

tortuosity of the artery and the dilatation and thickening of the wall extended into the inferior vena cava, while the right common iliac vein appeared normal.

From the condition of the vena cava, its dilatation and thickening, it is reasonable to suppose that the pressure within it had been increased over a long period of time and the findings in the heart, especially on the right side, may well have been due to the distal arteriovenous communication. With a pelvis so crowded by the enormously dilated vessels it is indeed surprising that the patient gave no history of disturbances of urination or defecation. That the pressure had exerted some effect was evidenced by the fact that both ureters were dilated to about twice their normal size, and that the renal pelvises were moderately dilated. Some interference with the lymphatic drainage of the left leg had occurred, for the thigh was edematous and the lymphatics and lymph-nodes in the left groin were considerably enlarged.

St. Luke's Hospital.

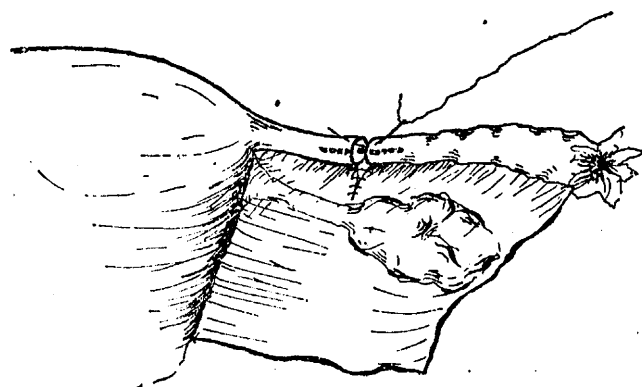
A NEW METHOD OF ANASTOMOSING THE OVARIAN TUBE OR VAS DEFERENS

S. L. CHRISTIAN, M.D. AND E. L. SANDERSON, M.D.

Visiting Surgeons to Charity Hospital and Schumpert Memorial Sanitarium

SHREVEPORT, LA.

Attempts at repair of the ovarian tube and vas deferens have always been fraught with uncertainty as to



New method of anastomosis as applied to ovarian tube.

whether the lumen of the tube, after simple suturing, would remain patulous or would become obliterated at the site of the suture line. So far as we are able to find out, obliteration of the lumen at the line of sutures is the usual result.

It has seemed desirable that some simple method of repairing these structures that would give reasonably certain results be devised. The following plan we have used successfully in three cases, one of which will be cited as an example.

When the ovarian tube or vas deferens has been divided from any cause, the cut ends are picked up, a piece of No. 0 twenty-day catgut is inserted $\frac{3}{8}$ inch into each end of the tube and the ends are brought together with two apposing catgut sutures, as shown in the illustration. The lumen cannot become obliterated at the time of healing of the divided ends because the gut is in the canal and will remain there until after repair is complete and Nature has ceased to throw out reparative tissue. The gut, being of absorbable material, is soon completely removed. Gentleness should be exercised in the introduction of the catgut so as not to traumatize the epithelial lining.

CASE REPORT

Mrs. C. R., aged 29; married nine years, had never been pregnant. She was operated on two years previously, at which time the left tube and ovary were removed. She was operated on by us in February, 1913. At this time a small hemorrhagic cyst was removed from the right ovary with about $\frac{1}{2}$ inch of the middle third of the corresponding tube, which was constricted from previous inflammation and proved, after removal, to have an obliterated lumen. The remainder of the tube was patulous. We then anastomosed the tube according to the technic described. This patient is now pregnant.

The operation will find a field of usefulness in the male and female in cases in which the lumen of these tubes has been destroyed.

A CASE OF HODGKIN'S DISEASE TREATED WITH BENZENE

G. B. LAWSON, M.D., ROANOKE, VA., AND E. A. THOMAS, M.D., WYTHEVILLE, VA.

History.—The patient, G. P. K., white, a farmer aged 59, was admitted to the Jefferson Hospital, Roanoke, Va., in January, 1912. His past history was practically negative except for slight attacks of acute inflammatory rheumatism at the age of 36, again at 41 and again at 44. In March, 1911, he had an attack of fever, with headache and general aching pains. This was diagnosed as the grip. Three days after the onset the lymph-nodes on both sides of the neck began to swell, increasing rapidly for a few days, and shortly after this he noticed markedly enlarged epitrochlears. The swelling of the lymph-nodes increased gradually until the patient was admitted to the hospital.

Examination.—On admittance there was marked enlargement of the cervical lymph-nodes on both sides; the swelling on the two sides almost met in front, forming a collar. The individual lymph-nodes tended to be separate and freely movable. The epitrochlear lymph-nodes were about the size of a robin's egg. The lymph-nodes in the groin were only fairly enlarged. There was practically no enlargement of the lymph-nodes in the axilla. The blood showed 5,000,000 reds with hemoglobin of 90 per cent. The leukocytes numbered 7,000, with practically a normal differential count. The physical examination was otherwise practically negative.

Treatment and Result.—The patient was treated with the Roentgen ray for four weeks. Under this treatment the lymph-nodes with the exception of the epitrochlears gradually became smaller. A month after the Roentgen treatment was stopped the lymph-nodes were larger than before treatment. In the summer of 1912 the patient was again given Roentgen treatment, and the lymph-nodes again became smaller; but shortly after the treatment was stopped they enlarged again.

Examination in March, 1913, showed swollen lymph-nodes almost encircling the neck in front and extending out beyond the lower jaw at the sides. The epitrochlears were the size of a walnut; the lymph-nodes in the groin were somewhat enlarged, with some enlargement of the axillary lymph-nodes. There were a number of enlargements behind the shoulders and in the lumbar region. These appeared to be subcutaneous lymph-nodes. There was marked cough due to pressure on the bronchi by lymph-nodes. Shortly after this the patient was put on benzene (benzol) by Dr. Thomas. The dose was 5 minims three times a day at first, increased to 10 minims. This dose was continued for six weeks. Two weeks after the benzene was begun, the lymph-nodes everywhere began to diminish in size, and they continued to get smaller even after the benzene was stopped.

Examination in August, 1913, showed barely palpable lymph-nodes in the neck. The epitrochlears were smaller than a butter-bean. There was no enlargement in groin or axilla. The subcutaneous lymph-nodes on the back had entirely disappeared. The patient has worked hard as a farmer for the last few months.