tumour at its upper part, and the latter evidently sprang from the epididymis. The tumour consisted of a creamy-white mass, of firm consistence except at its upper part, where it was diffluent. Strands of fibrous tissue could be seen with the naked eye interlacing in all directions. Microscopical examination of a fresh section showed that the tumour was composed of cells of various sizes, with interlacing strands of connective tissue. There were numerous large round and oval cells, and many small round cells, as well as spindle cells. Sections of the hardened tumour showed the connective tissue in bundles and whorls, and the spindle cells even more clearly. There remained a swelling of about the size of half a small walnut over the site of the stump of the spermatic cord. Towards the end of June, 1899, this tumour seemed to increase somewhat in size. The patient then went to Birmingham and saw Mr. Jordan Lloyd, who advised immediate operation. The remains of the cord and some enlarged femoral glands were accordingly removed at this operation.

At this date (September 25th, 1899) the patient is in good health, and there are no signs of recurrence.

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Colwyn Bay. F. L. WOOD, M.B.Vict.

## HEMMING THE OMENTUM TO PREVENT ITS FORMING VISCERAL ADHESIONS.

THE stumps left after ligature and removal of torn omentum, being uncovered by peritoneum, are always liable to form fresh adhesions to the viscera with the usual undesirable sequelæ. As it is impracticable to cover each little stump with peritoneum, as is done with an ovariotomy pedicle, the following plan, which I have not seen advocated before, may be adopted. It consists in folding the lower inch or more of omentum forward on itself, and fixing it in position by a few interrupted sutures, thus forming a hem at its lower free border. If the ends of the ligatures used to tie off the omental tags are left long they may be utilised for fixing each little raw stump to the anterior omental surface. By this means no surface uncovered by peritoneum is left in contact with any viscus.

Plymouth. C. HAMILTON WHITEFORD.

## A CASE OF POISONING BY LINIMENTUM OPII, WITH REPORT OF THE NECROPSY.

A MAN, aged 56, retired to bed about 8 P.M. in his usual state of health. Two hours afterwards he was heard snoring very loudly by his wife, who, being unable to arouse him, ultimately became alarmed and sent for me. I arrived at 12.15 A.M. and found him briefly in the following state: Deeply comatose, very pale, skin cool and moist, breathing 16, regular, but not deep; pupils very contracted and equal; all reflexes abolished; pulse 60, somewhat feeble, but regular. Inquiry elicited the fact of his having possibly taken "something." A bottle standing on a shelf near the bed contained a few drops of a liniment he had been in the habit of using for rheumatism; this smelt strongly of camphor, and looked like tincture of opium. There was no smell attached to the breath.

With the aid of the stomach tube the contents of the stomach were obtained, and it was then evident that a considerable quantity of the liniment was intermingled therewith. A solution of potassium permanganate (grs. iij to ʒj) was then introduced and again withdrawn, and the process repeated, leaving about ʒj behind. Coffee and brandy were also administered in suitable quantities, and strychnine injected hypodermically. The battery (faradic) was used for three hours, but beyond provoking muscular contractions, was of no avail. Respiration failing, had to be assisted artificially. The pulse, however, first began to cause anxiety, becoming quicker, more feeble, and irregular. This was noticed about 1 A.M., and these characteristics became more marked, until the heart's action, being almost imperceptible and extremely irregular, finally ceased at 3.30 A.M. About half a dozen respiratory efforts were noticed during the subsequent minute. I may add that artificial respiration was carried on continuously for over two hours. The patient never rallied in the slightest degree. Atropine, not being available, was not used.

*Necropsy.*—Thirty-two hours after death. Rigor mortis well marked. Brain: Very slight venous congestion of pia mater; cerebro-spinal fluid moderate in quantity; brain substance very anæmic; no other abnormality evident. Lungs: Somewhat congested, both apices tuberculous; calcification, caseation, cutting like leather where not gritty. Stomach: Mucous coats very anæmic, showed a few old tuberculous "punched-out" ulcers with undermined edges; no signs of irritation or congestion; contained mucus, coffee, Kidneys: Slightly enlarged and rather congested. Bladder: Full of urine. The other organs showed no abnormality bearing upon the case.

*Comments.*—The points of interest are: The early deep coma, the failure of the pulse primarily, and the comparatively small dose taken (about ʒij lin. opii). That the camphor in the liniment played a part as an ultimate cardiac depressant[1] is a possibility which should not be overlooked. I need hardly add the poison was identified.

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[1] Lauder Brunton, *The Action of Medicines.*

# REPORTS
ON
# MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

## CORK NORTH INFIRMARY.

### CHOLECYSTOTOMY FOR DISTENDED GALL BLADDER WITH REMOVAL OF CALCULUS IMPACTED IN CYSTIC DUCT BY DIRECT INCISION.

(By JEREMIAH COTTER, F.R.C.S.I.)

MRS. C., aged 35, married, with four children, suffered from hepatic colic for several years; she never had jaundice, or noticed any calculi in the bowel discharges.

*Condition on Admission.*—After the birth of her first child, six years ago, she observed a swelling in the right hypochondriac and epigastriac regions, which had been gradually increasing in size. For twelve months the swelling had been tender to touch, and she has had pain on exertion; she also complained of pains over the cardiac region shooting up to left clavicle. She had had no vomiting, but suffered from occasional chills. The circulatory, digestive, nervous, respiratory, and genito-urinary systems were normal. A smooth, rounded, movable tumour, about the size of the closed fist, could be felt in the situation above indicated. The tumour could be pushed well up under the lower ribs, and became more apparent when the patient was standing.

*Operation.*—On June 28th a vertical incision, about 4 inches long, was made in the right linea semilunaris, and a distended gall bladder exposed. There were no adhesions. The gall bladder was tapped with trocar and cannula, and a clear treacly fluid escaped, becoming purulent towards the end. The fundus of the gall bladder was then incised, and 72 calculi removed by scoop and finger. The total weight of calculi removed was 180 grains. A large calculus, about the size of a cherry (weighing 80 grains), was found tightly impacted in the cystic duct, causing complete obstruction. As efforts at dislodgment failed, and as it was found impossible without injury to the viscus to crush it *in situ*, it was removed by direct incision of the duct over the calculus, the wound being subsequently closed with interrupted silk sutures by Lembert's method. The hepatic and common ducts were patent. The gall bladder was washed out with warm boracic solution, a rubber drainage tube (removed at the end of twenty-four hours) being introduced down to the cystic duct. The fundus of the gall bladder was easily sutured to the edges of the abdominal incision, which was closed above and below by silkworm-gut sutures.

*After-History.*—The patient made an uninterrupted recovery, and left hospital three weeks after operation with a biliary fistula, which seemed to be gradually closing.