reported more than one hundred years ago, remains the only one in which there is a clear history of operation for strangulation, though one or two others have been recorded in which this complication has occurred.

CASE OF STRANGULATED LUMBAR HERNIA.

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The following instance of this rare form of hernia occurred in the practice of Drs. Skrimshire and Brumell, of Morpeth, with whom the case was seen on April 24th. The patient was a gentleman, 68 years of age, who had always been constipated, and suffered from frequent attacks of spasms. Latterly he had shown marked evidence of cardiac failure in an extreme blueness and coldness of hands and feet, and in dyspnœa on exertion. For fifteen years there had been a lump in his left side, usually about the size of a fist, but frequently becoming larger; it never altogether disappeared. On more than one occasion it had become enlarged and painful, with symptoms of obstruction.

When seen, the tumour was as large as a child's head. It occupied the left lumbar region between the crest of the ilium and the last rib. Symptoms of strangulation had been present for two days, and operation was urged, but consent for this was not obtained till the following morning.

A slanting incision was made from the crest towards the ribs. After the skin and subcutaneous tissues, a thin muscular layer—the anterior portion of the latissimus dorsi—was cut through. Immediately underneath was the sac. This when laid open was found to contain anteriorly a coil of small intestine, inflamed and granular; next another coil of small intestine, quite gangrenous; and most posteriorly the sigmoid flexure which had become twisted on itself. The sac communicated with the general peritoneal cavity by a slit-like aperture, and across the neck were stretched two tense cords, which were the agents in producing strangulation. When these cords were divided it was easy, after separating some adhesions, to return the sigmoid flexure and the most anterior portion of the small intestine into the peritoneal cavity. The gangrenous coil was resected to the extent of thirteen inches, the cut ends of the bowel being reunited by Lembert's stitches of fine silk; and this portion of the intestine also was replaced. The sac was then stripped out of its bed, and cut away at the neck. The margins of the peritoneal opening were united by a continuous suture of strong catgut.

The patient rallied fairly well, but sank somewhat suddenly twenty-four hours after the operation.

So far as the disposition of parts could be ascertained during the operation, it seemed to be as follows: The hernial protrusion had taken place in front of the quadratus lumborum, and had expanded but not pushed through the anterior portion of the latissimus dorsi. When the sac was separated from its bed it seemed to have lain between this muscular layer and the aponeurosis of the transversalis. The rupture did not appear to have protruded through the triangle of Petit, as is stated to be the rule in cases of lumbar hernia. Unfortunately, the opportunity was not allowed of ascertaining by *post-mortem* dissection the exact relation of parts.

The Lords Committee on the Water of Leith Purification Bill, which consists of the Duke of Westminster, the Earl of Arran, Lord Colchester, Lord Sherborne, and Lord Sandhurst, were considerably startled by the production in the committee-room of enormous hampers filled with rather strongly-smelling samples taken from the bed of the river Leith, and produced with the view of showing how dangerous such material was to the public health. The members of the Committee quickly arrived at the conclusion that they were likely to be equally dangerous to their own individual health.

Splenectomy in Spain.—Splenectomy was recently performed for the first time in Spain by Dr. Mas, of Valencia. The patient was a woman, the mother of several children, who had a hydatid tumour of the spleen as large as a fœtal head. The organ was completely removed, and the patient made an excellent recovery.

Bequest.—The late Mr. George Dawes, of The Hall, Smethwick, who died on August 18th, 1888, has bequeathed £1,000 to the Queen's Hospital, Birmingham.

EXPERIMENTS ON LIGATURE OF THE INNOMINATE BY A MEDIAN INCISION WITH REGARD TO THE FAILURE HITHERTO OF THE LIGATION IN CONTINUITY FOR ANEURYSM OF THE SECOND OR THIRD PART OF THE RIGHT SUBCLAVIAN.

By WALTER G. SPENCER, M.S.
(From the Laboratory of the Brown Institution.)

Aneurysms of the second and third part of the right subclavian artery are a cause of great suffering to the patient, and, except in a few cases in which medical treatment and direct pressure have been successful, they have terminated fatally.

Their occurrence is not infrequent. We find in the published *Surgical Reports of St. Bartholomew's Hospital* that in the ten years, 1877-86 inclusive, there were in the hospital 8 cases of subclavian aneurysm as compared with 35 cases of popliteal aneurysm, the average number of in-patients being about 6,250. Of the 8 cases, seven died in the hospital; the eighth was unrelieved. One case, an aneurysm of the third part, was injected with perchloride of iron (2 drachms) on three days in succession. A consecutive aneurysm formed and burst on the twelfth day after the first injection. Two of the cases were treated by amputation at the shoulder-joint. Mr. Holden removed the arm for an aneurysm of the second or third part of the subclavian, which was threatening to burst. The sac of the aneurysm became inflamed, and blood leaked from it into the tissues around. Death took place on the thirty-seventh day from pleurisy and bronchitis. The other case was under Mr. Willett's care whilst I was one of his dressers, and I have his permission to make use of the notes which I made at the time.

A man, aged 30, had noticed the disease, after a strain, about nine months before. Medical treatment was employed for six months, and then Mr. Willett tried to ligature the third part of the subclavian, it being hoped that the aneurysm was more axillary than subclavian. When the deep fascia was divided, a pulsating swelling bulged and filled the whole of the subclavian triangle, and, although some of the fibres of the scalenus anticus were also divided, it was found to be impossible to get to the proximal side of the aneurysm. The arm was then amputated at the shoulder. The wound healed; but the aneurysm increased slowly until the patient's death fifteen months after the operation. He suffered pain during all this period, and at times the pain was apparently agony. It was combated in part only by morphine, of which he took 2 to 3 grains daily before the end. The aneurysm had filled the whole round of the shoulder, from the scapula forwards; the clavicle had been fractured and eroded so that only the two ends remained, and the same may be said of the upper two ribs; the third rib was eroded to a less extent. The aneurysm had involved the upper part of the chest, pushing before it the thickened pleura. The innominate and the first part of the subclavian artery as far as the thyroid axis were quite healthy; at this point the aneurysm commenced.

The innominate is, as a rule, healthy in patients who have died from these aneurysms; but Mr. Holden's case was an exception, for the innominate was found to be atheromatous and dilated to the size of the aorta. Subclavian aneurysm is about three and a half times more common on the right side than on the left, and on the right side about six times more frequent on the third part than on the first.[1]

The ligature of the innominate has been employed because other means have failed to rid the patient of a painful disease and the certainty of a fatal termination. The operation has appeared to the surgeons who have undertaken it to be Hunterian in its characters, and the success of the Hunterian ligature to other arteries has led to its application to the innominate. I shall show in tabular form how nearly the operation has been a success, and that it holds out a considerable promise of cure when the result on the aneurysm is noted in those cases in which the artery has been tied.

[1] Poland, "Report on Subclavian Aneurysm," *Guy's Hosp. Rep.*, vols. xv, xvi, xvii. Barwell, *Ashhurst's Internat. Encyclop. of Surg.*, 1883, vol. iii, p. 505, art. "Aneurysm."