligatures on its vessels. The spleen being dropped by the assistant, vena lienatis was ruptured, causing a profuse hæmorrhage which, however, soon was stopped and operation was finished in forty-six minutes. The weight of spleen (bloodless) was 1,756 grm. Iodoform dressing. Ice and opium were prescribed. November 23, nausea and vomiting. November 25, on the face and hands there appeared spots like those of urticaria; she took beef tea and wine. November 26, chills and fever. November 28, meteorismus. November 30, examination of blood showed the same ratio of white blood corpuscles to the red ones as it was previous to the operation, viz., 1 white to 200 or 250 red. December 1 to 3, the patient showed deafness and complained of pain in the left side. December 6, wound healed by the first intention. December 7 to 8, she sits up. December 11 to 12, she gets up. December 15, chill and fever and delirium. December 18, diarrhœa, vomiting and albumen in urine. December 20, by paracentesis there was removed about 3 litres of transparent fluid. December 22, pulse, 140; temperature, 103; continuous nausea. December 27, the patient died. On post mortem examination it was quite apparent that she suffered from chronic peritonitis and parenchymatous nephritis. Dr. P. stated that out of 42 cases of splenectomy only 10 were favorable results.—*Chirurgichesky Vestnik* (St. Petersburg), March, 1887.

CASE II. By Dr. DONAT (Odessa, Russia). E. B., female, æt. 25, entered Odessa City Hospital July 29, 1885. For five years she was suffering from malaria, complained of severe pain in the left side, and her physician made a diagnosis of "flying spleen." Operation was performed on August 13. An incision was made in the linea alba. The spleen was brought into the opening and ligatures was placed one after another on all vessels. Operation lasted forty minutes. In first days after operation, nausea and vomiting. The course was normal. September 21, she left the hospital cured. In August, 1886, she was

quite well. July 22 she was delivered of a healthy child. The removed spleen was eight times as large as the normal one. Ratio of white corpuscles to red ones was, on the eve of operation, 1 to 250; twenty-two days after operation, 5 to 1,000; six months after operation, 6 to 1,000.—*Chirurgichesky Vestnik*. April and May, 1887.

CASE III. By Dr. ORLOVSKY (Warsaw, Russia). Hana E., æt. 26, entered the Warsaw Hospital June 7, 1885; she had hypertrophy of spleen and ascites. Splenectomy on June 26, 1885. An incision along the edge of rectus abdom. m. The spleen was found connected by fibrous fasciculi only with diaphragm and omentum. On having cut lig. gastro-lienale (ligatures were placed before that), spleen was brought to view and then separated from the diaphragm, but that was not done without a profuse hæmorrhage. First days after the operation passed without fever. On the fourth day inflammation of the right lung was discovered, with rise of temperature. On July 2, death. The removed spleen was 30 cm. long and 18 cm. wide. Microscopical examination supported the diagnosis. Tumor fibrosus lienis.—*Gazeta Leczarska*. No. 1, 1887.

P. J. POROFF (Brooklyn)

VIII. A Case of Cholecystotomy. By O. TERRILON (Paris). The patient had never presented any phenomena of biliary retention, but twenty days before the operation she presented disquieting symptoms of debility and lack of nutrition, the pathogeny of which is very obscure. There appeared a tumor in the umbilical region. An incision at the most prominent point exposed a whitish fluctuating tumor, puncture of which yielded 300 grammes of a clear, transparent liquid, containing a few crystals of cholesterine. The sac was then drawn without, fixed to the lips of the wound, and incised. A calculus almost free was easily removed, but another firmly fixed in the orifice of the duct, could be dislodged only with great difficulty. The fact of the liver's having descended very low and being almost vertical rendering ablation of the adherent sac difficult, the operator resorted to a partial resection, with suture of the edges of the sac to the skin *en collerette*, and drainage. The immediate results were excellent. Three weeks afterward, there was left only a small fistula, which closed after