

stethoscopic signs, with dissections. They are not without interest, but on contrasting them with similar ones detailed by Andral and Lewis, they appear very deficient. After reading some of them, the impression left on our mind was, that the author, at the time he drew them up, had not been very familiar with the use of the stethoscope. Our readers will find such instances in the cases he has detailed of catarrh, accompanied with emphysema pulmonum. There are five cases detailed of pneumo-thorax, which are more interesting than all the others put together. We must do the author the credit of stating, that he appears to be well acquainted with the different pneumo-thoracic sounds. He has also given a few cases of disease of the valves of the heart. These, at the present time, are very acceptable, as they afford the very best means of testing the different opinions respecting the heart's rhythm. Now it happens most unfortunately for the author, that these very cases, instead of supporting the notions of Mr. Turner, which he has adopted, are very strong proofs of the correctness of the opposite opinions of Dr. Corrigan. According to him, the rasp rale, when preceding or accompanying the impulse of the heart, indicates disease of the auriculo-ventricular valves. This agrees with what was remarked in these cases. The subject, however, still requires investigation, and we cannot recommend it with too much earnestness to the attention of the profession. The careful detail of cases of disease of the valves of the heart, with the *post mortem* appearances, will assist much in removing the obscurity which at present exists concerning it. J. S.

XII. *Report of Cases treated in the Glasgow Royal Infirmary, from 1st May to 1st November, 1830.* By ROBERT PERRY, M.D., Senior Surgeon, &c.

AN hospital surgeon enjoys opportunities for cultivating morbid anatomy, and teaching it to the pupils attending the hospital, which it is in vain to expect in private practice, where tedious and careful inspections which disfigure the body are impracticable. The surgeon who does not take full advantage of such opportunities for investigating the nature of disease, can have little zeal for his profession. Two such dissections as those I am about to record, accompanied by the cases, I consider of more worth than the detail of fifty cases accompanied by a volume of conjectures. I am not aware that any accounts of inspections of the nerves leading from the seat of the injury in cases of tetanus, are on record.

The dissection in the first case, was most ably performed in

my presence, by Mr. Norris, senior surgeon's clerk; and in the second case with equal care and ability, by Mr. Walker, now house-surgeon of the Dumfries Hospital, who had at this time taken his place, and was most zealous in cultivating a knowledge of disease, and spared no pains in following out any inquiries suggested, as likely to elucidate what was obscure or untried.

Traumatic Tetanus. The following cases of tetanus are chiefly interesting from the facts noticed on inspection, which, as far as I know, have not been hitherto attended to; and if corroborated by the inspection of similar cases, will add another link to the chain of causes which lead to a correct pathology of a disease (the most painful to witness,) which has hitherto rested wholly upon conjecture.

1st, Patrick Vallily, ætat. 15. 17th April, 1830. A few hours ago, while sitting near the funnel of a steam-boat engine, the boiler exploded, and he was lifted into the air. Both legs and posterior part of left thigh are extensively vesicated, both arms and shoulders slightly so, occasioned by the hot water thrown on him. Pulse quick and feeble, has had vomiting. Sumat. stat. tinct. opii. gtt. xl.

18th, Occasional vomiting; in other respects easy. Hab. opii. gr. i. vesp.

19th, Seems confused, but no return of vomiting; complains only of pains of abdomen, which is slightly tender on pressure. Tongue white and moist; pulse 100; bowels open. Cont. opii gr. i. vesp. Adhibeant. abdomeni, hirud. xii.

20th, A rigor this morning; half an hour after was bled to 9 oz. Blood first cup buffy. Complains of slight pain of abdomen on motion, but there is no tenderness on pressure. Pulse 110; tongue white; thirst; bowels slow. Rep. infus. sennæ c. sulph. magnes.; Vesp. rep. venesect.

21st, Bled to six ounces. Pulse 120; tongue less white; bowels open. Feels much easier.

26th, Since last bleeding has continued much easier. Pulse has fallen in frequency, and tongue cleaning.

29th, Convalescent till 27th, when complained of pain in abdomen; not increased on pressure; had an opiate, which was repeated last night; to-day was found lying on his back, head retracted, and muscles of the head and trunk rigid; countenance anxious, and features retracted. Slight difficulty on deglutition, but can open his mouth pretty freely. Pulse 105; tongue whitish at edges, brownish and dry in centre. Sum. st. calom. ℥i. et post hor. tres infus. sennæ donec plen. dejec. alv.; Post. sol. alvi hab. enem. c. tinct. opii ℥i.; Spin. applic. vesicat.

30th, Physic operated well, and in the evening less permanent rigidity of the muscles, but the accumulation of phlegm in trachea most annoying. Spasms increase in frequency. Complains of pain in the region of the heart. Pulse 124; tongue brown and dry in centre. Sum. 3^{tia} q. q. h. calom. gr. x. c. opii gr. iss.; Curet. pars vesicat. ungt. sabinæ.

May 1st, It was at this date the patient first came under my care. Since last report the spasms of the muscles of the trunk have become more severe and permanent; less able to open his mouth, severe pain at epigastrium, no stool for the last 24 hours, has continued the calomel. To have powdered opium sprinkled on the vesicated portions of legs.

2d, Thirst urgent. Tongue dry; pulse 110. R Ol. croton. g^{tt}. iii. pulv. sacc. gr. vi. M. et divid. in d. iii. Sum 1 3^{tia} q. q. h. Applic. catap. com. vesicationibus. Omit. p. opii.

3d, Has had several dark stools from the croton oil; tension, and pain of abdomen, diminished, but spasms still continue. Pulse in the morning feeble, but become stronger since taking a little wine. 4 P. M. Pulse sunk considerably; in consequence of which, 4 oz. of spirits were ordered to be taken in divided doses with warm water and sugar. Spasms continued till 5 next morning, when he died. The body was immediately placed with the face to the floor.

Inspection 24 hours after death. The whole spinous processes and calvarium were removed, the brain and thecæ vertebrarum fully exposed. There was a little serous fluid at the base of the brain, betwixt the tunica arachnoidea and pia mater. The brain was considerably more vascular than usual, and on the posterior part of both lobes of the cerebellum there existed an ecchymosed appearance, which could easily be removed by raising the pia mater. The medulla spinalis had a perfectly healthy appearance, but a considerable quantity of partly fluid, partly coagulated blood, existed betwixt the theca and the vertebræ. The vesicated surfaces occupied the lower half of the left leg, and the outer and lower half of the right leg. Both had a green sloughy aspect, and the cellular substance was much inflamed. The veins did not appear more vascular than natural, and the arteries appeared healthy. The nerves were also carefully examined; the cutaneous of both legs, particularly the communicans tibialis and the communicating branches of the peroneal nerve with the tibialis communis, were inflamed at the seat of the injury; tracing them upwards above this point they were perfectly healthy, except that portion of the peroneal which turns over the head of the fibula, there it was again distinctly very vascular, thus leaving an intermediate portion perfectly free from the appearances of

inflammation. The vascularity appeared to be confined to the sheath of each nerve; the deep-seated branches appeared to be quite natural. No other morbid appearances were detected.

Case 2. William Fleming, ætat. 17. 22d July, 1830. Eight days ago, the ring and middle fingers of the right hand were drawn in betwixt two teethed wheels, and the integuments much lacerated; the last phalanx of the middle finger was completely crushed, and separated from the second, except at its fore part, where a small slip of skin kept it adherent; this was removed shortly after the accident, and the fingers dressed at first with adhesive straps; the day before admission had poultices applied. Last night began to experience severe pain in fingers, which, before yesterday, had been tolerably easy; at the same time, was seized with tetanic symptoms, of stiffness of the muscles of the neck and lower jaw, and pain at epigastrium.

On admission to-day, at 2 P. M. the symptoms above related, somewhat aggravated, but did not prevent him walking up to the hospital; there is at present slight rigidity of the sterno-mastoid muscles, deglutition easy. The second and last phalanges of the injured fingers are completely gangrenous, and the integuments separated from the first, exposing the bone, of a black colour. Has severe pain in bruised fingers, very much increased on the slightest pressure; pain does not stretch up arm. The bones of the second phalanx of both fingers are fractured; the fore and little fingers are uninjured. Bowels are easy. Had 12 grains of calomel immediately on admission, and 14 leeches applied to the nape of the neck, and at 6 P. M. both bruised fingers were removed. The middle finger was taken off at its junction with the metacarpal bone, and the two last phalanges of the ring finger. Torsion of the arteries was used in place of ligatures, to stop the hæmorrhage, (a practice I have always adopted in amputations of the fingers and toes,) during the operation, of which he complained much; had distinct opisthotonos. The calomel not having operated, was ordered sulph. magnes. ℥ii. tart. ant. $\frac{1}{4}$ gr., o. h.

23d, The salts and tartar emetic were continued every hour during the night. Bowels have been freely opened; vomited occasionally. Muscles of the back and belly have become rigid, and at times distinct opisthotonos occurs; is unable to open his jaws so far as to put out his tongue, the attempt to do so generally brings on general spasms. Complains much of pain of right breast. Pulse 140, full and soft; skin moist; slight headach; makes water freely; has some

difficulty in swallowing. *Cont. tart. antimon. gr. ¼ tantum. o. h. Omitt. sulph. magnes. Hab. acetat. morph. gr. ½ o. h.; Ericet. pect., c. tinct. opii. et sap., et colli nuch. app. vesicat.*

10 P. M. Spasms less frequent, but more severe; can open mouth better; has had no stool since visit at 1 P. M.; has taken regularly the quantity of morphia and tartar emetic prescribed; feels drowsy, and has vomited a little. Pulse 160, full, and rather hard; water has been drawn off by catheter. *Repet. sulph. magnes. et tart. antimon. ut antea.*

24th, Died this morning at 7, the spasms continuing both frequent and severe.

Inspection, 24 hours after death. The body was allowed to lie the usual way on the back till the time of inspection. The calvarium and spinous ridges were removed, fully exposing the theca vertebrarum, down to the cauda equina; there was no effusion on the brain or its membranes, and its substance was natural throughout. No effusion existed between the theca and the vertebræ; the theca was healthy, and betwixt it and the spinal cord was a preternatural quantity of serum. The cord itself was of a pale colour. The nerves on each side of the remaining phalanx of the ring finger were very vascular. On tracing upwards the ulnar nerve from this point to the elbow, it was of its natural colour, but here again it became very vascular for about the extent of 2 inches. In the axilla it again presented a similar appearance as at the elbow, the portion of it intervening betwixt these two points being healthy. Tracing the median nerve in the same way as the ulnar, it was found perfectly natural, from its digital branch, which supplied the radial side of the ring finger, (and which, as stated above, was much inflamed,) till about the middle of the arm, when it again presented an inflamed appearance for the extent of 1½ inch. The portion of it intervening betwixt this part and that confined to the axilla, where it again became vascular, was natural. This vascularity throughout, was not confined to the sheaths of the nerves, but occupied their substance; the radial and superficial nerves of the arm, along with its veins and arteries, were perfectly natural; the lumbar nerves were unaffected; the œsophagus was examined, and found healthy; the trachea appeared inflamed, and contained a large quantity of greenish coloured mucus; the other thoracic viscera and digestive organs natural.

The plan of treatment followed in the above cases may be considered as purely empirical, indeed, the treatment of this disease may be said to have been hitherto uniformly so, and must continue so while the seat and nature of the disease is unknown, as remarked by Mr. Cooper; in his excellent Sur-

gical Dictionary,—“Nothing is a more certain proof of our not being acquainted with any very effectual method of treating a disease, than a multiplicity of remedies, which are as opposite as possible in their effects.” To give even a summary of the remedies employed, and the plans of treatment strongly recommended, would occupy too large a space, and be of little use, from all of them being founded upon conjecture. Although the morbid appearances in the two inspections related correspond very closely, it would perhaps be rash to found upon them (until confirmed by other cases) any certain plan of treatment; yet, I think I would be warranted in treating any case of the kind which might occur, as a local inflammation of the nerves leading from the seat of the injury, the interruption of the suppurative process in the wound being one of the first appearances. When the tetanic symptoms arise from fracture of any of the fingers or toes, or even compound or comminuted fracture of the larger extremities, we might be warranted in having recourse to amputation; at all events, a strict antiphlogistic treatment, with the application of numerous leeches in the course of the affected nerves, followed by blisters, ought not to be neglected; warm poultices, stimulating fomentations, or the turpentine liniment, ought to be applied to the wound, and these local remedies, accompanied with the free exhibition of emetic tartar, either combined with sulph. magnesiæ dissolved in water, or with calomel and opium in small but repeated doses, so as to act both on the skin and bowels—the torpid state of the latter in this disease, indicate an interruption or weakened state of the nervous system, which may arise from the increased expenditure or exhaustion of nervous power by the diseased parts.

Lithotomy—Nine Stones in Bladder. Daniel Clark, æt. 69, cabinet-maker, April 30. On micturition experiences severe pain, extending from the rectum to glans penis, at other times confined to the latter, but still very distressing. Sometimes when the urine is flowing in a full stream it stops suddenly, or is only passed in drops, and with much effort; it is at present clear when allowed to stand, but has occasionally contained sand and slime, never, as far as he remembers, any blood. A full-sized sound passed readily into the bladder, and detects a calculus, apparently of small size. He has some external, but not painful hæmorrhoids; on examination, the prostate gland is found enlarged, but not pained on pressure.

Sleep is disturbed by the pain, and during the last three weeks appetite has fallen off; he has some griping pains in abdomen, and a bitter disagreeable taste in mouth. Tongue

furred; skin cool; complexion good. Is free from cough or other pectoral symptoms; bowels regular; occasional retching.

Nine months ago began for the first time to experience an uneasy feeling on micturition; was previously very healthy.

Has a reducible inguinal hernia congenitally, and the left testicle alone has descended. Ordered the infusion of gentian, and occasional laudanum injections at bedtime, upon which treatment he continued to improve till May 6th, when he complained of sickness, with occasional vomiting. Tongue very brown, and loaded; thirst urgent; pulse 76, full, but soft; bowels easy; no appetite. The infusion of gentian was here omitted, and sulph. quiniæ, in 2 grain doses, prescribed.

21st, Appetite and general health improved; appearance pale and sickly; feet œdematous; suffers much from irritation and want of rest, owing to the frequent calls to make water.

23d, The lateral operation for stone was performed on him to-day. About an hour and a half previous to the time fixed for the operation, his rectum was emptied by an enema, and he was desired to retain his urine, if possible, for an hour before the operation. The calls, however, to pass it, were so urgent, that he made it before entering the operation room. After being laid on the table, and every thing adjusted, an incision was made into the membranous part of the urethra by a two-edged scalpel, and the incision into the bladder completed by Blizard's knife. The prostate was found hard, as previously ascertained, and considerably enlarged. The finger was introduced into the wound, and the staff withdrawn; on introducing the forceps a stone was felt in the basfond of the bladder, and another situated at the upper part of the bladder, resting upon the pubis. Considerable difficulty was experienced in laying hold of the stone, partly in consequence of using, by mistake, Weiss's forceps for the high operation, being put into the hand of the operator by one of the assistants, which, from the distance of the joint from the point, prevented them being expanded sufficiently to grasp the stone, the perinæum being very deep; being exchanged for a common pair, the stone in the basfond of the bladder was first removed, when another was found remaining; the forceps being again introduced, this was also removed. Some difficulty was now experienced on separating and removing those at the upper part of the bladder; they were, however, by using a smaller pair of forceps, soon separated, brought down, and seven removed in succession. The two first, which lay in the basfond of the bladder, were of a more flattened shape; the seven placed at the upper part, behind the pubis, were each the size and figure of chesnuts, and lay as if they

had been all compressed and wedged together into the form of a ball, or much in the same way as the bones of the carpus. The bladder was then carefully examined, and afterwards washed with warm water, that no stone might be left, and as the patient had lost a considerable quantity of blood during the operation, which was still continuing to flow, a sponge, with the silver tube through it, was introduced into the wound, and the patient put to bed, and 40 drops of laudanum given him. He passed a tolerable night, but seemed very weak and exhausted; he continued in this state for some days, and no inflammatory symptoms appearing, he was ordered 6 oz. of wine daily, with 6 grs. sulph. quin. His appetite continuing bad, the sulph. quiniæ was given him in tinct. gentian; he had besides, 4 oz. spirits made into toddy, daily, and what animal food he could take. Under this treatment he gradually improved, and was dismissed, cured, on the 30th June.

He has been able to resume his business, that of a cabinet-maker, and is occupied about 10 hours daily. The stones were composed of the triple phosphates, with a nucleus of uric acid.

Laceration of Arm—Sudden Death from dread of operation.
John Macbride, æt. 40. Pollokshaws, June 10. Admitted at 1 P. M.

Yesterday forenoon, left forearm was drawn in betwixt two wheels, nearly in contact, and severely lacerated; a little after accident, says, he lost about a Scots pint of blood, which, by account, appears to have been venous.

At present, flexor and supinator muscles of forearm, extending from three inches above wrist to the same distance below the elbow-joint, are denuded of their integuments, and severely lacerated and bruised; about middle of arm the flexor muscles are completely divided, their edges are ragged, and a small piece of the radius and interosseous ligament is exposed. The bones appear natural, except that in front of ulna there is felt an irregular depression; heat and feeling of hand are natural; integuments above wrist-joint are emphysematous; pulse cannot be felt at wrist; wounds emit a gangrenous fetor; has some thirst; tongue white; skin warm.

A consultation having met at 2 P. M., were unanimously of opinion that amputation of the forearm should immediately be had recourse to; the patient, however, would not consent. Port wine poultices are ordered to be applied, and a tourniquet constantly round arm.

15th, Wine has been regularly applied to the wound; all gangrenous appearances gone; separation taking place around its edges; heat and colour of the arm natural, but no pulsation can yet be felt at the wrist; pulse on other arm 96, soft

and regular; tongue clean; bowels regular; has had 1 gr. of opium the last two nights, and slept tolerably well; thirst moderate. *Cont. cataplasma. vin. et pil. opii. vesp.*

17th, General health has improved: swelling, and redness betwixt the wound and elbow-joint, nearly gone; the line of separation between the sound and gangrenous parts distinct: there being no hope, from the rasping of the bones of forearm, and the complete destruction of the flexor muscles and nerves, of saving the arm, to prevent farther bad consequences, I thought it my duty to impress strongly upon his mind the necessity of having the forearm speedily removed. His hopes of preserving the arm, and avoiding the operation, having been, from the favourable appearance of the wound, greatly raised when the communication was made to him, of the necessity for its speedy removal, he seemed extremely depressed, began to shake, and earnestly declared he could never submit to the operation. After the visit he lay quiet, and at 6 P. M. the report was, Lies in a comatose state, from which he can be easily roused, but immediately falls into the same state; complains of nothing; no pain in head; pulse weak; a cold sweat over whole of body; pupils natural. Was ordered 5 grs. of ammonia, 5 drops of laudanum, and half an oz. brandy every two hours, and the doses to be increased if necessary.

18th, 12 Noon—Has continued to get worse, though the ammonia and brandy was given every hour, and latterly every half-hour: is now moribund. Died at 1 P. M.

Inspection, 24 hours after death. The brachial artery of the wounded arm having been injected, the radial, ulnar, and anterior interosseous arteries, were found ruptured, on a line with the insertion of the pronator radii teres. The posterior interosseous artery was entire in its whole course, and apparently enlarged. The bones of the forearm were not fractured, but when exposed, were denuded of their periosteum, and rasped. Head, all natural, except that there was a tea-spoonful of serum in both ventricles.

Alex. Macdonald, æt. 14, 16th Aug. 1830. Admitted at 9 A. M.—20 minutes ago, from a carding machine, had integuments from wrist-joint torn off whole of back of hand and of thumb, and completely destroyed; annular ligament of wrist was completely denuded of integuments; the two first metacarpal bones of hand were exposed and rasped; the extensor tendons of the fore and middle fingers were torn through, but the others, though exposed, were uninjured; bones of hand were not fractured, and integuments on palm of hand were sound.

A consultation met at one, and immediately advised the re-

removal of the hand; the patient, however, would not consent; by his consent, however, at five, the two first fingers, with their metacarpal bones, were removed, and a small flap made from palm of hand, which covered only a portion of the metacarpal bone of thumb and ring finger.

17th, Pulse 120, full; skin warm; tongue white. Had a dose of salts and senna this morning, which has not operated.

18th, Passed a good night. Tongue white; pulse 112; skin still warm; some thirst; upon the whole, appears better than yesterday. Has had several stools during the night; wound suppurating kindly. *Utat. mist. salin. diaph.; Cont. lotiones frigid.*

19th, Wound looking very foul, discharging a great quantity of matter. Tongue white; pulse 116; some thirst; skin warm. *Manui applic. catapl. emoll.*

21st, A good night's rest; pulse 100. Had solution of sulph. mag. with tartar emetic, from which one stool. Heat of skin natural; tongue white, but moist; inflammation and swelling of arm abated; gangrenous portion separated, and the sore suppurating kindly. *Cont. medicament.*

22d, Arm more inflamed and swollen than last night. Pulse 104, more sharp; tongue white, with thirst. *Rep. mist. emetocathartica.*

23d, Arm rather more swelled to-day; pulse 108; tongue foul. *Cont. mist. hestern.*

31st, Swelling of the arm nearly gone, though still a blush of redness about the elbow; granulations of the wound looking healthy; complains of some pain going up outer side of arm; pulse 100, soft; tongue a little white, but not loaded. *Cont.*

Oct. 1st, The wound has cicatrised at lower part and between the fingers: granulations are high, and tender about the wrist; pain extends both up radial and ulnar sides of arm. *Applic. hir. viii.*

The swelling and pain have been relieved by the occasional application of leeches, and the cold lotion, composed of spirits and lime water. The cicatrification of the large exposed surface has been slow but uniform. The motion of the wrist-joint is perfect; can also move the thumb and fingers a little, the powers and motions of which will no doubt be greatly increased by exercise. The deformity occasioned by the loss of the metacarpal bones is even less unpleasant in appearance than the want of the fingers alone, and will still form a useful hand. On 2d December was dismissed, cured.

Aneurism by Anastomosis. Agnes Wilson, æt. mens. 18. Airdrie. May 1st. In the palm of the left hand occupying the

radial half and part of the ball of thumb, is a large tumour of a purple cast and doughy feel, which frequently discharges a considerable quantity of blood through 3 small openings, which exist on its surface; the largest of which is about the size of a pea. Pressure diminishes the tumour considerably; but when this is removed, it speedily regains its former dimensions. Some months ago, it was once attempted to be removed by the knife; was twice punctured, and required firm pressure to check the hæmorrhage, which was great. Three weeks after birth a small tumour, the size of a pea, of a purple colour, was observed over the adductor muscle of thumb, which has progressively increased to present tumour. Patient is in good health.

May 21st. Tumour in hand was taken out on 4th, by incision, and the actual cautery applied, since which it has been dressed with simple ointment. Has continued to cicatrize kindly. Now healed to the diameter of a sixpence, and no appearance of disease. Wishes to go home. Dismissed cured.

As the flow of blood was prevented by firm pressure on the brachial artery, there was no interruption to the operation from the flow of blood, and the cautery was easily and cautiously applied; no vessels were tied—though the greater part of the palmar fascia was removed—and the tendon of the index finger exposed.

Case 2. Agnes Rennie, aged 7 months. Admitted 2d April. At the root of nose is a tumour, an inch long, and half that in breadth; it has a purple colour, and a number of small red vessels are seen on the surface. The sensation communicated on pressure is doughy, and the tumour can be diminished to a third of its dimensions.

It occupies the whole space between the inner canthus of right eye and the mesial line of nose, and extends from the inner end of right eyebrow, to an horizontal line drawn across face from the right ala of nostril, covering the lachrymal duct, and a third of the lower eyelid.

When partially emptied, its attachment to the subjacent parts only appears firm at the inner angle of eye.

Three months ago, received a blow on the part where the tumour is now situated, from the edge of a hat which fell upon it; a week after, a small spot, the size of a split pea, and of a purple colour, was observed. This has since continued gradually to increase.

May 2d. Pressure has been applied to the tumour for the last three weeks, by means of a spring and pad, when it became deeply ulcerated. On removing the pad, it again increased to its former size. An attempt was now made to destroy it by the application of the pure potash, but with similar want of success. On the 5th May the actual cautery was applied to the tumour,

by which a deep indentation was made, and the wound dressed with resinous ointment. In a few days the tumour was as large as ever, indeed, was farther extended under the eye.

On the 10th, an incision was quickly made at the lower portion of tumour, and carried along the side of the ala-nasi to its upper part at the end of the eyebrow; and an attempt made to extirpate it from below. The flow of blood was, however, so rapid and profuse, that to prevent fatal consequences, it was necessary to desist, and apply the actual cautery, which was in readiness. The bleeding was by this means stopped, and the wound dressed with resinous ointment. On the following day, the child was excessively weak, and refused the breast. It had been ordered a little wine after the operation, which was occasionally given for the next two days. By the 25th the tumour had greatly diminished, though still a little puffiness remained on the nasal edge of the upper eyelid, which was occasionally touched with the argent. nitrat. The mother wishing to go home, was desired to return in a fortnight, which she did. Nothing farther was done; the tumour gradually contracted; the skin is natural in colour; the eye is perfect. With the exception of a little contraction of the internal angle of the upper eyelid; the cicatrix is scarcely perceptible.

The operations performed since 1st May 1830, to 1st January 1831, have been rather more than usual. The following is a list of those treated by me, with their results, up to the above date:—

Amputations above the knee	4
_____ of the arm	1
_____ above the wrist,	2
_____ metacarpal bones of fingers	1
_____ thumb	1
Chopart's operation on tarsus	1
Lithotomy	4
Amputation of toes	2
_____ fingers	6
Removal by operation of cancerous mamma	3
_____ cancerous lips	1
Harelips	1
Aneurism by anastomosis	3
Cataract extraction	2
Taking up brachial artery	1
Polypus nasi	1
Fistula in ano	5
Hydrocele	6

Of these still under cure on the 1st January 1831	10
Dismissed cured and relieved	35
	—
	45

At this period there had been no deaths after operation*.

The amputations are generally performed above the knee, by the double flap—it is a quicker and neater operation, with apparently less pain to the patient. I have generally applied ligatures to the large arteries, treating the smaller by torsion. In the fingers and toes torsion only was used, and in the mammæ, generally torsion; in the latter cases, and tumours, it is particularly useful, as it is often necessary to dissect deeply under the skin, and the leaving of ligatures keeps up a purulent discharge; when ligatures are used in such cases, it is better to use small silk ones, and cut away both ends. The practice of suppressing hæmorrhage by torsion, or bruising of the arteries, is not altogether new; I partially practised it in 1820, along with my then colleague, the late Dr. G. C. Montearth. The circumstance which gave rise to it, was a casual conversation which occurred respecting a case of laceration of the arm by machinery, where the vessels were torn across, and no bleeding followed, a circumstance by no means unfrequent. It was a natural inference, that by bruising the arteries, destroying their vitality for a short space, they would soon cease to bleed, as a coagulum would form in their inactive extremities. From this analogy, we frequently had recourse to bruising or twisting the smaller arteries during the operation, without thinking it a matter of such importance as to call it a discovery. I do not mean by this to detract from the merit of M. Amussat, who has recommended and carried the practice farther than I have yet ventured to go. As it is often of great importance during operations to prevent as much as possible the loss of blood, whether arterial or venous, I have been in the practice of using a pair of button forceps for laying hold of the bleeding vessels, and twisting them if arteries, or if large veins allowing them to remain fixed till

* Of the 10 cases mentioned as being still under treatment on the 1st January, there have since been dismissed cured	6
Died from ulceration of the femoral artery at the upper part of thigh	1
Remain under treatment	3
	—
	10
	—
Viz. for Amputation above knee	1
————— of finger	1
Lithotomy	1
	—
	3

the operation is finished, and the tourniquet removed. In this way much blood may be saved, and little time lost, and in removing tumours, it prevents the operator from being embarrassed with the blood.

The button forceps may also be applied to an equally, if not more important, class of cases; I mean, for the cure of recently punctured arteries, or in place of ligatures in cases of aneurism. If a wound is made, for instance, in the brachial artery, by bleeding, the external wound may be enlarged, and the side of the artery, where the wound is, grasped by the forceps, the button pushed down, and the forceps left for 24 hours in the wound, (the adhesion will take place in less time,) firmly fixed by means of the head of the forceps being passed through a slit in a piece of sponge, and this again fixed on the arm, to prevent motion, by strips of adhesive plaster. The forceps must be small, and rounded at the point, (perhaps those made of silver would suit best, as they do not corrode,) and the wound closed and kept together on each side of the forceps by strips of plaster, or, if it is wished, the whole caliber of the artery may be included in the forceps, and the flow of blood completely interrupted, till the sides of the vessel adhere. I may be asked, what advantage this has over the ligature? In the first place, it is easier applied, there is less danger of including the nerves, there is no risk of insulating the artery from its connexions, and, consequently, less of secondary hæmorrhage. I shall, however, postpone any farther particulars respecting this plan of treatment until the next Number of the Journal.

24, Queen-street.

XIII. *Report of Diseases among the Poor of Glasgow during August, September, and October, 1830.* By JOHN MACFARLANE, M.D.

DISEASES.	No. of Cases.	No. Sent to Infirmary.	No. of Deaths.	DISEASES.	No. of Cases.	No. Sent to Infirmary.	No. of Deaths.
Abortio	1			Brought forward,	59	3	6
Abscess	14			Bronchitis, acute	27	2	
Amaurosis	2			" chronic	28		
Amenorrhœa	3			Bruise	29		
Anasarca	19	2	2	Burn	6	1	4
Angina pectoris	1	1		Cancer	1		
Anthrax	1		1	Cancrum oris	3		
Ascites	3		1	Cardialgia	3		
Asthma	14		2	Catarrhus	10		2
Bladder, diseased	1			" vesicæ	1		
Carry forward,	59	3	6	Carry forward,	167		12