dissected out the irregular mass, which consisted of dense fibrous tissue, closely adherent to the cartilage of the auricle. The wound readily healed without any suppuration, and the appearance of the ear was much improved.

As illustrating the common occurrence of this condition in football players, the patient told me that he knew of six other individuals, members of his own or of neighbouring clubs, who suffered from a similar deformity of the ear, produced in the same way, though not so marked as in his own case. In one instance the deformity was symmetrical, both ears being involved. Mr. Rye, one of my dressers at the time the patient first came to the hospital, at once recognised the cause of the deformity, as he had previously seen several cases of a precisely similar nature occurring among football players. Dr. Cox, assistant surgeon to the Manchester Ear Hospital, informs me that he has seen the ears affected in the same way in Cumberland wrestlers, and the common occurrence of this deformity in boxers is proved by the fact that it is shown in many ancient statues of pugilists.

CHOLECYSTOTOMY.

By ROBERT TORRANCE, F.R.C.S.Ed.,

Founder of Blackett Street Throat and Ear Hospital; Consulting Surgeon to the Throat and Ear Infirmary, Newcastle-upon-Tyne.

THE success attending ovariectomy has led to the adoption of abdominal section for other pelvic and abdominal tumours likely to affect seriously the life of the patient, unless of a cancerous nature. Dr. Handfield-Jones had the merit of suggesting operative measures, particularly in cases of threatened death from impacted gall-stone, though Jean Louise Petat¹ was the first to recommend a similar proceeding in 1743. Dr. Marion Sims was the first to follow out the plan, but unsuccessfully, and the present case was one, amongst others by various surgeons, that has been successful since that time. It seems to be a very general opinion that exploration of the abdomen is justified if antiseptic precautions are only strictly followed out, but in this case it was performed successfully without their use at all. I debated in my mind whether to make the opening, as Sir Spencer Wells has suggested, by means of *potassa fusa* in order to obtain adhesion of the peritoneal lining, or by incision, but eventually adopted the latter method, from which there was not much difficulty from

hæmorrhage, and, moreover, there was very little dragging on the gall-bladder when it was attached to the abdominal wall.

The patient, S. B., aged 37, had been married thirteen years, was the mother of four living children, and had had two miscarriages. Her menstruation was normal and health good, till the early part of the year 1887, when she began to experience spasmodic pains in the right side over the liver, which extended to her right shoulder and epigastrium, and were aggravated by walking and lifting slight weights. A swelling noticed in August slowly increased, and during last winter pain became more intense, and she presented a cachectic appearance on coming to me in December, suffering from incessant headache, sickness, and obstinate constipation. These symptoms were sometimes so severe that they were accompanied by vomiting and shivering, and she suffered intermittently from severe attacks of colic, making her so ill that she was obliged to lie almost constantly on a sofa during the greater part of the day. Latterly her attacks had increased both in number and severity, so much so, indeed, that she was scarcely able to get out of bed. The urine gave only negative results. When the swelling was first discovered by herself, it was painfully tender to the touch, and remained so more or less up to the time of her coming to consult me. The tumour was found to be a distended gall-bladder, which moved freely up and down with respiration. Puncture with a hypodermic syringe showed its contents to be of a white starchy-looking fluid, and operative interference suggested itself to me.

The operation was performed on January 3rd, the tumour being exposed by a vertical incision through the abdominal parietes immediately over it, and about three inches long. After placing three pads behind the distended gall-bladder, an aspirator needle was introduced at the fundus, and $4\frac{1}{2}$ ounces of opalescent fluid removed. The anterior wall of the gall-bladder was now pulled forwards by two pairs of long forceps, and opened sufficiently between them to admit easily my index finger. Forty-three small round stones, about the size of coffee-beans, were scooped out with my forefinger and partly by the use of a curette, then washed out with a Higginson's syringe. They were closely packed together, each gall-stone having quite made a bed for itself, so to speak, on that of its neighbour, and weighing 53 grains. The gall-bladder was sponged dry, the bile ducts explored without finding anything, and the pads removed from the abdominal cavity. The edges of the thickened gall-bladder were now fixed to the abdominal wall, including the peritoneum, by a continuous suture, the edges of the wound being brought together above and below by interrupted sutures, which were removed on the eighth day; a rubber drainage-tube was left in the gall-bladder, and removed on the twentieth day, while the wound was left to the *vis medicatrix nature* almost entirely. For ten days more only a small sinus was left, from which some mucus continued to be discharged, the diet up to this time being restricted almost wholly to milk and beef-tea. Her after-progress, I might say, was uninterrupted, a temperature-chart indicating the evenness and rapidity of her recovery. She got up on the nineteenth day, and gained strength daily. The wound was entirely healed at the end of six weeks, and her health now is as good as ever it was, and certainly very much better than it had been for twelve months previously.

THERAPEUTIC MEMORANDA.

SULPHONAL.

As notices of this drug are few, and some not very favourable, it may be worth while stating that I have found it very useful in an obstinate case of insomnia. The patient is a gentleman, over 70, who has frequently for months at a time suffered from sleeplessness. He has used every drug of repute, both new and old, but none except sulphonal have given him natural sleep, and all with after-effects so unpleasant as to necessitate their discontinuance. He has taken sulphonal in twenty-grain doses twice a week or so for many weeks; it has never failed to procure three or four hours sleep, and he observes that he is rather drowsy next day, and sleeps soundly the following night, and generally the night after as well.

J. MASON, M.D.Cantab.

Windermere.

It has been arranged to issue a new edition of the *United States Pharmacopœia* in 1890.

¹ *Mémoires de l'Académie de Chirurgie*, tome i, p. 155.