by him. Dr. Schliep (*loco cit.*) "uses the stomach *pump* daily in dilatation, and, if the liquids be very acid, adds bicarbonate of soda to the water; or permanganate of potash, if these liquids show signs of fermentation; carbolic acid, when they contain vegetable parasites; boracic acid, as a disinfectant; and tincture of myrrh, in atonic dyspepsia with abundant secretion of mucus". Drs. Clifford Allbutt and E. H. Jacob of Leeds have obtained good results, which are amongst the earliest reported in this country. A few cases have been successfully treated in King's College Hospital, by Dr. Duffin; in the Birmingham General Hospital, by Dr. Russell; in the Western and Royal Infirmaries, Glasgow, by Drs. Gairdner and Wood Smith respectively.

The stomach syphon-tube is that which was brought before the Edinburgh meeting of the Association by Dr. Harvey of Aberdeen.

P.S.—December 31st. He has continued well since these notes were written.

STRANGULATED INGUINAL HERNIA SIMULATED BY BLOOD IN THE SCROTUM.

By JOHN C. UHTHOFF, M.D.Lond.,
House-Surgeon to the Sussex County Hospital, Brighton; etc.

THE following case is one of great interest, chiefly from a practical point of view, though its exceptional nature would also make it worthy of record. E. M., aged about 60, a bath-chair man, was apparently in good health on the evening of November 21st, 1879. His previous history I had been unable to obtain; but it scarcely has much influence on the immediate interest of the case. During the night, he was seized with severe pain in the abdomen and down the left leg. Mr. E. J. Furner was called to see him, and found him suffering intense pain. His agony was so great that he was writhing about in bed and could not be kept quiet. Mr. Furner found, on examination, what appeared to be a strangulated scrotal hernia on the left side; that is to say, there was a sausage-shaped tumour in the scrotum, coming through the external abdominal ring, which was tense and gave no impulse on coughing, and which had appeared suddenly, the man having before been accustomed to have a reducible scrotal hernia on this side. He also had a reducible hernia on the right side. The abdominal pain, too, corresponded with a sudden and severe strangulation of the gut, although that down the leg could hardly be explained in the same way. Mr. Furner advised that the patient should be at once removed to the Sussex County Hospital, in view of an operation being performed as soon as possible. This was not done until the morning, when, in the cab on his way to the hospital, he died. Shortly before his death, the patient expressed himself as feeling better, and he had less pain.

POST MORTEM EXAMINATION.—He was a strongly developed and well-nourished man. There was extreme pallor of all parts of the surface of the body. In the left scrotum was a sausage-shaped tumour exactly resembling a hernia, and irreducible. On dividing the structures superficial to this tumour, it was found to be a cylindrical clot of blood lying behind what appeared to be the sac of the reducible hernia from which he had suffered. On following up this clot through the abdominal ring, it was found to be a portion of an immense collection of blood, which, lying behind the peritoneum, occupied almost the whole of the back of the abdominal cavity, enveloped both kidneys, extended into the meso-rectum, meso-colon, and mesentery, and could not have consisted of less than two or three quarts. The psoas magnus muscle of the left side was quite destroyed; and running through the clot, so as to cause great difficulty in removing it, were the cords of the lumbar nerves. The source of this extensive hæmorrhage was the rupture of a fusiform aneurism of the left common iliac artery. In consequence of the presence of an old-standing inguinal hernia, the left inguinal canal had nearly disappeared, leaving an almost direct passage through the abdominal wall opposite the external ring; through this the blood had passed into the scrotum, but beneath the peritoneum, instead of within its cavity, as the hernia would have been. The left ventricle of the heart was contracted; the aorta was atheromatous; and the kidneys were granular and cystic.

THE TREATMENT OF VARICOCELE BY ACUPRESSURE OF SPERMATIC VEINS.

By S. OSBORN, F.R.C.S.

CASE I.—J. B., aged 17, a greengrocer, was kicked about a year ago in the scrotum. The left testicle began at once to decrease in size, whereas the right was in consequence swollen. On examination, the right testicle was found to hang the lower, which he believed had been always the case; and the veins above were considerably varicosed. The left testicle was atrophied.

On September 10th, the veins having been separated from the spermatic artery, a hare-lip pin was passed through the scrotum behind the veins, and brought out again through the scrotum as near as possible to the point of entry; the veins being thereby compressed between the pin and the scrotum, as in the first form of acupressure. The scrotum was supported by a band of strapping passed across the thighs, and an ice-bag applied.

September 14th. He was going on well. He suffered but slight pain from the effects of the operation. The pin was removed, after being in about eighty-four hours.

September 20th. Having been supplied with a suspensory bandage, the patient left the hospital cured.

CASE II.—A. E., aged 15, of no occupation, came first under my notice on account of suffering from infantile paralysis of the left leg, and requiring a high boot. The left side of the scrotum was pendulous, and the veins in a varicose condition, the testicle itself being slightly smaller than that of the right side.

June 9th. The spermatic veins were compressed by a hare-lip pin, and an ice-bag applied. On the 13th, the pin was removed, there being some slight suppuration at its points of entry and exit. On the 17th, he was allowed to leave his bed, the scrotum being still supported by a bandage.

CASE III.—G. W., aged 19, a stud-groom, had suffered from varicocele on the left side for two years, and which of late had tended to increase in size and occasion him some pain, extending upwards to the loin. The left testicle had always hung lower than the right. On January 7th, the spermatic veins were compressed by a hare-lip pin, which was removed on the morning of the 10th. After one week's confinement to his bed, he was allowed to get up, wearing a suspensory bandage.

REMARKS.—From the above, it will be seen that the left side was affected in two instances, and the right in one. In Cases I and III, the testicle which hung the lower was the one to receive the injury; whereas in Case II the fact of the left side being diseased is attributable solely to that having been the side affected by the paralysis. The origin of the varicocele in Cases I and III was probably due to injury: in the one case, from a kick, and in the other as the result of his occupation; whilst the cause of the pendulous scrotum and consequent varicocele in the remaining case was due to the same paralysis which occasioned the palsied condition of the left leg. The operation performed in the three cases was identical. No anæsthetic was administered, and the pin was removed from the third to the fourth day. The patients have since presented themselves, and the operation has been found to have been successful. The simplicity of this mode of treatment, and at the same time its efficiency, are points in favour of its more frequent adoption; for that operation is, in my opinion, the best, which is successful, and is at the same time attended with the least amount of suffering.

OPHTHALMIC MEMORANDA.

PRESERVATION OF OPHTHALMIC SPECIMENS.

SEVERAL friends and correspondents have asked me to refer them to a description of the method which I employ for the preservation of ophthalmic specimens, examples of which were exhibited in the annual museum of the Association in Cork last summer. I published an account of it in the *Birmingham Medical Review* for July 1878; but, as several improvements have been effected since that time, I shall be greatly obliged by being allowed space in this JOURNAL for a brief description of my present method.

The following are the solutions, etc., employed; 1. Müller's fluid—viz., bichromate of potash 1 part, sulphate of soda 1 part, water 100 parts; 2. Hydrate of chloral and water, 1 in 20; 3. Glycerine and water, 1 in 4; 4. Glycerine and water, 1 in 2—*i.e.*, equal parts; 5. Glycerine-jelly—viz., best French gelatine 1 part, glycerine 6 parts, water 6 part: soak the gelatine in the water until swollen; then beat and add the glycerine; add a few drops of a saturated solution of carbolic acid; and filter hot through white blotting-paper; 6. A thick white varnish made by mixing oxide of zinc with copal varnish in a mortar.

The eyeball is placed, immediately after excision, unopened, in Müller's fluid for about three weeks, light being carefully excluded. It is then frozen solid by immersion for a few minutes in a mixture of finely powdered ice and snow, and immediately divided into lateral halves by means of a sharp-edged table-knife. The portion to be mounted is then placed in chloral solution for some weeks, in order to remove the yellow colour; light being still excluded, and the fluid being changed until it is no longer discoloured by the bichromate. The