tampon. It is hour-glass shaped, each half being inflated separately. When in use one-half is in the stomach, the other half outside. This was perfectly efficient in closing the fistula, and was quite comfortable to the patient.

Dr. Caddy, house-surgeon, afterwards fitted the feeding tube with the inflating tampon, and thus the nurses were able with ease to feed the patient without any loss of food.

After three weeks the parts were firmly united, and the fistula had assumed a valvular form, so that slight pressure with a small compress was found sufficient to retain the contents of the stomach.

Throughout, the temperature never rose above 100° F., except on the ninth day after the operation, when pus formed in the neck and was discharged from one of the exploratory punctures I made on March 18th. Pus continued afterwards more or less to be discharged from this part.

On April 18th she left the hospital.

On June 9th she went to Morecambe to visit some friends, and she remained there till June 30th, when she returned to Barrow feeling very ill. Pneumonia developed, and she died on July 2nd, 102 days after gastrostomy had been performed.

I made a *post-mortem* examination of the body twenty-four hours after death. I found a cancerous mass in the gullet below the level of the thyroid, and the sinus in the neck was connected with it.

The stomach was adherent to the anterior abdominal wall and to the under surface of the liver. The fistula was near the centre of the anterior or upper surface of the stomach.

The absence of pain, and the almost entire absence of bleeding when instruments were passed, on the one hand, and on the other the narrowness of the stricture and its recent and rapid development, made the nature of the obstruction difficult to determine.

CASE OF DOUBLE PYOSALPINX CURED BY ASPIRATION.

Read in the Section of Surgery at the Annual Meeting of the British Medical Association, held in Glasgow, August, 1888.

By R. H. BOURCHIER NICHOLSON, M.R.C.S.ENG.,
Surgeon to the Hull Royal Infirmary.

A. P., aged 23, servant, unmarried, was admitted to the Hull Royal Infirmary on April 25th, 1888, under my colleague Dr. E. Daly. She had pain in the left inguinal region three years ago. During the present attack she had had pain for a month in the same situation. Menstruation was regular, but the pain was much worse at that time, and there was much headache. There was no leucorrhœa. The urine was normal. The temperature was 101° in the evening, and on the third day rose to 103°. She was treated for acute ovaritis with dysmenorrhœa by leeching, pot. brom., etc., for four weeks. I was then asked to see her. I found the abdomen so tender in both iliac regions that she could not bear the slightest pressure. We had her put under ether, and made a careful examination in consultation with my colleagues. We found that there was a swelling in each broad ligament, on the right side the size of my fist, and on the left as large as a tangerine orange. By the bimanual method these could be distinctly made out; and as there had evidently been considerable inflammation in the region, shown by the fixed position of the uterus, I decided in the first instance to try aspiration through the vagina. Up to this time the evening temperature had ranged from 101° to 103°, the girl losing flesh and evidently going rapidly wrong.

On May 17th I aspirated the right pyosalpinx, and evacuated four ounces of pus, after which I passed the aspirator into the left swelling, but nothing escaped except a little blood. Next morning the temperature was normal, where it remained for two days. It then gradually crept up to 101° for five nights, when I again examined, and found the left swelling much enlarged; therefore I again aspirated it, when I removed three ounces of pus. Her temperature went down to normal, and only once again rose above 101°; this was on the second day after the second aspiration, when for some unexplained reason the temperature went up to 104°. She then made a steady convalescence, and was discharged on July 19th, cured.

Now this is a case in which I was advised to open the abdomen and remove the growths, etc., which would have been a decidedly more brilliant operation; but I think, as the result has proved,

the less heroic treatment was the better, and certainly the less dangerous.

TALIPES EQUINO-VARUS IN THE ADULT: TWO SUCCESSFUL CASES OF DOUBLE OPERATION BY EXCISION OF A POR- TION OF THE TARSUS: DAVIES- COLLEY'S OPERATION.

By F. R. FAIRBANK, M.D., F.S.A.,
Surgeon to the General Infirmary, Doncaster.

DURING the year 1887 two extreme cases of talipes equino-varus in the adult were operated upon by me, according to Mr. Davies-Colley's method, successfully. I beg to offer brief notes of them as a contribution to the discussion on "The Operative Treatment of Club-foot." Both my patients were over 40 years of age. In neither of them was the deformity congenital.

The first, J. D., reported that he was all right until about 13 years of age, when he was maltreated by his father and left, he believes, for dead. His feet became gradually so much distorted that when I saw him first he could place only the outer side of the little toe of each foot on the ground, and he could only move about on crutches. He begged of me to amputate both feet, as he thought he would be better off with stumps. I admitted him to the Doncaster Infirmary, and on February 15th, 1887, I operated on the left foot. I first divided the tendo Achillis and the tendon of the tibialis posticus, and then proceeded as directed in Erichsen's *Surgery* (eighth edition), making an incision on the outer side of the foot only. The foot was put up in plaster-of-Paris on March 26th, a window being left to dress the wound. By April 27th the wound was entirely healed, and he could easily walk about with a little assistance. On May 3rd he was discharged to go to Southport Convalescent Home.

He was readmitted on June 7th, 1887, for operation on the right foot, which was performed on June 9th. I followed the same line of operation, except that I made a free incision on the inside of the foot as well as on the outside. I found this rendered the operation easier, and gave freer vent to the subsequent discharge. The wounds were kept aseptic, the temperature rising once—the day after operation—to 100° F., but not again. On July 12th plaster-of-Paris was applied, and he was discharged soon after to again go to Southport Convalescent Home. On January 24th, 1888, the feet were both straight, and he could walk alone well; up and down stairs and out of doors. There was, however, a projection on the outer side of the right foot over the tarsus, which caused him pain when he had been walking some distance. I therefore removed a further slice of bone. Recovery was rapid, the wound being kept aseptic. His feet are of the natural form, but shorter than is usual. He can now walk well.

My second case, John F., a heavy, broad-built man, aged 41, was admitted to the infirmary and operated upon on April 15th, 1887. He reported that he was not born lame, but that the deformity began to come on after an illness, acute rheumatism (?) when he was about 9 years old. Latterly the deformity had increased so much, that for the last five or six years he had been unable to follow his work at the pit's mouth. Walking about caused severe pain, and life was a burden to him, as he could only sit all his time in a chair, and was dependent on his relations. The deformity was extreme, as in the first case, the feet being drawn back and the toes inwards, so that he could only put the outer side of the little toes to the ground.

On April 15th, 1887, I operated on the left foot in the same manner as on the left foot of the first patient, dividing the tendons first, and making an incision only on the outer side of the foot. The after-treatment was long and tedious, the man being much out of health, with some chronic bronchial trouble, and the wound became septic. In August he was sent to the Scarborough Sea Bathing Infirmary with the foot put up in plaster-of-Paris.

He was re-admitted to the Doncaster Infirmary in November, 1887, for operation on the right foot. At this operation, as in the second of the former case, I made an incision on the inner as well as the outer side of the foot, and divided the tendons first. The case did very well; only on the day after the operation did the temperature rise to 100°. The wound was kept aseptic, but