Clinical and other Notes.

NOTE ON VON BERGMAN’S OPERATION FOR HYDROCELE.

By Lieutenant-Colonel J. R. Forrest.

Royal Army Medical Corps.

It is laid down in the text-books (Treves, Rose and Carless) that the whole of the parietal layer of tunica vaginalis, including that portion covering the cord, should be removed. I recently performed the operation on a man in whom the tunica vaginalis was moderately thick. I removed the whole of the parietal layer, cutting with scissors as close to the testis as possible, but leaving the layer covering the cord untouched. The wound healed by first intention, and there has been to date (three weeks since operation) no recurrence of hydrocele fluid. I think it is worth noting that interference with the cord is unnecessary, as it greatly facilitates the operation, and is, I think, more likely to lead to a satisfactory result if the cord is left alone.

A CASE OF CARCINOMA OF THE LIVER IN A MAN AGED 24.

By Captain O. Ievers.

Royal Army Medical Corps.

Primary carcinoma of the liver being so rare a condition, the following case, which occurred recently at the Station Hospital, Wynberg, Cape Colony, may be of interest.

Private B., R.A.M.C., aged 24, with five years’ service, was admitted to hospital on February 7th, 1906. His chief trouble was a short, irritating cough, which kept him awake at night; but he also suffered from loss of appetite and pain in the right side. He states that he had always been healthy and strong up to six weeks before his admission to hospital. During December, 1905, he began to lose his appetite and to suffer from pain in the right side and back, and later the cough developed; he also began to lose weight and to feel generally unfit. As regards his family history, his mother and one sister died of phthisis, and his father of heart disease.

On admission the patient looked thin and ill. Pulse 76. Temperature 98.2° F. in the morning, 100°F. in the evening. On examining the thorax, râles and coarse ronchi could be heard all over both sides. There was a well-marked friction sound at the right base and less marked at the left base. The heart sounds were weak, but there were no signs of organic valvular disease. The abdomen was distended and tender. The