authority and laid down in the modern text-books of surgery that a congenital cæcal hernia with an incomplete sac is irreducible. By an incomplete sac is meant that the cæcum is attached by its mesentery to the posterior aspect or wall of the hernial sac. The anatomical arrangements of the parts is as follows. The sac of the hernia is the open processus vaginalis of the peritoneum that originally descends with, and in front of, the testis. This sac under ordinary circumstances forms the tunica vaginalis of the testis, and becomes obliterated and shut off from the peritoneal cavity by closure of that portion within the inguinal canal. In a congenital cæcal hernia the caput cæcum coli lies within this sac firmly fixed to the posterior aspect of the sac by its mesentery. The testis is below in the posterior wall of the sac. The above case illustrates that by a simple procedure the cæcum and other contents of the hernial sac can be reduced and restored to the abdominal cavity and the ordinary anatomical conditions maintained. On Nov. 6th the patient was seen by the members of the West Kent Medico-Chirurgical Society and the condition of the parts was all that could be desired.

ROYAL INFIRMARY, NEWCASTLE-ON-TYNE.

FOUR CASES OF GALL-STONES.

(Under the care of Mr. FREDERICK PAGE.)

THESE examples of successful operations for gallstones are of great interest, as they show the results which may be attained after incision and closure of the wounds made for the removal of stones without the employment of drainage. This method of treatment is one which does not commend itself to all surgeons with regard to the question of drainage after removal of a stone by choledochotomy. Mr. Greig Smith[1] writes that after the incision has been closed with sutures "drainage is always advisable." Again,[2] on the subject of closure of the gall-bladder after removal of stones he writes: "The plan of complete intra-peritoneal closure of the opening in the gall-bladder may be dismissed in a word. These cases[3] proved that intra-peritoneal closure may be successful, and some surgeons continue to favour this proceeding, calling it by a somewhat gratuitous assumption of excellence 'the ideal operation.' It is not ideal in the sense of saving life; the total mortality is increased by 2 per cent. by this proceeding alone." For the notes of the cases we are indebted to Mr. W. H. Vickery, surgical registrar.

CASE 1.—A man aged forty-seven years was admitted on Aug. 31st, 1896. Twenty-two years previously he had had biliary colic and passed two gall-stones. From that time he remained well until about a year ago, when he began to feel poorly, but with no definite symptoms. He, however, gradually began to lose weight and strength. Six months ago he was suddenly taken with severe biliary colic, similar to the first attack. Since then he had had recurrent attacks. Sometimes he was free a week or longer, but never free more than a fortnight. The attacks were severe and lasted from six to ten hours. There was no jaundice. On examination he was found to be a spare man with reddish complexion; the skin was not jaundiced. There was a good deal of tenderness about the upper segment of the right rectus abdominis, but nothing definite could be made out. An operation was performed, ether being administered. On opening the abdomen a stone was found in the cystic duct; it was cut down upon and removed, the wound in the duct being sutured. The abdominal wound was closed without drainage.

CASE 2.—A woman aged thirty-two years was admitted on Sept. 1st, 1896. She had suffered at times from sharp abdominal pains, but they were never severe enough to trouble her much until six days before admission, when she was suddenly attacked with a severe paroxysm. The pain was over the region of the gall-bladder and lasted some minutes, during which it was very intense. She perspired freely and vomited bile-stained fluid. Since then the attacks had recurred daily and had been similar in character. She stated that she had been jaundiced, but was not so at the time. On examination she was found to be a dark, healthy-looking woman. There was a sausage-shaped swelling in the right hypochondriac region, stretching downwards from the ninth costo-chondral articulation. It was felt to be doughy and very tender. It could be moved slightly from side to side. The patient stated that she could at times feel the stones in this swelling. In the epigastrium there appeared to be some thickening with communicated pulsation from the aorta. An operation was performed, ether being administered. The swelling was cut down upon and found to be distended gall-bladder. It was incised and fifty-six stones were removed. The wound in the bladder was sutured and the abdominal wound closed without drainage. The temperature never rose above 99·6° F.

CASE 3.—A married woman, who was both deaf and dumb, was admitted to the infirmary in July, 1896, and the following history was obtained from her friends. She had had three or four attacks of severe abdominal pain at different times; the last just before admission. On examination she was found to be jaundiced. The liver was enlarged, the lower border being well below the costal arch. From the lower edge a much distended gall-bladder could be distinctly felt. An operation was performed, ether being administered. The gall-bladder was cut down upon and opened. Two small stones were found and removed. A large stone was then felt in the common duct. This was cut down upon and also removed. Both wounds were sutured and the abdomen closed without drainage.

CASE 4.—This patient was a woman aged forty-five years. In May, 1895, she was seized with a peculiar feeling as if there was something alive in her abdomen moving about. It made her quite sick and faint. At Whitsuntide she was seized with acute biliary colic lasting off and on for a fortnight. She was not jaundiced. In June she had a second attack lasting longer and then she became deeply jaundiced. She kept fairly free until January, 1896, when she had another severe attack followed by jaundice. A further attack came on in June and after that she was admitted. An operation was performed, ether being administered. On opening the abdomen a single stone was found in the common duct. It was cut down upon and removed, the wound was sutured, and the abdominal wound closed without drainage.

Remarks by Mr. PAGE.—All the four patients made uninterrupted recoveries. In each case the abdomen was opened by a vertical incision in the right semilunar line. Whether any bile escaped through the sutured wounds of the gall-bladder and ducts or not I am unable to say. Probably there would be some, but certainly no evil resulted from not draining the peritoneal cavity. In two other instances I incised—once the common duct and once the cystic duct, removing a moderate-sized stone from the latter and a very large stone indeed from the former duct,—left the incisions unsutured, and drained the abdomen through the loin, but no quantity of bile escaped in either case and the drainage-tube was removed in thirty-six hours. Both these patients did well, and I cannot help thinking the danger of bile escaping in large quantity into the abdominal cavity after incision of the duct—even if left unsutured—is not so great or of so much consequence if it occur as is generally believed. Suturing the wounds in the gall-bladder or ducts and closing the abdomen without drainage is a perfect operation which can generally be safely performed.

1 Greig Smith: Abdominal Surgery, 5th edition, vol. ii., p. 1027.
2 Ibid., vol. ii., p. 1014.
3 Bobbs and Gross: loc. cit.

THE NORTH-WEST LONDON CLINICAL SOCIETY.—A clinical meeting was held on Nov. 18th, Mr. F. Durham being in the chair.—The Chairman showed a case of Fracture of the Patella treated by back-splint and strapping. The result was all that could be desired.—Dr. Cagney showed a boy aged seventeen years who exhibited remarkable Deformities consequent on Acute Rheumatism.—Dr. Templeton showed a healthy boy who had two separate penes, both of which showed complete hypospadias. Though the symphysis pubis was normal, urine dribbled from a cleft beneath the pubic arch. The ureters were seen to open close behind this orifice. The testes had descended and were contained in folds of skin at the sides of the cleft.—Dr. Sibley showed a boy aged thirteen years convalescent from Chorea, Rheumatism, Endocarditis, and Pericarditis.—Mr. Mayo Collier showed (1) a patient with the results of a Radical Operation for Strangulated Cæcal Hernia; (2) a case of Goitre where improvement had been obtained by operation for the removal of adenomata; and (3) a case of Double Anterior Nasal Obstruction.—Mr. Jackson Clarke showed a girl aged nine years with Symmetrical Mucous Tubercles of the Tongue and other Syphilitic Phenomena.