of a large apple. The operation was performed according to the method recommended by Dr. P. H. Watson, the capsule of the gland being left intact, until the bloodvessels had been ligatured *in situ*. The bleeding was very slight. Antiseptic precautions were taken throughout, and on the ninth day the dressings were found to be unnecessary. The weight of the extirpated gland was 50 grammes. This is the twelfth patient from whom Professor Billroth has successfully removed the thyroid body, the size of the tumours varying from a hen's egg to that of a child's head. The average time taken for healing to be accomplished in these cases was seventeen days.—*London Medical Record*, Feb. 15, 1879.

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Case of Excision of the Spleen.

Dr. W. C. ARNISON records (*British Med. Journal*, Nov. 16, 1879) the following case of excision of the spleen:—

T. K., aged 37, was admitted on August 29, 1878, into the Newcastle-upon-Tyne Infirmary. He was a healthy man until last autumn, when he received a blow in the left side, below the ribs, since which he suffered pain, and his health failed. A few months ago, he noticed a hard tumour in the left side, which grew larger. His family history was good, and he had been a fairly sober man. He never had ague, nor had he been in ague districts.

The left side of the belly, from about an inch below the nipple to the crest of the ilium and to the median line in front, was entirely filled by the spleen; its surface was smooth, and it could be moved by pressure on its posterior border to the left of the spine. Ascitic fluid occupied the abdominal cavity, and was interposed between the spleen and the abdominal wall. The patient was of fair complexion, of waxy pallor, emaciated, and the microscope showed the presence of leucocythæmia. His appetite was fairly good. He had occasional diarrhœa. After consultation with his colleagues, it was decided to excise the spleen on the 29th of September.

Chloroform having been administered, an incision was made in the median line, extending about two inches on each side of the umbilicus. Dr. A. then passed his hand round the spleen, and found it free from adhesions; the incision was then enlarged, and the rectus muscle cut across, the artery being held and secured before the transverse incision was carried through the peritoneum. The diaphragmatic and capsular connections were carefully torn through, and the spleen then easily turned out; it was held up while the vessels, which were considerably enlarged, were tied with three whipcord ligatures; two large sponges were then held round the pedicle, which was divided, and the spleen removed. Much difficulty was now experienced in finding and securing one or two bleeding points, which seemed to be in the torn peritoneal connections, and were, of course, very deep. They were at last secured, the belly carefully sponged out, and the wound closed by interrupted sutures. The operation was conducted antiseptically, and occupied seventy minutes, the greater part of that time being spent in securing the bleeding points.

The patient was placed in bed with a pulse of 98, and of fair strength. On recovering from chloroform, he complained of severe abdominal pain, which was relieved by injecting one-fifth of a grain of morphia; but he never seemed to rally from the shock. About four hours after the operation, Mr. Dixon, Senior House-Surgeon, transfused by gravitation two ounces of milk freshly drawn, provision having been made for this in anticipation that it might be required. No more milk would flow into the vein. The pulse rose for a few minutes, but quickly fell, and death occurred five hours after the operation.

The symptoms pointed to shock rather than to bleeding as the cause of death; but the body was removed before this supposition could be verified by *post-mortem* examination.

The spleen weighed 7 lbs. 13 oz. After its removal, ten ounces of blood drained out of it.

Case in which a Testicle congenitally displaced into the Perineum was successfully transferred to the Scrotum.

Mr. Thomas Annandale, Professor of Clinical Surgery in the University of Edinburgh, reports (*British Med. Journal*, Jan. 4, 1879) the following case of this rare congenital affection of the testicle, in which, so far as we can ascertain, for the first time, the displaced testicle has been successfully transferred by operation and permanently retained in the scrotum.

On the 15th of June, 1877, Dr. Irvine of Pitlochry recommended to my care a male child, aged 3, who had been brought to him suffering from pain in the region of the perineum, which was much aggravated when the little patient was allowed to walk or run. It was noticed that some abnormality existed in connection with the right testicle shortly after birth, but it was only when the child began to walk that the pain directed special attention to the part. Dr. Irvine, finding that the cause of the pain was a displacement of the right testicle, asked me to admit the child into my wards, with the hope that something might be done to relieve the symptoms.

An examination of the patient showed that the right side of the scrotum was empty, but its skin and other tissues were well-developed. On searching for the cord, it was felt to come out through the external abdominal ring in the usual way, but, instead of passing down into the scrotum, it could be traced to the perineum, where the right testicle lay. This displaced testicle was felt to be well-developed, was of the usual size, and was lying under the skin and cellular tissue at a point a little to the right side of the middle line of the perineum. It was situated at a little lower level than if it had occupied its usual place in the scrotum. When pressure was made over the testicle, it caused much pain. The left testicle was normal in situation and development.

On the 5th of July, I performed the following operation, with a view of transferring the displaced testicle to its proper position in the scrotum. An incision, commencing over the external abdominal ring and extending half way down the scrotum, was made on the right side, so as to expose the cord, which was then seized, and by means of it the testicle was drawn out from its abnormal position. This was not done without the division of some adhesions, and there was one fibrous band attached to the bottom of the testicle above and to the tuberosity of the ischium below, which appeared to correspond to one process of the gubernaculum testis, and which required to be cut across before the testicle would leave the perineum. The scrotum was now opened up more freely, and the drawn-out testicle was placed in it and securely fixed there by means of a catgut stitch passed through the bottom of the scrotum and lower part of the testicle. The opening into the perineum along which the cord and testicle had passed was subcutaneously stitched with catgut, and a small counter-opening made at the most dependent point of the perineal cavity which had contained the testicle, so as to allow any fluid to drain away and insure the complete closure of the cavity and prevent the testicle from passing again into it. The wound in the scrotum and groin having been stitched, antiseptic dressing was applied. The whole of the operation was performed antiseptically.

The patient's progress after the operation was satisfactory in every way, and the wounds were healed on the 31st of July. A few days afterwards, he returned