

somewhat surprised to find that this did not entirely reduce the bulk of the tumor as there was still left a hard rounded lump about the size of a hen's egg. I thought that this probably might be indurated deposit of fibrin, so did not proceed further. On turning around to get the plaster, etc, to strap the scrotum, to my surprise the tumor was as large as ever; no doubt I had punctured a large vein somewhere near the inner surface and the hæmorrhage had refilled the sac. I confined my patient in bed to avoid any further danger and in seven days, May the 8th, laid open the sac, and evacuated about the same quantity of a reddish brown fluid, but containing more blood than the former tapping. The inside of the sac was almost entirely lined by layers of fibrin giving very much the appearance of an aneurismal sac. The tumor, which was not reduced by the first tapping, turned out to be an encysted hydrocele of the cord, which was also laid open, with the escape of about one ounce of clear hydrocele fluid, and was dressed in the same way as the tunica vaginalis by solution of iodoform in ether, and padded with bichloride gauze. The testicle was much larger than normal, but I believe that a good deal of its increase in size was due to deposit of fibrin upon it, as it had quite lost its external normal appearance. The wound healed nicely in about two weeks. Six months after there still remained a large amount of adventitious tissue and scrotal skin, which was cumbersome to him, so I suggested that in six months more probably it might be advisable to remove a piece of the skin and thus reduce its bulk. In June, 1889, he again called upon me and wished something done to reduce the size. I accordingly removed a large elliptical piece of skin from the anterior and under-surface of the scrotum, which has very much reduced the size and relieved the necessity for a suspensory bandage. He is now in New York, and writes that he is in good health and comfortable in every way. He is enabled to rest very comfortably on the left side. The result in this case has been very satisfactory indeed, ridding my patient not only of a very cumbersome and disfiguring trouble but no doubt has saved the integrity and function of the testicle, as it has regained its normal size and consistency.

GANGRENE CHECKED BY IMMERSING THE LIMB IN ALCOHOL.

BY I. W. ALLINGHAM, M.D., BISHOP, INGO CO. CAL.

I had a case of gangrene of the third finger which extended rapidly into the hand in spite of all I could do by following the directions of all authorities I have seen on the subject. The purplish color advanced steadily under the serous bleb, until it reached the middle of the metacarpal bone. In the palm this color was not perceptible, owing to the thickness of the skin, but it presented a peculiar tallowy color to a corresponding extent.

Believing that any further advance would entail a loss of part, if not the whole, of the hand, I felt justified in indulging in an experiment that seemed to me likely to succeed. I immersed the hand in alcohol, contained in a large pitcher suspended over the patient, as he lay in bed, elevating the hand to prevent swelling of the arm. The alcohol was kept warm by means of a coil of rubber tubing in the bottom of the pitcher, through which hot water was kept flowing.

The advance of the dreaded purple color was checked. The already gangrenous tissue assumed a hard, cooked appearance. I continued this plan of treatment for about sixty hours, when I replaced the alcohol by a boracic acid solution, kept hot by the same apparatus. This acted as a most efficient poultice, and in a short time the dead tissue was cast off, fortunately leaving enough live tissue next the bone to throw out granulations. In time the hand and finger made a perfect recovery.

CASE II.—A case of blood poisoning. Patient had skinned a cow that had died twenty-four hours before. Some sores on the hand admitted the poison and septicæmia set in. When I was called, patient had a temperature of 104°, and the glands at the elbow and in the axilla were enlarged and tender.

I immediately employed the same treatment as above, at the same time opening up the sores thoroughly, as well as some serous blebs above the sores. After a few hours, the temperature began to come down, and no other blebs formed. The disease was checked and the patient soon recovered. In both instances I administered 10 minum