15*th.*—Patient is progressing very favourably. There is not much discharge from the surface of the tongue, as it is often washed with the chlorate of potash solution.

16*th.*—Dr Buchanan removed the sutures from the chin, the wound having healed by first intention, except at the lower angle, where there is a slight discharge; and so a linseed-meal poultice is to be applied to it. Patient is keeping very well, and does not complain of any pain in the tongue.

18*th.*—Patient got up to-day, and is able to speak very intelligibly. He feels quite well; is able to swallow very well; salivation is becoming less.

24*th.*—Since last note, patient has progressed very favourably, being able to speak quite intelligibly. He takes his food well, and has no difficulty in swallowing. The jaw is becoming firm.

8*th July.*—The wire from the jaw was removed; union between the two sides being perfectly firm.

9*th.*—Dismissed well.

P.S.—It may be interesting to the readers of this Journal to know, that a patient on whom I operated in May 1865 is still well, and free from any return of the disease. The case is related in the number of the *Edinburgh Medical Journal* for November 1865.—G. BUCHANAN.

ARTICLE II. — *Combined Enucleation and Avulsion of a Fibrous Tumour of the Uterus.* By J. MATTHEWS DUNCAN, M.D., Lecturer on Midwifery, etc.

I PUT on record the following case because it is a remarkable example of an operation which is not frequently performed. This procedure, which I have now many times resorted to, and always with success, consists in removing a uterine fibroid from its bed of muscular tissue by seizing and pulling by strong volsellæ. I have resorted to it only in cases in which the discharges—bloody, serous, and purulent—from the tumour were so large and so long-continued as to imperil the patient's life; and I have only resorted to it when no other means of relief seemed available. I proceed not to enucleate the tumour or separate it from its attachments and then to remove it, but simultaneously to remove and enucleate, or to enucleate by avulsion. The operation is long and laborious, and has no claim to elegance or brilliancy, being rather rude and coarse. There are, no doubt, many dangers in the operation which I have been fortunate enough to avoid, some of which I have described in former papers[1] in this Journal, but which I am not prepared here to enter upon.

[1] See especially this Journal for January and February 1867, and for December 1869.

The great difficulty of the operation is merely mechanical. It does not lie in the enucleation: some tumours are connected with the uterus by tissues so delicate as to offer scarcely any resistance to the disembedding force: others are united at points by strong bands of muscular and connective tissue to their beds, and these bands seem to me to be connected chiefly with the part of the tumour which is last separated; and in the operation it may be difficult to distinguish such connecting bands from a prolongation or continuation of the tumour itself. The former loosely-connected tumours come away easily, if small, and are as smooth and clean and rounded as an egg or a pear. The latter are much lacerated, especially if large, and have numerous tags and bands attached, of various dimensions and lengths.

The great difficulty of the operation is in pulling the tumour through the undilated passages. The operation, indeed, has some analogies with the obstetric forceps operation, and, like it, should not be done quickly or hurriedly. The first obstruction is in the cervix uteri, the opening also in the wall within which the fibroid is lying, and its adhesions to its bed. These three sources of difficulty combined form the first cause of obstruction. The second, and in the case of a large tumour the more powerful and embarrassing, is the perineum and orifice of the vagina, if these parts are in a natural or nearly natural state.

Mrs S., æt. 43, had been twenty years married, sterile, enjoyed good health till somewhat above two years before the operation to be described. Then the menstrual flows became profuse, and were accompanied by pain. During the last year the bloody flux was constant and often profuse. She was under the care of Dr Meikle, of Douglas, and had also other advice. Summoned by Dr Meikle, I visited this patient on the 15th June, and removed a fibrous tumour weighing one pound and three-quarters. In the operation I was greatly aided by Dr Meikle and his son.

The patient was extremely anæmic and weak, and had a bloody discharge. In the hypogastric region was a hard, rounded tumour, whose upper margin was on a level with the navel. Examination per vaginam discovered that the tumour lay high up; the cervix, dilated to fully an inch in diameter, could just be well reached by the examining finger. The os had thin rigid lips. The tumour pressed on the cervix.

To enlarge the os I cut its margin freely on each side with scissors. I then seized the tumour by a volsella, then by two, and kept pulling away, with few intermissions, except when the instruments tore their way out of the tumour. After about an hour's work, and repeated pushing back of the uterine wall by the finger, the tumour began to distend the perineum. But then further progress appeared unattainable. Continued efforts, however, brought it down a little farther so as to be within reach of the knife; and I attempted to cut it spirally, but really only succeeded in making

an oblique cut into it, which allowed the lower portion to come through the orifice of the vulva. To this part a strong cord was now applied for the purpose of increasing traction. At length, after the whole operation had lasted about two hours, and after some pieces had been torn away, the whole tumour was extracted; but before its separation was complete, two thick bands had to be cut through.

The tumour was everywhere raw or recently denuded, and was quite bare of capsule or any covering. Some hæmorrhage took place during the operation, and continued for some hours after it.

The woman was, after the operation, in a state of the greatest exhaustion, and occasionally very faint and pulseless. When I left her, in charge of Dr Meikle, junior, I had the gravest apprehensions as to her rallying. But she made a slow and uninterrupted recovery. She menstruated naturally in July.

ARTICLE III.—*On the Causes of Insanity.* By J. H. BALFOUR BROWNE, Esq., Barrister-at-Law.

THOSE who seek the rainbow are like those who hunt for a cause. And yet it is a great chase. The past is ransacked, and that great digestive system which has supplied the energy for the present, is found to be like a tunnel with an exit at the other end, and no cause anywhere in it. Cause! who can get at the cause? The cause of anything in the present is the whole past! But we have to limit our inquiry to the little things which are next in point of succession to the effect-events of our time; and we call them causes, without raising the metaphysical question. Two things known together, mean knowledge—that is all we know. It is in this light, then, that we must look at the question of the etiology of insanity. Who can say what are the causes of insanity? One must enter into a synthesis of causes, and confess that the man is half the cause of his own hurt, if he is pierced by an arrow, and that he is half the cause of his own disease, if through any combination of circumstances he becomes insane. Life is like a long string of algebraic figures, with the signs plus (+) and minus (−) before each quantity. They are always varying and being carried over from one side to the other of the equation which is to determine the value of x, which stands for health. Who can work it out, till death reduces the value of x to 0? Well, he who would say why a man goes insane, would require a complete and thorough biography of the man, would require to know the influences he fell heir to, the rails which were laid down for him to run on before he was born, by the material fate of hereditary transmission. "Every man carries his destiny on his forehead," say the Mohammedans; but not on his fore-