γναθμός (gnathmos), the jaw-bone; four times in *Iliad*, mortal; once in *Odyssey*.

ἐγκέφαλος (enkephalos), the brain; seven times in *Iliad*, three times in *Odyssey*; seven times mortal.

ἥπαρ (hepar), the liver; six times in *Iliad*, three times in *Odyssey*; five times mortal.

ἰγνύη (ignūē), the ham (Lat. *popli*); once in *Iliad*.

κράδιη (cradie) (Lat. *cor*), the heart; many times in *Iliad* and *Odyssey*; once mortal in *Iliad*, Book xiii, 442; the only instance in which the heart was pierced.

κύστις (cystis), the bladder; twice in *Iliad*, mortal.

λαίμωδς (laimos), the throat; three times in *Iliad*, once in *Odyssey*; mortal.

μαῖζος (mázos), the mamma; fourteen times in *Iliad*, three times in *Odyssey*; thirteen times mortal.

μέτωπον (metōpon), the space between the eyes; twelve times in *Iliad*, four times in *Odyssey*; seven times mortal.

μυελός (myelos), marrow (Lat. *medulla spinalis*); twice in *Iliad*, twice in *Odyssey*; once mortal.

ὀμφαλός (omphalos) (Lat. *umbilicus*), the navel; three times in *Iliad*, not in *Odyssey*; three times mortal.

ὄσας (ouas) (Lat. *auris*), the ear; twelve times in *Iliad*, eight times in *Odyssey*; seven times mortal.

ὀφθαλμός (ophthalmos), the eye; occurs repeatedly both in *Iliad* and in *Odyssey*; but as wounded five times; all mortal.

πνεύμων (pneumōn), the lung; once in *Iliad*; mortal.

πρᾶπιδες (prapides), the diaphragm; four times in *Iliad*; twice mortal.

στέρνον (sternum), the breast; sixteen times in *Iliad*, three times in *Odyssey*; three times mortal.

τένων (tenōn), a tendon; seven times in *Iliad*, once in *Odyssey*; four times mortal.

φλέψ (phlebs), a vein; once in *Iliad* (Book xiii, 546); mortal.

χολάδες (cholades), the intestines; twice in *Iliad*; mortal.

To these are added—

σφενδόνη (sphendonē), a sling bandage; once in *Iliad* (Book xiii, 600).

φάρμακον (pharmakon), a remedy or application, unguent, in *Iliad* nine times; a drug or medicinal herb in *Odyssey* twenty times.

It will be remarked that, in mentioning the blood that flows from the wounds of mortal men, Homer applies the word αἷμα (hæma); blood from the immortal gods has the word ἰχώρ applied to it; this last is translated by some lexicographers as "the fluid that flows in the veins of the gods"; by others, as "the fluid which distilled from the wounds of the gods, ichor".

I cannot do better, in bringing these remarks to a close, than give a quotation from the *Observations on Homer's Battles*, by the Rev. T. S. Watson, which will be found at the end of the fourth book of his edition of Pope's *Iliad*.

"Another cause of this variety is the difference of wounds that are given in the *Iliad*; they are by no means like the wounds described by most other poets which are commonly made in the self-same obvious places; the heart and head serve for all those in general who understand no anatomy; and sometimes, for variety, they kill even by wounds which are nowhere mortal but in their poems. As the whole human body is the subject of these, so nothing is more necessary to him who would describe them well than a thorough knowledge of its structure, even though the poet is not professedly to write of them as an anatomist; in the same manner as an exact skill in anatomy is necessary to those painters who would excel in drawing the naked body, though they are not to make every muscle as visible as in a book of chirurgery. It appears from so many passages in Homer that he was perfectly master of this science, that it would be needless to cite any in particular."

CASE OF DILATATION OF STOMACH, SUCCESSFULLY TREATED BY THE SYPHON STOMACH-TUBE.

By W. SNEDDON, M.D., BEITH.

W. M., AGE 48, was not troubled with his stomach till immediately after a severe attack of scarlatina in 1854. He complained of pain with general dyspeptic symptoms, which were eased by taking a little alcohol. The pain was confined to a small spot which could be covered by the point of one's finger. About a year after this, he commenced to vomit, which he did several times a day for months in succession. He was unable to work every year from eight weeks to eight months, with one exception, in 1876. He came under my observation about seven

years ago, from which time till now I think I used all the usually prescribed remedies in the *Pharmacopæia*. Amongst these were iron and strychnine, sulphurous acid, carbolic acid, creasote, sulphite of soda, charcoal, bismuth in fluid and solid form in combination with bitter tonics, and with morphia, pepsine, lactopeptine, effervescing citrate of iron, strychnine and quinine, salicylic acid. All these were used for some time and got a fair trial, none being used fitfully. Of all these, I think he was most benefited by the effervescing citrate of iron, etc. None of them gave him temporary relief equal to bicarbonate of soda or citrate of magnesia. Bismuth invariably increased the pain. Attention to regimen only was tried for some time, with blisters over the stomach.

When seen at end of April this year, there was distinct evidence of dilatation of the stomach. He was thin and anæmic. He had been off work four months, during which time he vomited several times every other day. The vomited matter was so sour, that it felt as if "it would take the skin off his mouth", as he termed it. It had a sour disagreeable fermenting smell. When allowed to stand for a short time, it commenced to ferment, and, if a little bicarbonate of soda were added, active effervescence took place. He often vomited a basinful at a time. The tongue was clean, but white. The bowels were constipated, which necessitated the frequent use of enemata. He was so much pained, that he cried out with it. The pain was not confined to the stomach; it was worse in the hypochondriac and umbilical regions, and was sometimes worst of all over the lower dorsal vertebrae.

April 30th. I used the syphon stomach-tube for the first time. It was simply the gum-elastic tube with the flexible India-rubber tube detached from the ordinary bivalve stomach-pump. I ordered him to hold back his head, as recommended in some text-books, but found this was objectionable, for it caused the tube to point forwards. When the gum-elastic tube was nearly bent at right angles, it could be hooked over the tongue as it were, and, when kept in mid-line, and pushed upwards and backwards, there was no difficulty in using it. On the tube entering the stomach, it produced retching, which filled the tube, and the fluid ran out of the syphon. There was a pint of sour turbid fluid evacuated, which felt very hot when flowing through the brass part of the tube.

May 1st. He had a better night than he had had for some time. On using the syphon-tube to-day, there was not the same immediate tendency to retch, but, by slightly withdrawing and then pushing the tube back, vomiting was induced. I introduced, by raising the external end of the syphon, a pint of lukewarm water, to which had been added a drachm of bicarbonate of soda, and then evacuated it.

May 16th. I used the syphon-tube daily till to-day; from the 6th, he took a small teaspoonful of Gregory's mixture every morning, and the vomited matter was often greenish in colour from this date. He was quite free from pain since the 8th, and felt better than he had done for months. From the 10th to the 16th, nothing was ejected.

May 31st. I used the syphon-tube every third or fourth day since the 16th. On two occasions a few ounces were ejected. He had a little pain last night.

June 2nd. He vomited last night for the first time since commencing the syphon. In using the syphon to-day, it entered the larynx, when there was a whistling rushing sound with suffusion of the face and violent retching.

June 3rd. He vomited half a pint of fluid last night. About a pint was evacuated with the tube.

June 4th. He vomited a little last night. Fully a pint of slightly greenish fluid was evacuated to-day with the syphon.

June 11th. I used the syphon daily from the 4th, though on several occasions nothing was discharged. He had remained better since the 6th, and felt very well.

June 27th. I used the tube every third day since last date, when about six ounces were ejected daily. I invariably used the soda solution after seeing whether there was anything in the stomach or not.

July 11th. I had not used the syphon for a fortnight, but, as he complained of a little pain last night, I used it to-day. Only one ounce of glairy clear fluid came up. I ordered him to take a teaspoonful of Carlsbad-Sprudel salts daily.

On August 30th he had been working for six weeks, and had gradually increased in weight and strength. His colour was better, and he felt quite well.

I think the success of the treatment adopted cannot be questioned, for the benefit was manifested immediately after the syphon was used. The intractable nature of the case, after the failure of all the more means used, and the long duration of the illness, render it all the more convincing. This method of treatment was introduced by Kussmaul; and, according to Dr. Schliep (*BRITISH MEDICAL JOURNAL*, March 27th, 1875, page 416), is more and more used in Germany since praised

by him. Dr. Schliep (*loc. cit.*) "uses the stomach pump daily in dilatation, and, if the liquids be very acid, adds bicarbonate of soda to the water; or permanganate of potash, if these liquids show signs of fermentation; carbolic acid, when they contain vegetable parasites; boracic acid, as a disinfectant; and tincture of myrrh, in atonic dyspepsia with abundant secretion of mucus". Drs. Clifford Allbutt and E. H. Jacob of Leeds have obtained good results, which are amongst the earliest reported in this country. A few cases have been successfully treated in King's College Hospital, by Dr. Duffin; in the Birmingham General Hospital, by Dr. Russell; in the Western and Royal Infirmaries, Glasgow, by Drs. Gairdner and Wood Smith respectively.

The stomach syphon-tube is that which was brought before the Edinburgh meeting of the Association by Dr. Harvey of Aberdeen.

P.S.—December 31st. He has continued well since these notes were written.

STRANGULATED INGUINAL HERNIA SIMULATED BY BLOOD IN THE SCROTUM.

By JOHN C. UHTHOFF, M.D.Lond.,

House-Surgeon to the Sussex County Hospital, Brighton; etc.

THE following case is one of great interest, chiefly from a practical point of view, though its exceptional nature would also make it worthy of record. E. M., aged about 60, a bath-chair man, was apparently in good health on the evening of November 21st, 1879. His previous history I had been unable to obtain; but it scarcely has much influence on the immediate interest of the case. During the night, he was seized with severe pain in the abdomen and down the left leg. Mr. E. J. Furner was called to see him, and found him suffering intense pain. His agony was so great that he was writhing about in bed and could not be kept quiet. Mr. Furner found, on examination, what appeared to be a strangulated scrotal hernia on the left side; that is to say, there was a sausage-shaped tumour in the scrotum, coming through the external abdominal ring, which was tense and gave no impulse on coughing, and which had appeared suddenly, the man having before been accustomed to have a reducible scrotal hernia on this side. He also had a reducible hernia on the right side. The abdominal pain, too, corresponded with a sudden and severe strangulation of the gut, although that down the leg could hardly be explained in the same way. Mr. Furner advised that the patient should be at once removed to the Sussex County Hospital, in view of an operation being performed as soon as possible. This was not done until the morning, when, in the cab on his way to the hospital, he died. Shortly before his death, the patient expressed himself as feeling better, and he had less pain.

POST MORTEM EXAMINATION.—He was a strongly developed and well-nourished man. There was extreme pallor of all parts of the surface of the body. In the left scrotum was a sausage-shaped tumour exactly resembling a hernia, and irreducible. On dividing the structures superficial to this tumour, it was found to be a cylindrical clot of blood lying behind what appeared to be the sac of the reducible hernia from which he had suffered. On following up this clot through the abdominal ring, it was found to be a portion of an immense collection of blood, which, lying behind the peritoneum, occupied almost the whole of the back of the abdominal cavity, enveloped both kidneys, extended into the meso-rectum, meso-colon, and mesentery, and could not have consisted of less than two or three quarts. The psoas magnus muscle of the left side was quite destroyed; and running through the clot, so as to cause great difficulty in removing it, were the cords of the lumbar nerves. The source of this extensive hæmorrhage was the rupture of a fusiform aneurism of the left common iliac artery. In consequence of the presence of an old-standing inguinal hernia, the left inguinal canal had nearly disappeared, leaving an almost direct passage through the abdominal wall opposite the external ring; through this the blood had passed into the scrotum, but beneath the peritoneum, instead of within its cavity, as the hernia would have been. The left ventricle of the heart was contracted; the aorta was atheromatous; and the kidneys were granular and cystic.

THE TREATMENT OF VARICOCELE BY ACUPRESSURE OF SPERMATIC VEINS.

By S. OSBORN, F.R.C.S.

CASE I.—J. B., aged 17, a greengrocer, was kicked about a year ago in the scrotum. The left testicle began at once to decrease in size, whereas the right was in consequence swollen. On examination, the right testicle was found to hang the lower, which he believed had been always the case; and the veins above were considerably varicose. The left testicle was atrophied.

On September 10th, the veins having been separated from the spermatic artery, a hare-lip pin was passed through the scrotum behind the veins, and brought out again through the scrotum as near as possible to the point of entry; the veins being thereby compressed between the pin and the scrotum, as in the first form of acupressure. The scrotum was supported by a band of strapping passed across the thighs, and an ice-bag applied.

September 14th. He was going on well. He suffered but slight pain from the effects of the operation. The pin was removed, after being in about eighty-four hours.

September 20th. Having been supplied with a suspensory bandage, the patient left the hospital cured.

CASE II.—A. E., aged 15, of no occupation, came first under my notice on account of suffering from infantile paralysis of the left leg, and requiring a high boot. The left side of the scrotum was pendulous, and the veins in a varicose condition, the testicle itself being slightly smaller than that of the right side.

June 9th. The spermatic veins were compressed by a hare-lip pin, and an ice-bag applied. On the 13th, the pin was removed, there being some slight suppurating at its points of entry and exit. On the 17th, he was allowed to leave his bed, the scrotum being still supported by a bandage.

CASE III.—G. W., aged 19, a stud-groom, had suffered from varicocele on the left side for two years, and which of late had tended to increase in size and occasion him some pain, extending upwards to the loin. The left testicle had always hung lower than the right. On January 7th, the spermatic veins were compressed by a hare-lip pin, which was removed on the morning of the 10th. After one week's confinement to his bed, he was allowed to get up, wearing a suspensory bandage.

REMARKS.—From the above, it will be seen that the left side was affected in two instances, and the right in one. In Cases I and III, the testicle which hung the lower was the one to receive the injury; whereas in Case II the fact of the left side being diseased is attributable solely to that having been the side affected by the paralysis. The origin of the varicocele in Cases I and III was probably due to injury: in the one case, from a kick, and in the other as the result of his occupation; whilst the cause of the pendulous scrotum and consequent varicocele in the remaining case was due to the same paralysis which occasioned the palsied condition of the left leg. The operation performed in the three cases was identical. No anæsthetic was administered, and the pin was removed from the third to the fourth day. The patients have since presented themselves, and the operation has been found to have been successful. The simplicity of this mode of treatment, and at the same time its efficiency, are points in favour of its more frequent adoption; for that operation is, in my opinion, the best, which is successful, and is at the same time attended with the least amount of suffering.

OPHTHALMIC MEMORANDA.

PRESERVATION OF OPHTHALMIC SPECIMENS.

SEVERAL friends and correspondents have asked me to refer them to a description of the method which I employ for the preservation of ophthalmic specimens, examples of which were exhibited in the annual museum of the Association in Cork last summer. I published an account of it in the *Birmingham Medical Review* for July 1878; but, as several improvements have been effected since that time, I shall be greatly obliged by being allowed space in this JOURNAL for a brief description of my present method.

The following are the solutions, etc., employed; 1. Müller's fluid—viz., bichromate of potash 1 part, sulphate of soda 1 part, water 100 parts; 2. Hydrate of chloral and water, 1 in 20; 3. Glycerine and water, 1 in 4; 4. Glycerine and water, 1 in 2—*i.e.*, equal parts; 5. Glycerine-jelly—viz., best French gelatine 1 part, glycerine 6 parts, water 6 part: soak the gelatine in the water until swollen; then beat and add the glycerine; add a few drops of a saturated solution of carbolic acid; and filter hot through white blotting-paper; 6. A thick white varnish made by mixing oxide of zinc with copal varnish in a mortar.

The eyeball is placed, immediately after excision, unopened, in Müller's fluid for about three weeks, light being carefully excluded. It is then frozen solid by immersion for a few minutes in a mixture of finely powdered ice and snow, and immediately divided into lateral halves by means of a sharp-edged table-knife. The portion to be mounted is then placed in chloral solution for some weeks, in order to remove the yellow colour; light being still excluded, and the fluid being changed until it is no longer discoloured by the bichromate. The