

## EPITOME OF CURRENT LITERATURE. SURGERY.

**Aneurysm of the Common Carotid Treated by Ligature and Extirpation of the Sac: Recovery.**—De Castro y Latorre (*La Correspondencia Medica, Madrid*. November 8, 1898, p. 327.)—The patient was a lady, 24 years of age, who suffered from an aneurysm of the left common carotid artery as the result of a fall. Treatment by pressure and rest had been tried successfully, and symptoms of dyspnoea and nausea were complained of. When she came for treatment the tumour, which had recently much increased in size, was situated in the left carotid region, and measured 3 centimetres in length. It was intensely painful on the slightest pressure, which also produced dyspnoea, pallor and nausea. Pulsation in the facial and temporal arteries on the affected side was much diminished. At the operation chloroform was used as the anæsthetic. Skin, platysma, and cervical fascia were in turn divided, and the tumour exposed. It was livid red in color, and was crossed at its lower extremity by the omohyoid muscle. Silk ligatures were passed both above and below the sac at distances of 1 centimetre. Extirpation of the sac was rendered somewhat difficult by reason of adhesions to the vagus nerve and other neighboring structures, but was successfully carried out. No cerebral symptoms occurred after the operation, and the coldness complained of on the side of the face had passed off by the fifth day. Slight giddiness was experienced by the patient on first attempts at assuming an erect position, but passed off under the influence of coffee. On the sixth day the patient was able to take driving exercise, and convalescence proceeded without incident. The nausea and dyspnoea from which she had suffered were no doubt due to implication of the trunk of the vagus in the adhesions formed around the aneurysm. Dr. Castro y Latorre has performed the operation of ligature upon the carotid arteries seven times in all, and states as the result of his experience, that in chronic cases, such as aneurysm, there is little or no danger of cerebral complications. On the other hand, in emergency operations for wounds of vessels, the danger is considerable. He advised that in the case of aneurysms operation should be postponed as long as possible, and some pressure made over the tumor, in order that the collateral circulation may be fully established before the artery is ligatured. In this way the risk of evil consequences is very much diminished.

**Rupture of the Gall Bladder.**—Editorial (*LANCET*, December 31, p. 1773).—Rupture of the gall bladder, unassociated with injury to the liver, is rare, and, in a case recorded by Dr. J. M. H. Martin, of Blackburn, in which rupture of the gall bladder occurred in a boy, aged nine years, who was run over by a heavy cart, distension of the abdomen followed, and though no jaundice was present, the stools were clay-coloured. On opening the abdomen it was found that a large quantity of bile-stained fluid was free in the peritoneal cavity; five pints of this fluid were evacuated and a drainage tube was inserted. Complete recovery followed.