each kidney was under one ounce in weight. The spleen was enlarged and firm; it was very dark in colour, and weighed more than one ounce. The mesenteric glands were all enlarged, and the peritoneal vessels were hyperæmic. The peritoneum contained a quantity of serum.

Small portions of the liver were removed and set aside for further examination. Sections of the same, when placed under the microscope, were found to present in a well-marked degree the characteristic lesion of cirrhosis. The lobules of the liver were at places separated from each other by strands of a coarse fibrous material, of varying breadth; while, scattered over the supporting framework, many free nuclei were noticed. In addition, many of the hepatic cells contained fat globules. The walls of the various vessels seemed thickened, and at many places the capillaries had ruptured.

The association of cirrhosis of the liver with the immoderate use of ardent spirits is so firmly rooted in the medical mind that, cases occurring in others than tipplers—in those who from age and other circumstances are placed beyond the pale of intemperance as a cause—have attracted a little more than ordinary attention. A few years ago, I reported in the pages of this JOURNAL (1876, vol. ii, page 519), a case of cirrhosis of the liver, which occurred in a girl of twelve years of age. In her, there was the history of an attack of measles, followed by rather a slow convalescence, during which she received a fair quantity of stimulants, but never, it would appear, to a greater extent than that supplied in similar cases. Since then, others have reported the occurrence of cirrhosis of the liver in young people. Dr. Wickham Legg, in a very able *résumé* of the subject (*St. Bartholomew's Hospital Reports*, vol. xiii, page 148 : 1877), has brought before the profession the details of two such cases of cirrhosis of the liver: the first occurring in a boy of twelve, in whom the symptoms at first closely resembled those of typhoid fever; the second, in an infant aged seventeen months, in whom, in the earlier part of the illness, the most prominent symptom was purging, but who ultimately died of tubercular meningitis. In both of these children, the microscopical appearances of the liver were those of genuine cirrhosis.*

As Dr. Legg remarks: "These cases have but little interest from the morbid anatomy point of view." Their etiology, however, is all-important; and, first, in regard to sex. Taking the cases collected by Dr. Legg as seventeen, of whom seven were boys, and adding to these his own cases (both of which were boys), we have up till now nine boys and ten girls—to the latter of which this case may be added—making the proportion of nine boys to eleven girls; from which fact we may infer that there is, after all, very little difference in the predisposition of the sexes.

Taking the age of the patients, it would appear that fifteen were between the ages of seven and thirteen; three were between the ages of five and six; the age of Dr. Legg's youngest patient was seventeen months, while my one was only three. Cirrhosis of the liver, therefore, when it occurs in children, cannot be said to choose the age of infancy. Most of the cases on record, it is noteworthy, occurred after the second dentition; and it is out of this fact, perhaps, that one of the difficulties has arisen of arriving at its cause. The association of cirrhosis of the liver in children, born with the marks of syphilis on their body and living for only a few days, as in the cases reported by Schüppel and Dr. Wilks, seems to me to point very strongly in the direction of syphilis as its cause—the postponement of the event till the later years of childhood being quite in keeping with the nature of congenital syphilis, as evidenced by dentition, wherein congenital syphilis, in its mildest form, seems to overleap the primary and stamp itself indelibly on the permanent teeth. The occurrence of such a case as the one I have reported is, it appears to me, a strong fact in favour of the view of syphilis being a cause. We know that syphilis is a disease which often leads to an increased development of fibrous tissue, as evidenced by the thickened periosteum and the proliferation of nuclei in the walls of blood-vessels. And in making this remark as to the etiology of the disease in question, even in the absence of the usual signs of syphilis in either parent, is it not a fact, that a cachexia may be the only symptom in the mother?—a symptom late on in the disease, it is true, but yet a symptom sufficient to generalise in her child what would in herself only give rise to local areas of manifestation in the shape of gummata. Syphilis, however, will not explain all cases of cirrhosis of the liver, even in the young.

* At the last meeting of the Pathological Society, a specimen of cirrhosis of the liver from a child eight years of age, was exhibited by Dr. F. Taylor. The patient, a boy, is said to have known and liked the taste of brandy and gin.

BENGAL MEDICAL ESTABLISHMENT.—The following promotions have been made. To be Surgeons-Major: Surgeons D. D. Cunningham, H. Whitwell, A. Cameron, M.D., B. Evers, M.D., J. C. G. Carmichael, M.D., A. G. Grant, W. Jackson, G. G. McLaren, J. J. Monteath, M.D.

HÆMORRHAGE IN HERNIOTOMY.

By ANTHONY H. CORLEY, M.D., F.R.C.S.I.,

Surgeon to the Richmond Hospital; Lecturer on Surgery in the Carmichael College of Medicine, Dublin.

IN the number of the BRITISH MEDICAL JOURNAL for May 8th appears an abstract of a paper on the Treatment of Strangulated Hernia, which I had the honour of reading before the Surgical Society of Ireland on the 16th ult. The object of the paper was to urge the necessity of early operation, and to suggest means by which the dangers of such interference might be reduced to a minimum. Amongst those dangers, I alluded to the possible presence of an anomalous obturator artery; and I introduced to the notice of the Society a hernia-knife which I invented some years ago, a woodcut of which, sent by my friend Mr. Hayes of the Mater Misericordiarum Hospital, appeared in the JOURNAL of June 21st, 1879. Mr. Hayes, being unaware of my invention, was struck by the same idea, and had the instrument constructed and figured.

In the discussion that followed my paper, the comparative frequency of the anomaly was dwelt on by several speakers, but most of them seemed to think that the dangers connected with it were trivial. One speaker considered that, by using the ordinary hernia-knife in a particular manner, the section of the artery might be prevented, although Hesselbach has said that, if the vessel take the dangerous course, it must be cut in the usual operation. I cited a case of my own, published some years ago, and quoted in the last edition of Erichsen's *Surgery*, and also one of Mr. Barker of University College; but the impression left by the discussion was that, in the opinion of the majority the danger was not worth considering, or at least of taking any special means of obviating.

By a remarkable coincidence, in the very number of the JOURNAL in which the abstract of my paper appears, there are recorded from one place, and occurring within eleven months, two cases where the anomaly existed, the artery was wounded, and death supervened. It seems to me very probable that the accident occurs more frequently than is generally supposed, but that the cases are not recognised or not recorded. If the bleeding be internal, or the patient so weak that the jet is feeble, the occurrence of the accident might not be suspected; and, as *post mortem* examinations are the exception rather than the rule in the United Kingdom, fatal results are likely to be attributed to collapse or to exhaustion, which a necropsy would prove due to hæmorrhage. The real exhaustion is often such that a small excess of bleeding will turn the scale against the patient, and we all understand the additional danger of escape of blood into the peritoneal sac. To prevent altogether, or greatly reduce, the risk of this hæmorrhage becomes, therefore, a most important object.

The method of using the knife can be at once understood from the woodcut. The sheath being introduced along the surgeon's finger till the blunt end passes into the constricting ring, the wounded edge with the notch must then be turned in the direction necessary to cut. As the instrument is pushed on, the constricting edge will be felt slipping into the notch, and a slight traction will show that it is caught there. The cutting blade is then to be forced across the notch by pressing forward the thumb-screw, and the portion of the fibrous band will be cut through. That they are so divided may be known by the fact that the knife can now be withdrawn. There is no difficulty in repeating the process two or three times if more of the constriction require to be divided, and it is impossible that the artery could get into the notch or be in danger of division. The instrument can be obtained from Messrs. Fannin, Graf-ton Street, Dublin.

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ARMY MEDICAL DEPARTMENT.—The following appointments have been made: Deputy Surgeon-General G. A. F. Shelton, M.B., to be Surgeon-General, *vice* W. G. Watt, granted retired pay; Brigade-Surgeon H. T. Reade, V.C., to be Deputy Surgeon-General, *vice* G. A. F. Shelton, M.B.; Surgeon-Major J. Doran, M.D., is granted retired pay, with the honorary rank of brigade-surgeon.