about six months, during which time she had constantly suffered with severe intermitting pains of a bearing-down nature, together with frequent nausea and vomiting; the bowels had been very constive, with tenesmus coming on at intervals, and sometimes she had had complete retention of urine for some hours; all these symptoms had become very much aggravated about ten days before I saw her. There were no breast-signs of pregnancy, and she had never felt any movements. A vaginal examination with the finger revealed the uterus carried high up, and greatly anteverted. The menstrual discharge had been very irregular from the commencement of the symptoms. She was ordered full doses of opium, and a turpentine stupe to be applied over the abdomen. Next day she appeared somewhat better, and I did not see her again till the evening of June 26th, when I found the symptoms, if anything, increased in severity, and she had had some rigors. As no efficient examination could be made without the use of chloroform, I determined to place her under its influence on the following day; and having done so I was enabled, by the additional evidence thrown on the case, to express a decided opinion that it was one of extrauterine pregnancy; for not only did the history and symptoms entirely favour this view, but nearly every other possible disease could be excluded.

Owing to the extremely precarious state of the patient, it was thought advisable, before proceeding to operate, that another opinion should be had, although the patient and her friends were most anxious that what was necessary should be done at once, notwithstanding only a very slight chance of recovery was held out to them. I was extremely fortunate in obtaining the opinion of my esteemed friend, Dr. Savage, the same afternoon, when he agreed that immediate operation was the proper course. I therefore, in the presence of Mr. Bailey, Dr. Savage, Mr. Priestley Smith, who kindly gave the chloroform, and two others, performed gastrotomy.

An incision about four inches in length was made in the median line between the umbilicus and the pubes. Dissecting down through the linea alba, the peritoneum was reached, and opened upon a director, when a quantity of dark blood began to flow from the abdominal cavity. The tumour was now exposed; and, as it was somewhat elastic to the touch, an ovarian trocar, for safety's sake, was thrust into it; but, as no fluid escaped, I withdrew the instrument, and introduced my finger through the opening it had made, when, to my extreme satisfaction, I found my diagnosis to be correct, as I at once felt the limbs of the foetus. Opening the cyst, I removed it by the feet; and, in doing so, found the head lodged deeply in the pelvis. The foetus weighed about a pound and a half. All blood was removed as completely as possible from the abdominal cavity. Its effusion had been caused by a rupture in the cyst, which no doubt occurred at the time when the symptoms increased in severity—viz., about ten days before I saw her. The cyst-wall was then stitched to the abdominal parietes, the placenta being left *in situ*. A pad of wet lint placed over the wound, covered with tenax, and a bandage, completed the operation. The patient was then removed to bed; and a small quantity of brandy was administered, as she appeared faint. She soon, however, became very restless, and in about three hours breathed her last. The next day, I was permitted to examine the parts. I therefore enlarged the abdominal wound, and exposed the cyst, etc. The peritoneum in the right lumbar region was covered with blood, which had evidently been effused for some days. Adhesive inflammation had been set up about the part of the cyst where the rupture had occurred, gluing it to the ascending colon, and slightly to the parietal peritoneum. The omentum was likewise covered in patches with discoloured blood, and was of a greenish cast in many places. The cyst was found to be connected with the right Fallopian tube, and no trace of an ovary could be found on that side. The uterus was rather enlarged. The ovary, round ligament, and Fallopian tube on the left side, were all healthy.

I purpose showing the cyst, uterus, and foetus, at the annual meeting of the British Medical Association.

SIMPLE COMMUNUTED FRACTURE OF THE CLAVICLE TREATED BY THE REMOVAL OF A SHARP FRAGMENT.

By THOMAS ANNANDALE, F.R.S.E.,

Surgeon to the Edinburgh Royal Infirmary, and Lecturer on Clinical Surgery.

IN connection with the interesting case of Mr. Erichsen, and the clinical note of Mr. Griffith, recently reported in the JOURNAL, I am induced to publish a brief account of the following case, treated by me a few years ago.

The result of the treatment adopted in the case will, I hope, be an encouragement to others who may have to treat a similar accident.

From the nature and position of the broken fragment removed, and from the delirious restlessness of the patient caused by the head-injury, I feel very certain that in the progress of the case some serious injury would have been inflicted on the large artery or vein had the operation not been performed. Under the careful use of the antiseptic dressing, I have every confidence that the risks of such an operation are of the slightest, and I should have no hesitation in resorting to this proceeding in any other like case.

J. R., aged 35, was admitted into the Edinburgh Infirmary on the 30th December, 1870, on account of a severe injury to the head and left shoulder, the result of a blow from a crane-handle. On admission, the patient was only partially sensible, and there was bleeding from his right ear. The left clavicle was fractured through its middle third, the fracture being a simple but comminuted one. One fragment was fixed in a vertical position between the principal broken portions. This fragment could be felt to have sharp ends, and its lower extremity lay immediately over the position of the axillary vessels. Attempts were made by manipulation to displace this fragment from its dangerous position; but these failing, I made an incision, under the antiseptic spray, over the fragment, and removed it. The portion of bone thus removed was one and three-quarters of an inch in length and half an inch in width, and was sharply pointed at both ends. It was stripped of its periosteum except at one small part, and was only attached to the surrounding textures by a few muscular fibres. Antiseptic dressing was applied to the wound, and a proper appliance adapted to keep the fractured bone in position. Owing to the delirium and restlessness of the patient, it was found impossible to keep the parts properly at rest; and the dressing, too, was more than once displaced. In consequence of the interference with the strictly antiseptic treatment, considerable suppuration took place; but the pus was never at any time putrid, and it gradually diminished in quantity. On the 20th January, 1871, the wound over the clavicle was superficial, and the union of the bone was progressing most satisfactorily; but the patient was suffering from symptoms due to the head-injury, to which I need not further refer. These symptoms became steadily worse, and proved fatal on February 1st.

At the *post mortem* examination, a fissure through the base of the skull, with suppuration of the brain, was—as had been previously diagnosed—discovered. The wound over the clavicle was firmly healed, except a very small superficial sore confined to the skin. The union of the bone was not completely osseous, but the process had been apparently progressing favourably towards it, as the surrounding periosteum and other textures were studded with osseous points.

LACERATION OF THE INTERNAL JUGULAR VEIN BY A PORTION OF FRACTURED CLAVICLE.

By JOHN W. OGLE, M.D.,

Physician to St. George's Hospital.

IN the number of the JOURNAL for June 7th last, Mr. Erichsen has described an interesting case of fracture of the clavicle, with compression of the subclavian vein by one of the fragments. Commenting upon this form of fracture, he observes that "the most common form of injury which it may give rise to is compression or laceration of the subclavian vein—the latter being exceedingly rare, though a case of the kind occurred in this hospital some years ago, and, as is well known, the late Sir Robert Peel died of this accident."

There is another result of fractured clavicle which may occur, and which is even, I believe, more rare than laceration of the subclavian vein, and that is laceration of the internal jugular vein. It so happened that a case of this kind occurred when I was curator of the pathological museum at St. George's Hospital, and I added the specimen which I had prepared to our collection. The case had additional interest at the time, inasmuch as Sir Robert Peel had been thrown from his horse and died but shortly before, owing, *as it was thought*, to the wounding of the subclavian vein by a fractured clavicle. I published the case in Beale's *Archives of Medicine*, vol. iv, p. 125; but I think it cannot fail to be desirable to notice it afresh, in connexion with Mr. Erichsen's rare case before alluded to.

The patient was a young man aged 23, apparently in good health, who was standing under some trees in Hyde Park on July 1st, 1851, in a thunderstorm, when a rotten bough fell down and struck him against some hurdles. He died almost immediately, and was brought into St. George's Hospital, where I found the following lesions. There were great swelling and deformity about the lower part of the neck on both sides; and, on opening the chest and removing the sternum, I found that both clavicles were extensively fractured, and that a very large

amount of blood was extravasated about the portions of the fractured clavicles, and also beneath the cervical fascia. Fracture of the second rib on one side also existed; and, in connexion with this, there was a large quantity of extravasated blood among the pectoral muscles, and much also in both mediastina. On removing the fractured clavicles, I found that the lower part of the right internal jugular vein, at a point about a quarter of an inch above its junction with the subclavian to form the innominate vein, had been lacerated by depression of some fragments of the broken clavicle. The lacerated opening was oval in shape, its longest diameter being across the vessel, and was of such a size that it would about have admitted an ordinary sized pea. There was nothing like firm coagulum around or within the injured vein. The jugular vein of the opposite side was uninjured, and the subclavian veins on both sides were unaffected. On further examination, some broken ribs were found on one side, and the lung corresponding was lacerated. Moreover, the sternum was found to be fractured. Blood was also found extravasated between the peritoneum and the abdominal muscles. Nothing worthy of note was further observed in the body.

OBSERVATIONS.—Death was no doubt occasioned by hæmorrhage into the mediastina and the tissues of the muscles, etc. At least, this must have contributed very materially to the fatal issue; and it is very clear that, even if medical advice had been at hand at the moment of the accident, it would have been unavailing. How far the physical appearances presented by the neck and parts round the fractured clavicles resembled those in the case of Sir Robert Peel above alluded to, is of course entirely a matter of conjecture; but it is quite possible that examination of those parts after the accident, and before death, would have shown, as in Sir R. Peel's case, the existence of a swelling pulsating to the touch, and resembling a "diffused false aneurism". Of course the two cases so far differ, in that we have in the one case the lower part of the internal jugular vein lacerated, whereas in the other "it was supposed"* that it was the subclavian vein that was injured. I do not see how it would be possible by *ante mortem* appearances to diagnose laceration of the subclavian from that of the internal jugular vein at a point so low down as the injury in the present instance. As in Sir R. Peel's case, fracture of the ribs was found in this one also.

The above description in Beale's *Archives* is accompanied by an illustration (Plate VIII) showing laceration of the vein.†

THE MEDICAL PROFESSION IN ITS RELATION WITH THE PUBLIC.‡

By EDWARD GARRAWAY, Esq., Faversham.

It is not my sense of fitness that brings me here, but a strong sense of the duty I owe to this great Association, which throughout the length and breadth of the land is ever working for the public weal. And, alas! how little do the public recognise it. Actuaries will tell us that the value of human life is something like three years more than it was in the days of our grandsires. This is a strong and palpable evidence of the success of our efforts to ameliorate the condition of the human family during the last two generations. I speak advisedly when I say *our* efforts; for it is undeniable that all the sanitary improvements, from the introduction of vaccination to the closing of graveyards and the disinfection of the scarlatina chamber of yesterday—all the varied phases of the so-called "preventive medicine"—have been originated and carried out regardless of self-interest by our own noble and self-sacrificing profession. So, also, in the quiet of the consulting-room, the same spirit of self-sacrifice obtains. The patient is not only if possible cured, but he is instructed how best to avoid falling into trouble for the time to come. For instance, one comes to you with that apparently trivial but most miserable form of torture, "in-growing toe-nail". By judicious management, you effect a cure; but you know perfectly well that the patient must come to you again in a few months if left to his own devices. You therefore instruct him how to cut and treat the nail so as to prevent a recurrence of this malady. The surgeon does this from the mere force of the instinct of right which is in him; but the patient appreciates it not. He pays his fee, perhaps; but thinks not of the years of comfort it has purchased, nor of the future fees from which his adviser has cut himself off. The public do not sufficiently consider our relative positions; they do not reflect that all our powers of mind and body are constantly employed in discovering and anni-

hilating the very sources whence we gain our daily bread. They do not perceive the false position in which we are placed; that if we were not imbued with the highest, noblest, purest motives, society would become disorganised and fall to pieces. But society believes and trusts; because it knows that its confidence and its trust never have been, and never will be, betrayed. And what is our reward? Look over, year by year, those painful lists of applicants for our various charities: widows and orphans of men who have been cut off in the prime of life—slain by the enemy with whom they were contending on behalf of others; or of men who have worked laboriously and lived closely, and yet been unable to make provision for themselves, or those dearer to them even than self. Think of Mr. Partridge, recently President of the Royal Medical and Chirurgical Society, dying worth only a few hundreds. Think of a son of Holmes Coote an applicant for a foundation scholarship at Epsom. Gentlemen, amidst a wise and discerning people, such things ought not to be. Our vocation is exceptional, unlike all others. Is it Utopian to hope that the doctor may one day be recognised in his true capacity as a servant of the state, and rewarded according to his sacrificings and deservings? A notable step has now been made by the passing of the recent Act appointing officers of health. The sanitary authorities do not appear to be altogether carrying out the intentions of the legislature; but we are glad to accept this Act both as a recognition of the past and an earnest of the future. Our own Branch has taken a very active interest in this matter, as you will learn from the Report of our Council to be read presently. It is a matter of congratulation to ourselves and the public that the health of the community has been so exceptionally good, and the bills of mortality so unprecedentedly low during the past year; the deaths in the metropolis diminishing week by week during the summer, autumn, and winter months, until in the third week of January they were no less than 708 below the average. At this period, we had experienced thirteen weeks of incessant rain, six inches and a half having fallen in November alone; and to this continued downpour may probably, in some measure, be attributed our condition of unwonted salubrity: floating spores and disease-germs, noxious gases, exhalations, and miasmata being daily washed down into the earth, leaving the atmosphere in an unusual state of purity. It is noteworthy that, during these months of November and December, Wanklyn's analysis of the water supplied by the various London companies showed a large amount of impurity, the result of the continued floods; and yet the health of the metropolis was better than had ever been known; whence we may infer that however desirable an uncontaminated water-supply may be, a pure air is more important still. So many and such strenuous efforts are now being directed to the one object of staving off disease and death, that we may fairly hope for a continuously diminished rate of mortality. The improved drainage of lands and of towns; the more efficient ventilation of houses; the greater cleanliness of persons; the more wholesome dietary; and, lastly, the advanced science and skill of the profession, must tend to this desirable consummation.

ANATOMICAL MEMORANDA.

THE HUMAN HOMOLOGUE OF THE "MODERATOR BAND" OF REIL.

WHILE reading the interesting description of the rudimentary human homologue of the ruminant "moderator band" of Reil, which occurs in the Harveian oration recently delivered by my old teacher, Professor Rolleston, and reported in the *BRITISH MEDICAL JOURNAL*, I was reminded of a specimen of this structure which I had seen in the Pathological Institute of the Allgemeine Krankenhaus at Vienna, at a course of pathological demonstrations given by Dr. Kundrath. On referring to my note-book, I find the following entry:—"Heart, in which a strong and thick muscular band, in right ventricle, passed from ventricular septum to anterior wall of ventricle. From this band—a modified *columna carnea*—some of the 'chordæ tendineæ' of the tricuspid valve took origin. [Compare with *moderator band* in heart of ruminants.] Friday, Nov. 10, 1871."

West Riding Asylum, July 9th.

JOHN C. GALTON.

P.S.—Since writing the above, I have seen in the heart of a male general paralytic, on whom a *post mortem* examination was made this evening, a very fair example of the structure in question. To the upper part of a *columna carnea* which formed the prolongation of its septal attachment, the *chordæ tendineæ* repassed from what may be conveniently termed the "septal" cusp of the right auriculo-ventricular valve.

July 15th.

J. C. G.

* For there was no *post mortem* examination.

† The specimen is catalogued in our Hospital Catalogue as No. 172, Series vi.

‡ Extract from President's Address delivered at the Annual Meeting of the South Eastern Branch.