Quarterly report of the Edinburgh Surgical Hospital, from November 1829 to February 1830 / by James Syme.

QUARTERLY REPORT

OF

THE EDINBURGH SURGICAL HOSPITAL,

FROM NOVEMBER 1829 TO FEBRUARY 1830.

By JAMES SYME, Esq.

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Within the last three months, viz. from the 8th of November to the 8th of February, 410 patients affected with surgical diseases have applied to the Hospital for relief. Of these 67 have been admitted into the house, and the remainder have been treated as out-patients. In next Report I will give a general statement for the whole year of the diseases which have been presented at the Institution. In the meantime I will notice what were most remarkable in a professional point of view; and having in last Report confined myself to the subject of ulcers, I will now mention some of the more interesting cases that occurred during the period to which it referred, along with those of the quarter at present more particularly under consideration.

Fracture of the Thigh.—Of this accident there have been five cases, three of which were very similar to each other, the subjects being men in the vigour of life; the fractures being at the lower third of the thigh; there being much tendency to retraction; and lastly, all of them being attended with a considerable dropsical effusion into the knee-joint.

The treatment consisted in the application of pasteboard

splints, padded with tow, on each side of the limb, to prevent displacement from its weight and the spasmodic action of its muscles, and a long splint of wood extending from the false ribs beyond the foot, to effect extension.

The cure was complete in all of the cases, though somewhat delayed in one of them, owing to an accident which happened to the patient about a month after he entered the Hospital, when the bone appeared quite firm, and was so straight that my pupils could not discover any difference between it and its fellow. He unfortunately attempted to walk while no one able to afford him assistance was present. He grew sick, fainted, and in his fall fractured the bone a second time. The treatment was renewed, and at the end of two months from the date of admission he was dismissed perfectly cured. The fourth case of fractured femur occurred in Peter Yule, æt. 35, and was complicated with a stiff knee-joint, which prevented the limb from being straightened and extended in the usual way. The fracture, a few inches above the knee, was fortunately transverse, so as to admit of no retraction, and a cure not less satisfactory than that of the others was obtained through means of pasteboard splints, while the limb was laid in a bent position on its side.

The fifth case of fractured femur was that of Jasper Stevenson, æt. 72, farm-servant of Sir Alexander Maitland Gibson, who, owing to a fall from the top of a hay-stack, sustained a fracture of the neck of the bone. The limb was extended by means of the long splint, and matters seemed to be proceeding favourably for about a week, when symptoms of gangrene were observed on the sacrum and instep, which of course rendered it necessary to remove all restraint.

The patient regained considerable strength of the limb.

In old people who have suffered this accident there is always danger of inducing mortification from employing the means most effectual for preserving the limb in proper position, viz. the long splint; but this does not seem to me a sufficient reason, as Sir A. Cooper and some other surgeons think, for abstaining from all attempts of the kind, and for leaving the affair entirely to nature. The most prudent practice seems to be, to give the patient a fair chance of recovery, by subjecting his limb to the proper apparatus, and if he should prove unable to bear it, then there can be no occasion for regret, either on his part or that of the practitioner. Last winter two of my apprentices, Messrs Wishart and Brown, succeeded in curing an old woman of 63, who had suffered a well-marked injury of the kind in question. She can walk well without assistance, and there

is no perceptible difference between the two limbs, except a very slight eversion of the toes.

Fracture of the Humerus.—Of this accident there were five cases, viz. one at the neck, three through the shaft, and one just above the condyles. The first occurred in an old woman who was knocked down, owing to her own inattention, by a gentleman riding quietly along the road. She obtained a speedy and perfect cure, without the slightest displacement, in somewhat less than three weeks, by means of a spica bandage, a cushion in the axilla, and a sling. The second case happened to a respectable tradesman, who fell from the height of twenty feet. He was treated out of bed with pasteboard splints, and in three weeks obtained a perfect cure. The third case was that of an old woman, owing to a fall in the street. It was treated in the same manner with equal success. The fourth case happened to a girl from falling on the ice, and was treated like the others. The fifth case occurred also in a litle girl who was hurt by a log of wood. The fore-arm seemed to be shortened, and the olecranon was unusually prominent, so that at first sight the accident seemed to be dislocation backwards. A very slight extension, however, sufficed to ascertain the truth by removing the deformity so long as it was continued, and permitting it to return so soon as it was relaxed. A bandage with proper compresses retained the bones *in situ*, and the patient was dismissed cured in the course of the third week.

Fracture of the Clavicle.—There were three cases of this fracture, which recovered readily under the method of treatment described in my first report.

Fracture of the Tibia. —Of this usually reputed rare accident there were no fewer than five cases. Of these four happened from false steps, and sudden twists of the leg. The bone gave way about the lower third. There was little displacement, and little difficulty in the treatment, which consisted in applying pasteboard splints, and maintaining the limb in a bent position, which was laid on its outer side. The fifth case was caused by direct violence sustained from falling down a stair which gave way in a Leith brewery. The fracture was situated just below the tuberosity of the tibia, and hence it was necessary to place the limb in an extended position, to prevent the displacing effect of the extensors of the knee-joint, which is so troublesome in this particular case, when the knee is bent.

Fracture of the Fibula.—Of this fracture there were three cases, two in males, and one in a female. The treatment in all of them was the ingenious, simple, and effectual plan of Dupuytren, viz. the application of a long narrow wooden splint on the inner side of the leg, extending beyond the ankle and knee,

between which and the tibia a thick compress being interposed, while the knee and foot are drawn to the splint by means of a simple bandage, an effectual resistance is afforded to the displacing tendency of the weight of the limb and peroneal muscles.

Fracture of the Radius.—There was one of several cases of fractured arm which occurred that deserves mention, from having been overlooked for three weeks after the accident. The patient was Mrs Cassels, who came from Kilmarnock to obtain relief for an injury of the wrist, occasioned three weeks previously by a fall on the hand. There was no deformity of the limb; but a fracture of the radius very close to its carpal extremity was readily recognized by the crepitus. Splints were applied, and the patient had the satisfaction of sleeping soundly during the following night, which she declared the pain had prevented her from doing ever since the accident. What makes this case the more remarkable is the circumstance, that, after travelling sixty miles to obtain assistance, she failed in finding it at the institution to which she first applied, where the case was still treated as a strain.

Compound Fracture of the Leg.—The only case of compound fracture was that of George Mackay, porter, a most unpromising subject for recovery from such an accident. His appearance indicated a naturally full habit, with a broken down constitution; his pulse was irregular and intermitting; and he looked as if labouring under chronic disease of the chest. Notwithstanding these unfavourable circumstances, he did extremely well, and five weeks after the accident, the bones were firmly united and perfectly straight.

Fractures of the Ribs, Metacarpus, &c.—Of these there were various cases, but none deserving particular attention, excepting one where there was considerable emphysema, which yielded to bleeding, tartar emetic, and bandaging.

Dislocation of the Humerus.—Of this accident there were four cases, all in stout men, and in all the reduction was effected by manual extension, without the assistance of pullies, which I regard on most occasions as equally unnecessary and inconvenient.

Dislocation of the Thumb.—There was one instance of this uncommon and troublesome dislocation, in the case of a woman who fell on the floor while playing with a child. The first phalanx of the thumb was dislocated backwards on the metacarpal bone. I fastened a silk handkerchief to the thumb by means of the clove-hitch, and then making one person extend, while another performed counter-extension by holding the hand, I pressed with all the force of both my own thumbs on the extremity of the dislocated phalanx. After one or two attempts I succeeded in effecting the reduction.

In the only other case of this accident I ever happened to see, the surgeon found it necessary to divide one of the lateral ligaments of the joint.

Dislocation of the Jaw.—There was one case of this dislocation in a woman who had previously suffered the same accident. Mr Smith reduced it in the usual way.

Excision of the Elbow-Joint.—Little more than a year ago, in November 1828, I cut out a carious elbow, for the first time the operation was ever performed in Great Britain. Since then I have operated in six cases. The profession, I am happy to say, seem to be satisfied with the weight of this evidence, and at least two operations of the kind have been lately performed by different practitioners in Edinburgh. Five of my cases have already been put upon record through the medium of this Journal, and I will now relate the other two.

Elizabeth Johnston, æt. 15, from Falkirk, entered the Hospital on the 26th of August, on account of a disease of the right elbow-joint, which had existed for six months, commenced spontaneously, and increased progressively, notwithstanding the efforts of her medical attendants. It now presented a most formidable appearance, the joint being so much swelled as to measure thirteen inches in circumference, and the arm above being reduced to little more than skin and bone, which made the enlargement seem even greater than it really was. The skin over the olecranon was extensively ulcerated, and at different places, both on the front and back parts of the joint, the probe could be passed into sinuses which extended to the bones. The limb was straight, and nearly immoveable. The discharge was profuse, the pain unceasing, and the irritation so great that the patient's health seemed rapidly sinking. It was plainly necessary to do something effectual for her relief, and both Dr Ballingall and I, though entertaining the most favourable opinion of excision, from what we had seen of its good effects, resolved that any operation short of amputation would be inexpedient in this case, where there was such extensive disease not only of the bones, but also of the soft parts. Being, however, very averse in general to amputating the arm for caries, and feeling particular reluctance to mutilate this unfortunate girl, who was distinguished by the most amiable disposition and interesting appearance, I delayed the operation. In the course of ten days, whether it was owing to a real improvement proceeding from the free vent which had been afforded to the matter by incisions, or was merely the effect of familiarity with the appearance of the joint, I fancied that it was not so hopeless as at first believed, and resolved to make an attempt at excision.

The operation was performed in the manner formerly described, and was attended with very little difficulty, owing to the separation of the surrounding soft parts from the articulating bones, which had been caused by collections of matter. The olecranon was greatly expanded, and, if I may use the expression, completely rotten, so that it crumbled into fragments, which were extracted piecemeal. The radius adhered to the humerus, and was extracted along with it. Before dressing the wound, I observed that the ulnar nerve was partially divided by an oblique incision, and therefore cut it completely across, to avoid the danger of such a wound; and its extremities being then placed in contact, the integuments were stitched together. The patient did extremely well; the wound healed most kindly; the swelling of the joint subsided; she gradually regained its use; and is now, I am happy to understand, restored to perfect health.* For some time after the operation, she complained of coldness and numbness in the ulnar side of the hand, but in process of time got rid of these unpleasant symptoms, probably in consequence of re-union between the extremities of the nerve.

James Page, æt. 8, was recommended to the Surgical Hospital by Mr Ferguson of Auchtermuchty, as a proper subject for excision of the elbow-joint, and was admitted on 2d January. The right elbow was much enlarged, discoloured, and stiff. There were two sinuses opening on each side of the triceps, through which a probe could be passed to the bone. The operation was performed on January 12, in the ordinary manner. The wound healed kindly, and the patient is nearly ready to leave the Hospital.

James Alexander, æt. 9, from Arbroath, entered the Hospital on the 2d February, on account of a disease of the elbow-joint, under which he had laboured eighteen months. The bone can be felt extensively diseased, and the case seems in all respects a favourable one for excision, which will be performed so soon as the parents are informed and give their consent.

James Dennet, came from Dundee to place himself under my care on account of pain, swelling, and redness over the olecranon, which had resulted from a blow on the elbow, received several months previously. On coming to town, he was persuaded to apply to another practitioner, who made a long incision through the skin. When he at length applied to me, a small part of the wound remained open over the olecranon, where there was some swelling and much tenderness on pressure. The patient declared that he was not any better than when he

* I was informed to-day that her father having lately died, leaving a widow and six children in very destitute circumstances, she is able to contribute towards their support by tambouring muslin.

left home. Finding that a probe could be passed to the bone and a little way into its substance, I concluded that a superficial caries of the olecranon was the cause of his distress, and, therefore, after exposing the bone, removed the softened portion with a gouge, on the 9th January. The wound is now nearly healed, and the patient makes no complaint.

Excision of the Knee-joint.—The knee-joint, so far as regards its structure, is an equally favourable subject for excision with the elbow, since there is only one articulation concerned in the disease or affected by the operation, and not a number, as is the case in the wrist or ankle. But the advantages from the operation in this situation are much more questionable than in the shoulder or elbow, since not only is there much less difference between the utility of a natural leg and a wooden one, than between that of a real and artificial arm, but doubts may even be entertained as to the probability of deriving any assistance in progressive motion from the limb, which is preserved by cutting out the knee-joint. With the exception of the two cases operated upon by Mr Park of Liverpool, nearly fifty years ago, and the two cases lately published by Mr Crampton of Dublin, I am not acquainted with any recorded facts to guide us in deciding this question. Each of these gentlemen lost one of their patients, but the others survived and retained limbs so useful, that the owners would not readily have exchanged them for artificial ones. Mr Park's patient, a sailor, was able to ascend the rigging of his ship with the agility peculiar to that profession; and the woman on whom Mr Crampton operated could walk the distance of eight or nine miles without suffering fatigue or inconvenience.

The advantages attending excision of the knee-joint over amputation in the thigh, in addition to the satisfaction of saving a limb, and promoting the credit of surgery, seem to me, *First*, The negative one of saving the patient from the inconvenience of resting his weight upon the *face* of a stump: *Secondly*, The positive one of preserving for him the tarsus, metatarsus, and toes, which constitute an apparatus much more efficient in protecting against the effects of concussion than any artificial one that can be constructed. Influenced by these considerations, I resolved to try the operation in some of those cases of diseased knee which so frequently result from white swelling in young subjects, and are condemned without any ceremony to amputation.

John Arnot, æt. 8, was admitted on 1st December. His left knee was very much enlarged and immoveably bent at an acute angle with the thigh. There were two sinuses on the inner side of the joint, which allowed a probe to reach the bone. The

disease resulted from a fall on the ice, and was of three years duration. His health was broken, and he seemed devoted to speedy destruction, unless something was done for his relief.

On Monday, therefore, 7th December, I made two incisions across the fore part of the joint, extending from one condyle of the femur to the other, meeting at their extremities, and including the patella between them. The integuments thus insulated being removed, together with the patella, which was very much diseased, I exposed the extremity of the femur and sawed it off. In doing this the periosteum was separated from the bone, to which it adhered very slightly, for about an inch or rather more, and I therefore thought it right to saw off another portion to this extent. The head of the tibia was next exposed, and removed by means of cutting pliers. One of the articular arteries was tied, and we then proceeded to dress the wound; but here an unexpected difficulty occurred, owing to the hamstring muscles, which, as already stated, were much contracted, and still prevented the limb from being straightened, notwithstanding the relaxation they had suffered in consequence of the removal of the joint. I extended the limb as far as was practicable, and secured it in this position by a splint and bandage. The patient had very little constitutional disturbance, but the wound presented a dry and unpromising appearance. The tibia, from not resting in opposition to the femur, was drawn up behind that bone, distended the integuments, and threatened to exfoliate extensively. I at length succeeded, by cautious extension and counter-extension, in reducing the displaced extremities of the bones, when the limb became quite straight, and the tendency to dislocation almost entirely ceased. The cure afterwards advanced satisfactorily, notwithstanding the most vexatious opposition on the part of the patient, who was a boy of uncommon quickness, but most perverse disposition.

Four weeks after the operation, the wound was all but healed, and the limb is now becoming every day more useful to the patient, who can already make considerable use of it in walking, though not yet provided with a high-heeled shoe.

Ann Mackintosh, æt. 7, entered the Hospital 14th December, on account of a white swelling of the right knee, which had existed eighteen months, and was now in its last stage. There was a large sinus above the inner condyle, through which I introduced my finger into the joint, and felt it extensively diseased. Encouraged by the success of the former case, I performed a similar operation in this one on the 28th December, and think it unnecessary to mention the particulars, as they were in all respects similar to those already detailed. The articulating portions of bone removed were, as in the boy,

extensively ulcerated and carious; but the soft parts were much less swelled, and less altered by the gelatinous degeneration of scrofulous action than in him; the result, therefore, was expected to be, if possible, still more satisfactory.

Great difficulty was experienced, from contraction of the hamstrings, in preventing dislocation of the bones, and the femur, so far as it was visible, presented a bare and dead-like surface, but the favourable termination of the first operation, notwithstanding appearances equally disagreeable, prevented me from abandoning my sanguine expectations of success in this instance also. On the 6th of January, in order to prevent displacement of the bones, which all our efforts hitherto had been unable to effect completely, I cut away about two inches of the femur with the cutting pliers, and then observed, to my extreme concern, that the bone was denuded beyond the farthest extent to which my finger could reach. Amputation now seemed to afford the only chance; but, before having recourse to it, I resolved to wait a little, in the expectation of nature pointing out at what part of the limb the operation ought to be performed. On the morning of the 8th, I found her very weak; she sunk rapidly; and died at two the same day.

I do not think that the enemies of excision of the knee-joint can found anything upon this case, since it would appear from reasoning, and has been in great measure proved by experience, that excision of a joint is less dangerous than amputation of the limb; and the only question that can be agitated in respect to the merits of the operation in this situation concerns the utility of the limb which is preserved.

Exfoliation from the Pelvis.—In a late number of the Edinburgh Medical and Surgical Journal, I have put on record four cases of sinuses in the neighbourhood of the pelvis, which had been regarded as incurable, but which speedily healed after the extraction of small exfoliations of bone. One of these patients had been ill for two, another for five, and a third for seven years. The case of James Ormiston, æt. 17, was another of this kind, and tends to support the opinion expressed in the paper referred to, that many of the usually reputed incurable sinuses in the hip and upper part of the thigh are owing to the cause just mentioned. About thirteen months previous to admission, he received a blow on the hip with a stick from one of his companions, which caused discoloration, but no great inconvenience at the time. The part continued a little painful for six months, when it began to swell and form an abscess, which went on increasing to the time of admission. It was accompanied with great pain and stiffness when he bent his body forwards. I made an opening rather behind the tro-

chanter major, for the matter, which was deeply seated. A large quantity of pus was evacuated with much relief; and a few days afterwards his dresser observed a piece of bone projecting at the orifice, which he removed. It was nearly an inch long. The boy now felt comparatively well, but the sinus continued to discharge; and there being considerable swelling, with pain and tension about the trochanter, I apprehended that more mischief was going on, and enlarged the opening, so as to admit my finger, which is the best instrument for exploring such passages. I then found that the trochanter was quite sound, and ascertained that the sinus ran deep between the muscles in the direction of the pelvis. The uneasy symptoms immediately disappeared, no doubt owing to the free drain which was afforded to the matter; and the boy was dismissed cured on the 21st of December.

Exfoliation from the Ankle.—John Rogers, æt. 9, Corstorphine, was admitted 4th January, on account of a disease of the ankle, which had been caused by a wound inflicted five months previously. The prong of a grape entered on the forepart of the malleolus externus, and passing obliquely across the foot, under the flexor tendons of the ankle, made its exit over the navicular bone. The wound healed in a few days, but the pain did not subside. Two months afterwards the ankle began to swell, and an abscess formed over the inner side of the joint, which was opened a fortnight previous to his admission. I found a piece of bone presenting at the orifice, and extracted an exfoliation of considerable size, fully an inch long, and half an inch broad. A few days afterwards one or two small pieces of bone came away, but the ankle still continuing swelled, stiff, and painful, I introduced a probe, and felt the bone extensively diseased. As the larger exfoliation seemed to have formed a part of the navicular bone, and as the ankle-joint, properly speaking, did not seem to be engaged in the disease, I proposed to perform a partial amputation of the foot through the tarsus, as in the case of Anne Stewart, which is related in the first Report, but the friends were adverse to any operation, and removed the boy to the country.

Fistula in Ano.—James Miller, æt. 29, admitted on the 22d September, had suffered from fistula in ano for nine years, and had hitherto been prevented from seeking relief by an exaggerated idea of the pain and danger attending the necessary operation. I found two fistulas, one communicating with the gut, the other not. I laid them both open, and dismissed the patient cured on the 16th of October.

James Preston, a middle-aged man, had suffered for two years from the usual symptoms of fistula, which were attributed by

him to hemorrhoids. I found a fistulous opening into the gut, about an inch from the orifice, and laid it open. The patient was dismissed cured in a fortnight.

I cannot refrain from once more stating three important facts which concern the treatment of fistula in ano, 1*st*, That the internal opening is rarely more than an inch distant from the verge of the anus. 2*dly*, That the cure requires no more than a division of the parts between the internal and external openings. 3*dly*, That the interposition of any foreign substance between the edges of the wound after the first twenty-four hours is not only useless but injurious. I could mention in illustration, some most striking cases which have occurred in my private practice since the date of my last Report.

Stricture of the Rectum, with fistula in ano opening into the vagina.—Robina Wright, admitted January 7th, three years ago began to suffer from pain in going to stool, with frequent desire to do so, and copious slimy discharge. She was then a servant in town, and up to that time had enjoyed good health.

To obtain relief from the complaints just mentioned, she entered the Royal Infirmary, and, with the exception of one week, remained there ever since, (three years,) as a physician's patient.

She complained of excruciating pain on going to stool, with an almost incessant call to do so. There was a copious discharge of slimy matter from the rectum, but its solid contents were never passed of a larger size than that of a quill. To relieve her distress she had been in the custom of taking three or four grains of opium daily, with a proportional quantity of the same introduced into the rectum. I found on examination a stricture of the rectum three inches from the orifice, so tight that the point of my finger could not pass through it. There was also a wide fistulous canal leading from the rectum into the vagina, and opening just within the orifice of each. Taking into account the youth of the patient, and the absence of any induration or thickening of the coats of the gut, I readily consented to attempt her cure.

I began by removing the stricture, which yielded without any difficulty to the introduction of steel bougies every third or fourth day. I then laid the fistula open, and she is now nearly well, being altogether free from pain in going to stool, and having no particular frequency of desire to do so. The amount of relief experienced in this case can hardly be conceived by any one who had not an opportunity of seeing the patient. The agonizing pain she constantly indured was plainly depicted in her countenance, and the fetid matter incessantly escaping

through the fistula into the vagina, not only rendered her existence still more wretched, but made her an insufferable nuisance to others.

Lithotomy.—In the beginning of December Mr Moir asked me to see a boy, three years of age, who, ever since he was eight months old, had suffered the most excruciating distress in making water, which he nevertheless had almost incessant desire to do. His complaints had at first been attributed to the irritation of teething, then to that of worms; and about eight months previous to the time when I saw him he had been sounded for stone. The symptoms were now so strongly indicative of calculus in the bladder, that, though none had been detected on the former occasion, I thought it right to introduce a steel bougie, and very soon ascertained the presence of a stone. In performing the operation I encountered a difficulty which is frequently met with in young subjects, but rarely, I believe, to such an extent,—I mean a prolapsus of the gut. The intestine was almost constantly protruded; but when the child suffered from the irritation of making water, or the introduction of a staff, it descended so as to form a tumour not less than a goose's egg, which occupied all the space between the tuberosities of the ischium, and seemed to leave no room for performing the operation.

Finding it impossible to keep the intestine reduced, I held it as far as possible aside, and cut very carefully, so as to avoid any injury of it on the one hand, or of the pudic artery on the other. The difficulty was by no means so great as I anticipated, and I readily extracted, in the course of a minute or two, an oval calculus about the size of an almond with the shell. To prevent any risk from infiltration of urine, I introduced a caoutchouc tube. The boy never had a bad symptom, and made all his water through the urethra on the tenth day.

Angus Sinclair, æt. 77, presented himself at the Hospital 21st December, labouring under symptoms which led me immediately to sound him, when I readily discovered the presence of a stone. As the patient, though old, was not particularly weak, or otherwise unfavourably disposed for an operation, I performed it on the 23d. Having extracted one small stone, I was led to suspect the existence of others by its angular shape, and after some search detected five more; a tube being then placed in the wound, the patient was conveyed to bed. He seemed to suffer very little during the operation, which would have been completed in considerably less than a minute if it had not been for the number of stones.

The urine flowed freely from the tube, which was withdrawn two days after the operation; and the patient made no com-

plaint until the 26th, when he became somewhat feverish, and altered in his appearance. There was not the slightest tenderness in the hypogastric region; and I flattered myself that the constitutional disturbance would subside as it generally does after great operations; but the patient became weaker and weaker, and died the day following.

Andrew Irvine, æt. 14, was sent up to the Surgical Hospital, from Lerwick in Shetland, by Mr Cowie, on account of symptoms so strongly indicative of stone in the bladder, that, though none could be felt on repeated examination, he was still believed to labour under this disease. I introduced a small sound, and discovered a calculus; and here I may take the liberty of remarking, that the instrument used for sounding is generally much too large, since, unless of a small size, it is grasped by the irritated parts surrounding the canal, so tightly, that it cannot traverse the bladder with freedom.

The boy stated that his complaints commenced when he was three years of age, and had continued ever since, though only occasionally so severe as to interfere seriously with his comfort. I performed the operation, and extracted a round shaped stone, about the size of a small walnut or large nutmeg, apparently composed of uric acid. The tube was introduced as usual. There was never the slightest tendency to any unpleasant symptoms. The urine resumed its natural course on the tenth day; and, on the fourteenth, he was perfectly well, with the exception of a small superficial sore, which resulted from the displacement of the edges of the wound.

The operation for lithotomy, as now performed, is one of the simplest in surgery; and the importance which is still attributed to it by the public, depends upon the recollection of the shocking and protracted tortures which attended the old method of operating with the gorget. The patient above-mentioned is the only one I ever lost from the operation; and his death, I think, may be ascribed fully as much to old age as to the injury inflicted.

Stricture of the Urethra, with Fistula in Perinæo.—Robert Mitchell, æt. 48, cooper, applied on account of a fistulous opening close by the verge of the anus, through which most of his urine passed.

I found a stricture at the bulb of the urethra, and had nearly cured it by the introduction of steel bougies every third or fourth day, so that he hardly passed a drop of water by the fistulous opening, when he unfortunately caught cold, and suffered a complete retention of urine. In these circumstances, I admitted him into the Hospital on the 13th October, and dismissed him cured on the 9th November.

Stricture of the Urethra.—Andrew Monro, æt. 30, smith, applied to me on the 10th of December, labouring under a complete retention of urine owing to stricture, from which he had suffered for three years. He was admitted and cured of his complaint, which was situated at the bulb, by the means abovementioned.

R. Clyde, æt. 28, sailor, applied for the cure of a stricture at the bulb, twelve months old. The cure proved a difficult one, but at length yielded so far to the usual measures, that a pretty large bougie could be passed. He then became an out-patient, and unfortunately was so well satisfied with the relief afforded by his imperfect cure, that he absented himself before it was completed. In all ranks of life, patients labouring under stricture of the urethra are apt to annoy their medical attendants in this way, since it is difficult to convince them, that unless the canal be dilated to its full size, the disease, though temporarily alleviated, will certainly return.

George Cockburn, æt. 31, applied on account of complete retention, owing to stricture, which had existed for five years. He made some objections to the introduction of a catheter, which he said was of no use, since attempts of the kind had been repeatedly tried, without success, by several most respectable surgeons in Newcastle, whence he had lately come to Edinburgh. Being thus prepared to meet with difficulty, I selected a very small silver catheter, and passed it at once into the bladder, to the patient's no small surprise and very great relief. I am now curing the stricture.

Catarrh of the Bladder.—Neil Ranken, æt. 32, from Lochaber, was admitted into the Hospital on 25th January, on the recommendation of Mr Smith of Badenoch. He complained of frequent, indeed almost incessant, desire to make water, with much pain in doing so. The urine was very turbid, and loaded with mucus, which adhered to the bottom of the urinal. He was easier in the horizontal posture than when erect and taking exercise. His countenance was anxious and expressive of severe and long-continued suffering. He stated that his complaints commenced without any obvious cause, and had existed for six months. The symptoms led me to suspect chronic inflammation of the mucous membrane of the bladder; but, to ascertain the truth more positively, I carefully examined the urethra, bladder, and prostate, in none of which any disease being detected, except a slight stricture near the neck of the glans, there remained no doubt as to the nature of the malady.

He has been taking small doses of copaiva, soda, and rhubarb, and occasionally using anodyne injections into the rectum, with marked good effect. I have no faith in the *vesicæ lotura,*

or any of the means recommended for the cure of this disease, except those already mentioned, with local bleeding, blistering, and attention to the general health.

Diseased Prostate.—Alexander M'Lauchlan, æt. 63, admitted on the 10th of November, was recommended to the Hospital by Mr Forrest of Stirling, on account of severe urinary complaints, which had distressed him for two years. He had frequent desire to make water, and suffered great pain in passing it. The genital organs exhibited the conformation which is termed hypospadias. In the proper situation of the orifice of the urethra there was an opening which led to a short and narrow cul-de-sac, while the urethra terminated completely behind the neck of the glans by an extremely small aperture, through which a catheter could not be passed without previous dilatation. The urine drawn off was extremely fetid. The malformation just described had existed since birth, and consequently could not account for his complaints, which, as already mentioned, were only of two years duration. The existence of a stone had been strongly suspected; but on a most careful examination I could not find one, and therefore directed my attention to the prostate, which, when examined by the rectum, was ascertained to be considerably enlarged. In these circumstances, the patient was advised to return home and use the means which tend to palliate the miserable disease under which he laboured.

It is worthy of notice that this man's wife had four children.

Tumours of the Vagina.—Catherine Scott, æt. 20, was admitted on the 22d September on account of two pendulous tumours about the size of a small egg, which grew from the internal labia. They had existed four months, and were attended with much excoriation and uneasiness.

The tumours were cut off next day by means of scissors; the hemorrhage was restrained by compresses of lint; and she was discharged cured on the 1st of January.

The tumours when examined appeared to be merely extensions of the mucous membrane, and consisted of loose cellular substance distended with serous fluid.

Hematocele.—John Dunn, æt. 28, was admitted on the 26th of October on account of what seemed to be a hydrocele of the right tunica vaginalis. The fluctuation was distinct. There was no pain on pressure except at the back part; and though no translucency could be discovered, there seemed little room for doubting as to the nature of the complaint, especially as the patient stated, that during the twelve months which had elapsed since the swelling commenced, it had been tapped repeatedly,

and found to contain a clear colourless fluid. On the last of these occasions, which was about three weeks previous to admission, the tumour regained its former size almost immediately after the operation, which was attended with very severe pain. Being dismissed from the Hospital where this happened, he now wished, if possible, to be radically cured of his complaint.

I introduced a trocar with the intention of drawing off the water and injecting the bag, but was surprised to see a dark chocolate-coloured fluid escape, instead of the serum, which had been expected, and that it did not exceed two or three ounces in quantity, while great part of the tumour, which had been nearly equal in size to a goose's egg, still remained. I now discovered, on careful examination, that the testicle was little enlarged; that the tunica vaginalis was very much thickened; and that the bulk of the swelling depended upon a soft mass which broke under the fingers like a coagulum of blood.

Concluding that the contents of the tunica vaginalis proceeded from blood effused into it, owing either to the wound formerly inflicted, or to a morbid action of its vessels, I saw no way of relieving the patient except performing the old operation of excision. I accordingly made a longitudinal incision about three inches long, evacuated a large quantity of coagulated blood, and, finding the membrane thickened fully to the extent of a quarter of an inch, very soft and dark coloured, I cut it all away, excepting where immediately investing the testicle. The cavity was loosely filled with caddis, but a pretty profuse hemorrhage having occurred in the course of an hour or two, I filled it very carefully with graduated compresses secured by means of a bandage.

A moderate degree of inflammation followed the operation. The caddis was taken out by degrees, and the diseased membrane that had been left, sloughed away, after which the cavity gradually contracted, and the patient, who had suffered hardly any constitutional disturbance, was dismissed cured on the 30th of November.

Hydrocele.—Of the cases of this disease which occurred, the two following seem to deserve particular notice.

William Paul, æt. 60, from Leith, was admitted on the 16th November, on account of a large hydrocele on the right side of the scrotum. It had existed about thirty years, had become more troublesome from its size twelve years ago, and within the last year had been tapped several times.

With the view of performing the radical cure, I introduced a trocar at the usual place, viz. on the anterior surface, about a third from the bottom of the swelling. Having drawn off a considerable quantity of fluid, I was surprised to find that near-

ly half the tumour still remained. The lower part had subsided so that the testicle could be felt all round, but the upper portion still existed as before. Having recognized fluctuation, and ascertained that there was no hernial protrusion through the external ring, I was satisfied that there must be two hydroceles, one of the tunica vaginalis, and another of the cord. Having injected the bag already evacuated, and allowed the port wine, diluted with an equal part of water, to remain four or five minutes, I punctured the other swelling, and having drawn off its contents, which were clear and colourless, I threw in some wine and water, which was retained but a very short time, as the history of similar cases tends to show that the disease is not so apt to return in the upper as in the lower swelling. The subsequent irritation was rather within proper bounds, but nevertheless proved sufficient for effecting a cure, so far as the hydrocele of the tunica vaginalis was concerned; and the patient was dismissed on the 14th of January, labouring only under the swelling of the cord. He returned a few days ago anxious to have it also cured; but as there was unfortunately no room in the house for his reception at the time, I was obliged to postpone the operation.

John Bryce, æt. 42, weaver, from Carnwath, was admitted on the 1st of February, on account of a moderately sized and distinctly marked hydrocele, which had existed for seven months.

As the patient seemed to be an irritable subject, I threw in but a small quantity of wine and water, and retained it for little more than a minute, remarking to the gentlemen present that they ought to be guided as to the time by the constitution and feelings of the patient, rather than by their watches.

On the day following the operation, the scrotum was very much swelled and red. Next day these symptoms were aggravated, and a slight bluish tinge was observed in the centre. On the third day the whole anterior surface of the swelling was black. I made a free incision through this part, and directed warm fomentations to be applied to the scrotum, and four grains of calomel with one of opium to be given twice during the day. Next day there was a line of demarcation between the sphacelated and living parts. The patient had enjoyed some sleep, and felt in all respects much better. I directed the resinous ointment with turpentine to be applied on caddis, and covered with a poultice. The slough has now separated.

This case is interesting as an instance of the violent effects which proceed from slight causes of irritation in peculiar constitutions. As a contrast with it, I may mention that of a gentleman, in whom I unfortunately injected the cellular sub-

stance of the scrotum instead of the tunica vaginalis. I converted the puncture into an incision about an inch long, and squeezed out some of the wine, but much of it still remained, and I prepared for violent local and constitutional disturbance, when to my surprise every thing went on favourably, and the patient obtained a radical cure speedily and satisfactorily.

Cancer of the Scrotum.—William Armstrong, æt. 32, mason, admitted 27th January, on account of an ulcer, about the size of a shilling, at the bottom of the scrotum, which presented a very obstinate and malignant appearance. The edges were excavated, thick and hard; the surface was smooth and discoloured; the discharge thin and fœtid; and there was much surrounding induration, extending to, but apparently not implicating, the testicle. The ulcer followed a hard tubercle, which was first noticed four months ago. On the 28th, I excised the ulcer, together with the surrounding induration, and found it necessary, in order to eradicate the evil, to shave off a thin slice of the testicle. The patient suffered no disturbance either local or general, and is now well.

Hernia.—On Sunday the 27th of December, I was asked by Dr Alison to meet Dr Ballingall in consultation on the case of M. G., an unmarried female, æt. 40, who, since the preceding Friday, had laboured under a strangulated femoral hernia, which had resisted all the ordinary means of reduction. The tumour was very large for a femoral hernia, exceeding that of a full sized orange. It was of old standing, but had never before attained such a size. Dr Ballingall and I having satisfied ourselves that the reduction could not be accomplished without an operation, recommended its immediate performance. The patient having no objections, was conveyed to the Surgical Hospital, where I operated soon after her arrival in the presence of Drs Alison and Ballingall.

The sac contained several ounces of serous effusion, a web of thickened omentum, and a fold of the small intestine. Having relieved the stricture, which was extremely tight, by cutting towards the pubes, so as to divide the crescentic portion of the crural arch, I proceeded to reduce the intestine, which was effected with some difficulty, owing to the distended state of the abdomen, and the size of the protruded part. I then cut away the thickened omentum, and dressed the wound.

The patient felt comfortable after the operation, which was performed at 4 P. M. Her vomiting ceased, and she had an evacuation from her bowels after an injection. During the night inflammation came on; and, notwithstanding bleeding, leeching, warm fomentations, &c. proved fatal on the succeed-

ing evening at five o'clock. At the dissection, when Drs Alison, Graham, and Ballingall were present, we found the ordinary appearances which result from acute peritoneal inflammation of short duration. The gut which had been strangulated was a portion of the ileum, just before its entrance into the colon ; its coats were much thickened and hardened ; it was very dark in colour, and still retained the form into which it had been compressed while subjected to the strangulation.

In accounting for the unfortunate termination of this, as it seemed very favourable case, considering the age of the patient, her extreme composure of mind, and the absence of any symptom indicating inflammation in the hernial or abdominal contents, I have nothing to suggest but the peculiarities which are observed in the susceptibility of different individuals for peritonæal inflammation, and the rapidity and severity of its course. I recollect of operating last summer on two cases of femoral hernia, within a week or two of each other, where the result was very different from what might have been anticipated from their respective circumstances. One of these was that of a lady, in whom the strangulation had not existed quite two days, and that with occasional remission of the symptoms. The intestine was little altered from its usual state, and the patient's age, constitution, &c. promised the most satisfactory result. Nevertheless, peritonæal inflammation succeeded, and, after having its first acute attack subdued, recurred again and again in the most obstinate and alarming chronic form, so that, unless for the vigilance and skill of Dr Abercrombie, I am convinced it would have proved fatal. The other was that of the mistress of a lodging-house in the New Town, who had laboured under a strangulated femoral hernia for more than a week. Upon opening the sac, I found a transparent gelatinous mass, through which the gut, covered with coagulated lymph, appeared, if I might use the expression, like a potted eel. The coats of the intestine felt hard and leathery ;— in short, all the circumstances seemed so unfavourable, that, on leaving the patient, Dr Abercrombie, who had been asked to see her at the same time with me, expressed his conviction that the result must necessarily be fatal, in which opinion I entirely agreed. Yet, strange to say, the operation was not followed by a single disagreeable symptom.

When speaking of femoral hernia, I may mention that I once operated for this complaint on a man. He was a soldier, a patient in the hospital at Leith Fort, under the care of Dr Mackintosh, and recovered perfectly ; indeed the wound, as has often happened with me in operations both for inguinal and femoral hernia, healed by the first intention.

Amputation of the Thigh.—In the beginning of December, I was asked to visit Margaret Syme, æt. 11, on account of a swelling of the left thigh. The swelling was situated just above the knee, on the inner side of the limb; it was of an oval figure, about four inches long, and conveyed so distinct a feeling of fluctuation that I did not hesitate to make an opening with the view of evacuating its contents. To my surprise nothing but blood escaped, when, thinking that it was possible the incision had not been deep enough, I introduced a probe, and passed it readily to the bone, which was bare and rough. The nature of the disease was now sufficiently evident, and I next inquired into its origin and progress. The patient, who was extremely thin, with that greenish yellow complexion which is so frequently associated with medullary-sarcomatous growths, had for several months complained of severe aching pain in the bone. About two months previous to the time I saw her, the swelling was first observed, and had gradually increased ever since. The patient suffered severe and incessant pain. She had lost her sleep and appetite, and was evidently hastening to her end. In these circumstances, I recommended amputation, as affording the only chance of recovery, and with this view she entered the Hospital on the 15th December.

On the 17th, I amputated the thigh by two lateral flaps, and observed nothing particular during the operation, excepting that the bone was much more dense than usual. For several days the case seemed to be doing well, as far as could be judged from the local appearances and the constitutional symptoms. The wound, however, did not unite by the first intention; it suppurated profusely, and an exfoliation from the femur began to be detached. About three weeks after the operation, the patient became affected with diarrhœa and other symptoms of hectic, which, notwithstanding all our care, continued to increase until they at last proved fatal on the 10th of January. The tumour when dissected exhibited a most beautiful specimen of medullary sarcoma, being composed of a bloody brain-like mass lying between the periosteum and bone.

Catharine Wallace, æt. 28, applied at the Hospital on the 10th of January, on account of a swelling of the wrist, which she attributed to a fall sustained five months previously. The tumour, which occupied both aspects of the limb, was soft and fluctuating. She blistered it repeatedly without any good effect, and I then, in the belief that it depended on a deep-seated collection of matter, made a free incision, from which there issued nothing but a little blood. The wound healed by the first intention, and the patient even fancied that

it had afforded her some relief, but the swelling still continues, and will soon, I fear, require amputation of the arm.

Amputation of the Arm.—Margaret Donaldson, æt. 65, was admitted on the 13th of November, for a disease of the elbow, which seemed to require amputation, both on account of the local distress occasioned by it, and the constitutional disturbance resulting from its presence. There were two sinuses opening on the inner side of the limb, which extended to the bone, and constantly poured out a copious discharge of matter. About three years ago I amputated the arm, between the wrist and the elbow, on account of a most extensive caries of the wrist, soon after which time her present complaint commenced and has continued ever since, with occasional exacerbations and remissions. She wished to have the arm removed; but I was prevented from performing the operation, for ten days after her admission, by repeated attacks of erysipelas and constitutional disturbance. At last, on the 23d November, I amputated the arm by double flap. She recovered perfectly without any remarkable occurrence, except occasional attacks of the erysipelatous affection, and was dismissed cured on the 19th of December.

Mr Samuel Cooper, in his Surgical Dictionary, has alleged, in objecting to my arguments in favour of the flap mode of amputation, that I was not aware of the fact that muscles, when not exercised, suffer a degeneration which deprives them more or less completely of the characters which distinguish the muscular tissue. I never supposed that the muscular parts of a stump would continue as full and plump as they were previous to the operation, but believed, that, though somewhat attenuated, yet being approximated to a tendinous consistence, they would still more effectually fortify the stump against external injury, than if they had remained in their original state. In examining the stump removed in this case, I was rather surprised to find the muscles which covered the extremities of the bones still presenting their natural characters.

Amputation of the Leg.—George Robertson, æt. 10, entered the Hospital on the 24th of September, on account of caries in the articulation of the astragalus and os calcis. As the disease, which had existed for eleven months, was seriously affecting the patient's health, I recommended amputation, and performed it at the middle of the leg by single flap on the 24th of November. The patient recovered without any trouble, and was dismissed cured on the 26th of December.

Mr G. applied to me on the 17th of December, on account of a disease in the foot, which had existed upwards of seven

years, for the last three or four of which he had been unable to use it in walking. The foot was swelled, stiff and painful about the tarsus and ankle-joint, and, when moved, occasioned an obscure crepitation. All sorts of remedies, such as leeches and blisters, iodine and mercurial ointments, with pressure, had been used without benefit, and the patient's patience was now so completely exhausted by suffering and confinement, that he was desirous of having the limb removed. Though I should by no means have felt inclined to recommend an operation in such circumstances, I felt unwilling to refuse compliance with the patient's desire, as there seemed little reason to expect any amendment in the leg. He was not reduced by disease, and was not suffering much irritation from it, but he was of a cold phlegmatic temperament, which made me less apprehensive of danger than I should otherwise have been in the same circumstances.

I amputated the leg mid-way between the knee and ankle by a single flap on the 21st of December. The patient was hot and restless after the operation, and next day became suddenly delirious, tossing about the stump, and insisting upon getting out of bed. I bled him to sixteen ounces, and prescribed a purgative injection, to be followed by repeated doses of laudanum and antimonial wine. He became quite composed in the evening, but passed a restless night. Next day he continued in the same state, with frequent cold shivering fits. He took senna, Epsom salts, and tartrate of antimony. Next day he was much better, and the wound continued as it had done all along, to present the most satisfactory appearance. On the fifth and sixth days he was not so well, being restless and frequently affected with shivering fits; his ideas wandered; his countenance had an unmeaning expression; and the skin all over the body had acquired a yellowish tinge. On the seventh, all the symptoms which have been mentioned were considerably aggravated, and on the eighth day he died, with all the appearance of a person labouring under the most confirmed jaundice.

Every practitioner must have met with cases similar to the one just detailed; and I am at a loss to suggest any means by which the fatal result could have been prevented, unless perhaps a longer and more careful preparation for the operation than was thought necessary, as already mentioned. In operating upon patients who have not been reduced by their diseases, or are not suffering much irritation from them, I have always been accustomed previously to lessen the strength of the system, and accustom the individual to confinement in bed. For instance, a short time before operating on the case under con-

sideration, I was asked to extirpate the testicle of a gentleman, who came from the country for that purpose. As he was remarkably stout, I advised him immediately to go to bed, and take a succession of smart purgatives and diaphoretics, which, in the course of a few days, reduced him to a favourable state for suffering the operation.

Amputation of the Leg.—Thomas Gibson, æt. 11, applied on the 26th of December, on account of a diseased foot, which was with some difficulty exposed to view, owing to the complicated investure of the apparatus which has of late come into fashion for the treatment of diseased joints through the recommendation of Mr Scott. The bandages, plasters, ointments, &c. having been at last taken away, two sinuses made their appearance, into which I was about to introduce a probe, in order to ascertain the source of a purulent discharge, which seemed extremely profuse, when, holding the anterior part of the foot in one hand, and the heel in the other, I felt that the articulations in the middle of the tarsus were completely destroyed, so as to admit of motion in all directions. The disease had commenced sixteen months previously in consequence of a strain, and for the last eleven of these had been subjected to the system of pressure. As the boy's health was now much impaired, and the disease was most thoroughly hopeless, I recommended amputation; which, being readily agreed to by the parents, was performed rather below the middle of the leg by single flap on the 11th of January. The wound healed kindly; and the patient was dismissed cured on the 1st of February. It is much to be regretted that the excellent practice recommended by Mr Scott has become the cause of great and frequent mischief owing to its misapplication.

Amputation of the Great Toe.—William Bell, æt. 26, from Moffat, recommended by Mr Walker, was admitted into the Surgical Hospital on the 7th of October, on account of a diseased great toe, which had rendered him lame for two years. There were several openings over the joint, through which both phalanges could be felt very much diseased. And I had therefore no hesitation in amputating the toe at the metacarpal articulation. The wound healed kindly; and the patient was dismissed cured on the 24th of October.

Amputation of the Fingers.—Four fingers were amputated on account chiefly of whitlow.

Gun-shot wound of the Hand.—Walter Frazer, æt. 27, private of the 9th Lancers, being on a visit to his friends in the neighbourhood of Trinity, while shooting sea birds, happened to fall in passing through some brushwood, and in raising himself unfortunately placed the right thumb over the muzzle of his piece,

at the same time that its contents were discharged by some of the twigs pulling the trigger. The distal phalanx was blown off quite smooth, with the exception of a small piece of the bone which was shattered into the joint. At first sight I thought of amputating the contused surface, but abandoned this intention at the suggestion of my friend, Dr Ballingall, who remarked, that his fitness for military duty would be very much affected by any farther diminution of the thumb. I therefore merely removed the broken fragments of the bone. For nearly a week the patient came daily to the Hospital from his father's house, about four miles off, to have the wound dressed, but he then began to complain of great pain in the wound, with diffuse inflammation of the fore-arm, and violent disturbance in the system. I took him into the Hospital on the 15th of January, and next day made an incision near the wrist, on the palmar side, through which a large quantity of matter was evacuated. A succession of abscesses formed in different parts of the hand, and the patient, through pain, want of sleep, diarrhœa, and profuse perspiration, became extremely reduced. His general health is now nearly restored, but the hand still continues œdematous and painful.

Extirpation of the Mamma.—Mrs Williamson, æt. 30, from Aberdeen, was admitted on the 24th of November, with well-marked scirrhus in the right mamma of seven years standing. The skin adhered in two parts to the diseased gland, and in the axilla several hard knots were perceptible. But notwithstanding these unfavourable circumstances, the youth and apparent good health of the patient induced me to comply with the almost unanimous recommendation of her former medical attendants, and I removed the breast with the indurated glands in the axilla on the 26th of November.

A very large triangular portion of integuments having been removed, it was impossible to bring the edges so closely into contact as to prevent a space the size of half-a-crown from remaining uncovered. With this exception, the whole of the large wound healed by the first intention, and the patient was dismissed cured on the 23d of December.

Omalgia.—Christian Mathison, æt. 30, was admitted on the 12th of January, on account of a severe pain originating in the shoulder, but affecting the elbow and fingers so severely as to prevent her from sleeping, and totally unfit her for any employment. She had used leeching and blistering, and tartar emetic ointment without any benefit, and the complaint, which had existed for five weeks, was becoming every day worse and worse. I proposed the actual cautery, and, meeting with no objections,

applied it next day over the posterior part of the joint. The patient almost immediately experienced relief, and in the course of a few days was completely well, with the exception of the ulcer which resulted from the burn.

Partial Paralysis of the Fore-Arm.—There were four cases very similar to each other of palsy of the extensors of the hand. The patients could not straighten any of the joints from the wrist downwards, nor supinate the hand, but in other respects retained its use. They were all cured by repeated blistering over the extensor muscles, in a period varying from one to three weeks.

Tumour of the Face.—Mary Grieve, æt. 50, from the neighbourhood of Dunbar, was admitted 14th of August, on account of a tumour about the size of a walnut, seated at the inner angle of the eye. It was ulcerated on the surface, and had a soft consistence. I excised it on the 15th of August without any difficulty, and the wound, which was of considerable size, owing to the broad basis of the swelling, speedily contracted, so that she was dismissed cured on the 5th of September.

The tumour when divided presented all the characters of medullary sarcoma.

It is an interesting fact in this woman's case, that her breast was cut out eighteen years ago by Mr John Bell on account of scirrhus.

Tumour on a Child's Head.—On the 20th December, Mr George White asked me to see a male child, six months old, apparently in good general health. On the back part of the head, on the left side, behind the ear, there was a round, flat tumour, about two and a-half inches in diameter. It had somewhat of the consistence of a fatty tumour, but adhered to the bone. The mother observed the tumour soon after birth, since when it had been constantly increasing, and was now doing so more rapidly. She had showed it to several practitioners in town, who declined interfering, alleging that the child was too young to bear an operation, or that the tumour could not be removed. Having examined the swelling very carefully, and satisfied myself that there was no pulsation, I recommended an immediate operation, since there could be little doubt, that, if the tumour continued to increase at the rate it was then doing, extirpation would soon be impracticable. Dr Ballingall and Mr White being of the same opinion, the operation was performed, and no difficulty occurred except a pretty firm adhesion of fully half an inch in extent to the bone, which was at this part extremely thin, so as to yield readily upon slight pressure. It was in the centre of this space that the principal nutrient

artery of the tumour issued from the bone. I applied a ligature here, and then dressed the wound with compresses of lint and a bandage. During the succeeding night considerable hemorrhage occurred owing to the shifting of the bandage, and was arrested by its more careful application. The child did well afterwards, and the wound healed. The tumour, when cut across, exhibited a very perfect and beautiful specimen of the cystic sarcomatous structure, consisting of numerous independent cells, which were filled with thin fluid of various colour, from light yellow to dark red.

Excision of the Tonsils.—Catharine Cunningham, æt. 24, a servant in town, was admitted on 26th August on account of sore throat and deafness. On examination I discovered a very large swelling of the tonsils, which sufficiently accounted for both her complaints. I cut away the projecting portion on both sides by means of a hook and scissors, immediately after which she recovered her hearing, and ceased to be troubled with the uneasy symptoms in her throat.

Chronic enlargement of the tonsil is a very common disease in cold moist countries such as this, and the inconvenience which proceeds from it is no less complicated than distressing. The faculties of speech, smelling, tasting, and hearing, are all more or less affected, besides the constant uneasiness which is caused by the presence of a hard swelling in the throat, and the frequently recurring annoyance of inflammation in the morbid growth. It is therefore a fortunate circumstance that surgery affords a ready and certain mode of relief, viz. excision of the tumour. In doing this it is not necessary to remove the whole of the swelling, since the new actions, which are induced by the abstraction of a part of it, generally suffice for curing the remainder. The operation, therefore, is perfectly safe and easy; indeed, even granting that it were necessary to remove the whole of the tumour, the operation would still be attended with hardly any danger, since the carotid artery, which is the grand source of apprehension, runs parallel with the direction in which the incision ought to be made.

There was another patient affected with this complaint admitted into the Hospital to-day, whose case will be detailed hereafter.

Polypus Nasi.—The soft mucous or benign polypus, as it has been variously named, usually grows from the upper part of the nasal cavity, never, so far as I know, from the septum, and but rarely from the inferior spongy bones. When it occupies this last situation, the method of evulsion, which usually answers so well, cannot be practised with advantage, owing to

the broad attachments of the swelling; and the best method of proceeding is to introduce a pair of scissors along the margin of the bone, and either completely detach the tumour, or, at all events, so weaken its connections, as to render extraction with the forceps a matter of no difficulty. The largest polypus of this sort I ever extracted was from a lady upwards of eighty. I have met with it much more frequently in children than in adults.

Helen Mackinnon, æt. 7, applied at the Hospital, August 28th, on account of a difficulty of breathing through the nostrils, which she had experienced since infancy, but which had become much more distressing within the last eighteen months, when a fleshy excrescence was perceived obstructing them. On examination, I discovered a mucous polypus in each nostril, growing from the inferior spongy bone, and easily removed them by first cutting the principal part of their connections with scissors, and then completing their extraction with forceps.

Brachial Aneurism.—William Gillon, æt. 20, was admitted on the 4th of February, on account of a pulsating tumour, the size of an egg, at the bend of the right arm, which had resulted from a venesection performed about a month previously. The following statement of the gentleman in whose hands this unfortunate accident occurred affords the best history of the case:—

"On the 11th January 1830, William Gillon complained of pain in the umbilical region, increased on pressure. He had diarrhœa, foul tongue, quick and full pulse. The median-basilic vein was opened while the patient sat upon a chair. The blood flowed steadily in a small stream, and had a dark colour. A thrombus formed, and before six ounces of blood had flowed the patient fainted. The arm was then bound up. A little castor-oil was given; and after its operation the patient felt almost quite well.

"On the 16th January, the arm in which the vein had been opened was found considerably swelled and ecchymosed, from the neighbourhood of the lancet-wound upwards, as far as the belly of the biceps muscle. The patient said he felt pain only over the superior part of the tendon of the biceps. In the course of three or four days, during which warm applications and frictions with camphor liniment were used, the swelling and ecchymosis disappeared, and the pain over the biceps subsided. On the 25th January, (fourteen days after venesection had been performed) the patient complained of a little pain at the bend of the arm. Upon examination, there was found,

just under the cicatrix of the lancet-wound, a pulsating tumour of the size and form of a filbert. When the humeral artery was compressed, the pulsations in the tumour were arrested for a short time, but they always returned again, even when the same degree of pressure on the vessel was continued. Compression over the aneurism itself was therefore the only curative means employed. At first this promised to be successful, as the tumour diminished somewhat, but it afterwards increased again to its present size."

I am quite at a loss to account for the long period which intervened between the infliction of the wound which gave rise to this aneurism and its first appearance, and I am still more at a loss to account for the accident occurring in the hands of a gentleman who is one of the most cautious and well-informed practitioners with whom I have the pleasure of being acquainted. The fact of its having done so, ought to put every one on his guard in opening the median basilic, and make us charitable in judging those who happen to wound an artery.

I tied the humeral artery a few inches above the elbow on Friday the 5th of February. The arm immediately became numb, and the pulsations of its arteries ceased until the evening, when they returned both at the wrist and in the tumour. Since the operation he has not complained of any pain in the aneurism, which has become much smaller, less prominent, and much more feeble in its pulsation. I trust that this favourable change will continue and increase until a cure is obtained, but will state the result in next Report.

Attempted Suicide.—There were two patients admitted on account of attempts at self-destruction,—one a young woman, who swallowed two pennies worth of acetate of lead, the other a female advanced in life, who cut her throat. They both recovered.

10*th February* 1830.

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