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.,

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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.,

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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