referred to. The attempt was in both cases probably justifiable, since the disease was otherwise incurable; but the proposal is not one which holds out any strong prospect of practical utility, particularly in popliteal aneurism. Some cases were then spoken of (and illustrated by preparations from the Hunterian and other Museums) in which, after the consolidation of a popliteal aneurism, gangrene has taken place, and amputation become necessary. In many of these cases the diagnosis has been erroneous, and in all probability necessarily so, as there were no symptoms on which a correct diagnosis could be founded, but the treatment was correct where gangrene was present. In ordinary rupture of an aneurism in the ham, a cure has often been obtained by ligature, and sometimes by compression. Probably the former is the safer course. One or two cases of arterio-venous popliteal aneurism are on record, but the observations made above, on a similar affection in the thigh, render further discussion of this subject superfluous.

The conclusions, then, as to the treatment of popliteal aneurism, to which our present experience points, are as follows.

1. Rapidly growing aneurisms, with a thin or imperfect sac, are best treated by immediate ligature, especially when caused by recent violence; and the success of compression is doubtful in aneurisms growing towards the knee-joint, and in all others which advance rapidly.

2. The Hunterian ligature has been about twice as successful in modern hospital practice in this country, as the results of the accepted statistics show it to have been.

3. The results of the compression treatment in the same hospitals have given as yet about the same average results as those of the ligature, but these results might be much improved by a more careful employment of the method.

4. Too long persistence in compression is to be deprecated, as being likely to interfere with the success of the ligature.

5. Flexion is often successful when used so as not to distress the patient, and is worthy of a trial in all cases in which it stops or materially checks the pulsation, but should not be long persisted in when it is not at once beneficial.

6. We have no evidence showing the utility of or the need for the less usual forms of treatment, such as galvanism, coagulating injections, manipulation, temporary ligature, or the introduction of foreign bodies.

Tibial aneurisms were then spoken of. These are usually traumatic; but a list was given comprising eight aneurisms of the posterior, and four aneurisms of the anterior tibial, which seem to have been spontaneous. These were all the cases which had fallen under the lecturer's own notice, though doubtless others are on record. These histories show that spontaneous aneurisms in this region (as in the forearm, spoken of in a previous course of lectures) are very commonly associated with disease of the heart; and that therefore any active treatment was to be deprecated, especially as it was not usually necessary. Compression had often succeeded, and will probably, with care, succeed in almost all curable cases, though many instances of the success of ligature are on record.

In traumatic aneurism, if possible, the formation of the sac should be waited for, and the case then treated like a spontaneous aneurism. Otherwise the sac must be laid open and both ends tied; but this is a very serious and difficult operation, and is liable to be followed by gangrene, especially when either tibial artery is wounded near to its origin from the popliteal.

This completed the course; and the lecturer terminated by thanking his audience for the interest which they had shown in so protracted a series of lectures.

CASE OF A POLYPUS BECOMING SPHACELATED WHILE WITHIN THE CAVITY OF THE UTERUS: REMOVAL: RECOVERY.*

By T. SYMPSON, F.R.C.S., Surgeon to the Lincoln County Hospital, President of the Midland Branch.

THE following case, for notes of which I am indebted to our house-surgeon, W. F. Lill, M.B., presents features of great interest, from the fact of the extreme rarity of the occurrence of sphacelation of a polypus while retained within the cavity of the uterus, from the narrow escape of the patient from septicæmia, and from the deceptive character of the symptoms, which in some respects bore a resemblance to those indicative of cancer. The case also illustrates the danger

incidental to the use of a glass syringe for the purpose of washing out the vagina.

E. C., aged 37, domestic servant, unmarried, was admitted into the Lincoln County Hospital on June 1st, 1874, suffering from menorrhagia. She had an anxious expression of countenance; her complexion was sallow, and her pulse quick. The vaginal discharge had a faint and offensive odour. For two years she had had backache and pain in the left side; and about a fortnight before admission she suffered from a severe attack of uterine hæmorrhage, which had not yet wholly ceased. On examination, a hard swelling of the size of a doubled fist was felt above the pubes; and, on a vaginal examination, a tumour was detectable within the uterus, the os being sufficiently patulous to admit the tip of the forefinger. The uterine sound passed $3\frac{1}{2}$ inches. She was ordered to take fifteen minims of liquid extract of ergot in camphor julep every four hours.

It was my intention to dilate the os uteri by means of laminaria tents; but, after placing the patient under the influence of chloroform on the 7th, I found the os sufficiently dilated to admit the easy passage of ovum-forceps, wherewith I grasped and brought away a portion of tumour half as large as an orange; and, by a second introduction of the forceps, I succeeded in removing the remaining portion. The tumour was dark in colour and very friable in consistence. The odour it emitted was extremely foetid. The vagina was ordered to be frequently washed out with Condy's fluid and water.

June 15th. The patient was improving. The os was contracted and normal in size. The sound passed $2\frac{1}{2}$ inches. A piece of glass, which had formed part of the extremity of a glass syringe, was found lodged in the upper part of the vagina, but was easily removed by the finger.

June 22nd. She had recovered without a bad symptom, and was discharged cured.

CLINICAL MEMORANDA.

MAMMARY ABSCESS IN INFANTS.

[SINCE the publication of Dr. Stephen's case in the JOURNAL of July 25th, we have received several communications on the subject, abstracts of which we subjoin.]

Dr. BASSETT (Birmingham) says that swelling of the mammary glands shortly after birth is of comparatively common occurrence, and it is believed by nurses in that district to be confined to female children; but whether this is absolutely true he cannot state. His attention has been now and then called to the subject, when the swelling was associated with inflammation and threatened suppuration, or sometimes as a matter of curiosity on the part of the nurse. Usually a diachylon plaster spread on soft linen has been advised, and nothing further has been heard on the subject; but now and then the inflammation has run so high that a bread poultice has been required. Suppuration is rare, but it does occur sometimes. The swelling may be presumed to be due to the presence of a secretion of abortive milk.

Dr. S. S. DYER (Ringwood) writes as follows. Some years ago, I could have recorded many similar cases; but of late they have fortunately been much more rare in my experience. The reason of this happy infrequency has resulted from the very angry remonstrances I had for some years with ignorant and prejudiced country midwives and nurses. In the many instances of mammary abscess in female infants which fell under my observation, it was invariably admitted that the nurse had been breaking the unfortunate baby's nipple-strings by a rough process of suction and fingering peculiar to the country. The storm I raised against this came to a climax, when a poor little boy had abscess of the breast from the efforts of the midwife that the child might ultimately have "a good nipple", as she was pleased to term it. I feel persuaded that, if Dr. Stephen inquire into his case, he will find that similar rough usage was adopted.

Dr. JAMES EDMUNDS (London) is surprised to see that mammary abscess in the newly born infant is considered a very rare occurrence. He believes that he has seen at least a dozen such cases, and certainly, in many districts of London, tumefaction and threatened abscess of the infant's breasts are so frequent that nurses pride themselves upon their methods of treatment in preventing their gathering; often, also, they have to be restrained from doing mischief by the assiduity of their frictions and applications.

Mr. PHILIP E. HILL (Crickhowell) contributes the following case. On October 31st, 1873, Mrs. B. was delivered of a healthy child; and on November 19th, I was requested to see the infant, which had been suffering for some little time from an abscess in the mammary gland, produced, the nurse in attendance told me, by the retention of milk in

* Communicated to the Annual Meeting of the Midland Branch.