Clinical surgical report for the year 1870 / by George Buchanan.

CLINICAL SURGICAL REPORT

FOR THE YEAR 1870.

BY

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THIS paper contains an account of the surgical practice in the Wards of the Glasgow Infirmary under my charge from 1st January, 1870, till 1st January, 1871. The number of male patients admitted during the year was 330; female, 169; total, 499. This does not include the out-patients; great numbers of whom were admitted temporarily, and dismissed after their wounds had been dressed, or fractures put up, or dislocations reduced. Of the whole number of in-patients admitted, 470 were dismissed cured or relieved, and 29 died, —a mortality of 1 in 17·2, or about 5½ per cent., a very small proportion, considering the very serious nature of the injuries and diseases of the patients.

TABLE OF THE PRINCIPAL ACCIDENTS ADMITTED TO DR G. BUCHANAN'S WARDS DURING 1870.

SIMPLE FRACTURES—		COMPOUND FRACTURES—	
Thigh,	29	Thigh,	3
Tibia and Fibula,	18	Tibia and Fibula,	1
Tibia,	8	Tibia,	6
Fibula,	8	Fibula,	1
Patella,	1	Astragalus (excised),	1
Astragalus,	2	Humerus,	2
Humerus,	6	Fingers and Toes,	13
Radius and Ulna,	3	Skull (depressed),	3
Ulna,	1	Concussion and Compression,	6
Radius,	5	DISLOCATIONS—	
Clavicle,	7	Hip Joint, Sciatic,	1
Scapula,	2	Knee backwards,	1
Ribs,	9	Shoulder,	12
Spine,	1	Elbow,	3
Pelvis,	1	RUPTURE of Biceps Muscle,	1
Skull,	1	Of Ligamentum Patellæ,	1
Base of Skull,	3	Of Extensor Tendon of Knee,	1
Lower Jaw,	1	SCALP Wounds,	17
Bones of Nose,	1	CUT-THROAT,	2

From the table of the principal accidents admitted, it will be seen that there were 136 cases of fracture of various bones, classified as simple or compound, of which no less than 29 were of the thigh. Few hospitals in the kingdom afford such opportunities to the students to see surgical practice.

The operation table, given further on, shows that there were 135 operations of various degrees of importance performed during the year. Of these 130 were successful, and only five died,—a mortality of 1 in 27, or about $3\frac{3}{4}$ per cent. It is true that many of the operations were of a comparatively trifling kind, but these are counterbalanced by the number of very serious cases,—as, for instance, amputation of the thigh, nine cases, with no deaths at all. I know of no hospital the operating table of which, during a year's practice, including cases of all kinds, can show success superior to that above quoted. Such a result may have arisen from accidental circumstances, still 135 is a fair number from which to draw an average, and it must be matter of congratulation to all connected with our Infirmary that a building containing on an average 600 inmates should afford such good results after operation.

A number of the minor operations, such as amputation of the fingers and toes, and reducing dislocations of the upper extremity, were performed by the house-surgeon, and the patients were seldom admitted to residence,—still the operations are included, in order to give a correct statement of the amount of surgical practice coming under the eye of a single surgeon. My house-surgeons were, from 1st January, 1870, till 1st May, Mr Henry E. Clarke, my present demonstrator; from 1st May till 1st November, Mr William J. Morris, now of Liverpool; from 1st November till 1st January, 1871, Mr William M'Gregor, my present house-surgeon, to whom I am indebted for the statistical tables accompanying this paper, compiled with great care from the Infirmary journals.

In the construction of the tables, a considerable number of minor operations have been omitted, such as opening

large abscesses, which under the antiseptic method have come to be interesting surgical manipulations.

In looking over the annual statistics, the first point of interest is to examine into the cause of death in the fatal cases, and I shall shortly relate those five in which death followed an operation.

1. Rod. M'K., aged 24. Admitted with a complete smash of right arm,—caused by a railway waggon. Also a comminuted fracture, with much contusion, of left humerus; also, fracture of left clavicle. The injury to the left limb, though on admission simple, was as severe as that to right; but patient would consent only to amputation of the lacerated one, which was done without hope of success. He died exhausted on the eleventh day after admission.

2. J. M., aged 70. Injured by a railway waggon, the wheels of which passed over his foot, causing complete destruction of it; also, fracture of left ulna; also, some obscure head injury and bruising of face. The foot, being smashed to a jelly, was amputated at the ankle-joint as he lay in bed. The first night sleep was induced by a large opiate, but in the morning his breath was fœtid. He became restless, then delirious, and died four days after. Evidently there were some serious internal injuries, but a post-mortem examination was denied.

3. Ovariotomy in a woman aged 25. Death resulting from peritonitis on the fourth day after operation.

4. Mrs M., aged 55. Excision of mamma for scirrhus,—a remarkable case. Her pulse was naturally feeble, but she seemed as well shortly after the operation as before it. There was no pain in the wound, no hæmorrhage or discharge. But after 24 hours her pulse became fluttering, and she died of syncope in 48 hours. Post-mortem examination disclosed the heart in a state of complete fatty degeneration.

5. J. M., aged 20, a miserably cachectic-looking lad, admitted with a sequestrum enclosed in a firm encasement of new bone at lower end of femur. Although very weak, the debility seemed to be kept up by the constant dis-

charge, the portion of dead bone was extracted by gouging a hole in the new case. The operation was protracted, and patient was under chloroform nearly an hour. In the evening he began to vomit, and this continued for many hours in spite of all efforts to check it. He died exhausted in 48 hours.

From the above particulars it will appear that, in some of the cases, the death, though it followed the operation, is in no respect to be considered as caused by it. Hospital surgeons are often placed in the painful position of feeling urged by motives of humanity to give the patient his *only* chance of life by operating in even desperate circumstances.

Besides the five cases above recorded, death took place among the other patients in 24 cases—4 females and 20 males, as follows:—

1. Mrs T., aged 64, compound fracture of fibula, with bruising of ankle, by a railway injury. Sloughing took place, exposing the ankle joint. Too weak to allow of amputation.

2. J. M., aged 2 years, injured by a cart wheel which passed over her limb, lacerating it severely from knee to groin. The poor little thing suffered severely, but soon became delirious, and died in 48 hours.

3. Mrs F., aged 56, admitted in a cachectic state with a carbuncle on the neck. Died exhausted in a few days.

4. M. C., aged 60, while in a state of intoxication fell down a stair, crushing the thorax and sustaining some internal injuries. Lingered for 10 days.

5. H. B., aged 20 months, a very extensive burn with boiling water. Sank and died in 4 days.

6. P. H., aged 25, sustained severe injuries from a plate of iron falling on him. Besides a fracture of the tibia and fibula, there were extensive contusions of the abdomen, and symptoms of serious internal lesion. Vomiting set in almost from the first, and ultimately it became stercoraceous. He died in 4 days. No post-mortem examination was permitted.

7. D. S., aged 50, on the 24th April, fell down stairs and

was taken up insensible. In his lodgings hot bricks were applied to his feet; and on admission to the Infirmary, the soles of both feet were completely denuded of skin, the muscles being exposed. He did not recover sensibility, but lived for 5 days. No post-mortem examination.

8. D. M'K., aged 12, received a severe compound depressed fracture of the skull by a kick from a heavy cart horse. A loose piece of bone had been removed from the wound before admission. He was quite unconscious and unable to swallow. He soon became restless, tossing about the bed; passed fæces involuntarily, and died in 48 hours.

9. P. D., aged 38, admitted with fracture of the base of the skull. He had fallen from a plank into the river, and after him fell a barrow, laden with pig-iron, which struck him on the head. To use a Hibernianism, he was killed first and drowned afterwards. He was moribund when admitted, and only lived 24 hours.

10. A. M'C., aged 50, fell from a ship's side and sustained a fracture of the two lower dorsal vertebrae. He was completely paraplegic, having lost the power of the sphincters. He was placed in a water bed, and lived for 10 days.

11. P. S., aged 60, fell from a height, crushing his elbow, and was taken up insensible, breathing stertorously. He never rallied, and died a few hours after admission.

12. A. B., aged 50, fell from a height of 30 feet, and sustained a scalp wound, fracture of the right femur, fracture of left tibia and fibula, and fracture of right radius. He soon became so restless as to render restraint necessary. Bromide of potassium, chloral, and ice to the head failed to quiet the delirium; nevertheless, he lived for 14 days before he sank exhausted.

13. A. C. was caught between the buffers of two loaded railway waggons, and sustained a severe contusion of the abdomen. Vomiting had commenced before admission, and did not cease. He did not rally from the shock, and died the day after admission.

14. D. M., aged 60. A well marked example of fracture

of the base of the skull from a fall of muck. Did not rally after admission. Died in 26 hours.

15. J. T., aged 10. Tetanus from a scalp wound. A severe attack of broncho-pneumonia made the case hopeless from the first.

16. J. N., aged 25, fell into the hold of a ship and was taken up insensible. His breathing was stertorous when he was admitted, and he never rallied. Died within 48 hours. Post-mortem examination—fracture of occipital and petrous bones; rupture of dura mater and much extravasation of blood; laceration of brain substance.

17. T. M'K. fell down a stair, and was brought to the hospital with symptoms of severe internal head injuries. He did not recover from the state of shock, and died on the third day after admission.

18. A. B., aged 24, was run over by a loaded railway waggon. He sustained a severe compound fracture of upper third of thigh. A good deal of venous bleeding occurred, but was checked when the splint and dressings were applied. He was sensible, but nearly pulseless, when admitted, and did not recover from the shock of the accident.

19. R. H., aged 9, admitted with morbus coxæ in the suppurative stage; also disease of mesenteric glands; also, profusely suppurating scrofulous sores on neck. When brought to the hospital, he was in the most abject state of filth and destitution; and as there was no hope of his recovery, it was only from motives of humanity that he was not sent to the poor-house. He had plenty of wine, and was most carefully tended, but all efforts to strengthen him proved fruitless.

20. J. M., aged 14, admitted with strumous periostitis, the leg being a bag of pus. He was in a high state of fever, and soon became delirious. Free incisions were made down to the tibia, evacuating the matter. He continued to sink, and died five days after admission.

21. A. W. fell from the topmast on to the deck of a ship, and received, besides internal contusions, a severe scalp wound, a wound across face, a compound fracture of right

thigh and a simple fracture of left thigh. He had a long and lingering residence in the hospital. The left thigh united, but suppuration from the right was very free. The ends of the fragments became necrosed, and were removed. Shortly after his health gave way; the union of left thigh was absorbed, and it became like a flail. At length, worn out with long continued confinement and profuse suppuration, he died exhausted.

22. W. F., aged 56, admitted with phlegmonous erysipelas. He was moribund on admission, and died the same day.

23. A. O., aged 44, was admitted for necrosis of the femur, in a very weak state, and suffering from a profuse diarrhœa. In spite of stimulating treatment he sank and died in a few days.

24. J. C., aged 14, admitted in a typhoid state, with phlegmonous erysipelas of the leg of two weeks' duration. He died a week after admission.

From the foregoing notes it will be observed that a notable proportion of the fatal cases were admitted, if not moribund, at least in a hopeless condition, and so swell the mortality list, without there being even a chance of their recovery.

The following notes refer to the principal operations :—

Amputation of the Thigh.—9 cases, viz :—2 primary for injury, and 7 for disease—all successful. Such a result is most remarkable. Never before, since I became an hospital surgeon, have I had the experience of so many amputations of the thigh without a death.

Case I., April 30.—J. C., aged 40, while in a state of intoxication had been walking on a railway line and ran over by a waggon, which caused a complete smash of leg. Though he was in a very critical state, I amputated at the lower part of thigh, through condyles. For three or four days he was in a state bordering on delirium tremens, but gradually calmed down. This case gave the greatest trouble, patient being so restless that the dressings were frequently disturbed. Profuse suppuration occurred, and periostitic abscesses formed, which were opened and dressed from the

bottom with slips of lint soaked in carbolised oil. At length he recovered with an excellent stump.

CASE II.—J. E., aged 38. Leg smashed up to the knee by a railway waggon. Amputation through condyles. A most satisfactory recovery, with an excellent stump.

CASE III.—J. H., aged 14, affected with chronic disease of knee-joint in a scrofulous constitution. Sinuses leading to disease of end of femur. Amputation at the lower part of thigh through condyles. A long anterior and short posterior skin flap. The treatment was by position, the stump being laid on a pillow and dressed loosely with strips of oiled lint. A good result.

CASE IV.—A lad aged 17. Pulpy degeneration of structures of knee-joint. Abscess extending up into thigh. Amputation at lower third of thigh. A rapid cure. Dressed loosely with strips of lint soaked in oil saturated with carbolic acid.

CASE V.—C. B., aged 14. Large enchrondroma of lower part of femur. Amputation at middle third of thigh. This case was treated entirely by position. The flaps being accurately adjusted, the stump was laid on a pillow, and no dressing of any kind whatever was applied. After union—which took place with scarcely any discharge—was nearly complete, a bandage was applied to give form to the stump. A rapid and most satisfactory result.

CASE VI.—J. K., aged 26. Hopeless disease of knee. Abscess extending up thigh. Amputation at lower third. A good stump. Long anterior flap.

CASE VII.—P. B., aged 33. Admitted with phlegmonous erysipelas of leg and foot, with extensive ulceration, laying bare several cicatrices of old ulcers, and also opening ankle joint. This man had chronic-bronchitis, and was very weak. After gaining a little strength by the assiduous use of beef tea, wine, and opium, I ventured to perform amputation of the thigh through the condyles. As soon as the irritation was thus removed, he began to amend, and recovered with an excellent result.

CASE VIII.—J. S., a miserably thin and worn-out looking person, admitted with acute strumous periostitis—the

leg a bag of pus, the tibia bare throughout, the bones of the foot exposed, and an abscess extending six inches up thigh. The lad was extremely exhausted. Very free incisions were made for the evacuation of pus; and when the abscess in the thigh was improved, in a few days I amputated through the condyles. As the flap was formed of the walls of the abscess, I did not approximate the edges, but placed a bit of oiled lint between the flaps, and retained them by a bandage. In 24 hours the lint was removed, and the stitches drawn together. In 48 hours after, some hæmorrhage took place; but the house surgeon being promptly at hand, applied some oiled lint between the flaps, and supported them with a bandage. In 24 hours the lint was removed, and the flaps readjusted and dressed with oiled lint. Though there was free discharge for some days, the stump turned out an excellent one.

Case IX.—E. P., aged 20, has been subject to acute pain in the knee for two years. In Melbourne he had it blistered and put up stiff for some months. On his coming home, the acute pain indicated ulceration of the cartilages, and the actual cautery was used, but without causing improvement. Amputation was therefore performed through the condyles with a most satisfactory result.

The majority of the above cases were examples of amputation through the condyles by Carden's method, which is most satisfactory. The long anterior flap dissected from the patella hangs over the sawn end of the femur, and the short posterior flap meets it just at the posterior edge of the section of the bone; so that when the limb is laid on a pillow, the edges of the flaps are in apposition, and would remain so if the movements of the patient could be prevented. Hence, in some of the cases, only two or three stitches were applied, and I trusted to position, mainly, for keeping the flaps in their proper place. When there is much jerking in the limb, a bit of junk splint loosely applied behind, will control it. By far the best dressing I find to be a few strips of lint dipped in carbolised oil, with a free opening for discharge to drain away; this changed

once or twice in 24 hours, according to the amount and nature of the discharge.

Amputation of the Leg.—Two cases—both successful.

CASE I.—J. J., aged 40, received a severe compound dislocation of ankle and fracture of fibula. Amputation was performed, soon after admission, at the lower third of the leg. The man had just recovered from an attack of rheumatism; nevertheless, he made a good recovery.

CASE II.—J. R., aged 14, admitted with ulceration over internal malleolus and complete destruction of the ankle joint. The ulceration was so extensive as to preclude the idea of amputation at the ankle, I therefore amputated at the lower third of the leg. Four days after some hæmorrhage occurred, and in presence of the students I undid the stitches. No large vessel could be detected. A small one which was bleeding was secured, and the oozing arrested by placing a strip of lint soaked in oil between the flaps, which were kept in position by strips of oiled lint. The patient, who was an emaciated girl, rapidly gained strength after the operation, and made an excellent recovery.

Amputation at the Ankle.—Three cases by Syme's method—two did well, the third, a primary amputation, died from internal injuries, as reported in the deaths after operation.

Amputation of the Upper Arm.—Two cases, both primary for injury—one did well, the other died as reported in the table of deaths from operations from severe complications.

Amputation of the Fore Arm.—Four cases, all with a good result—three primary for injury to the hand and wrist, one for destructive disease of wrist.

From the foregoing short statement, it appears that I performed twenty major amputations during the year—nine being primary and eleven for disease, with only two deaths, —these in cases complicated with extensive additional injuries,—a mortality of 10 per cent. only.

Excision of the Upper Jaw.—Two cases—one for fibro-cellular tumour of antrum, the other for epithelial tumour springing from the alveolus, and completely invading the antrum. Both made an excellent recovery.

Excision of one lateral half of the Tongue.—Three cases—in each, one lateral half was excised by division of the lower jaw at the symphysis. All recovered well. The particulars are detailed in a report by the house surgeon in the *Edinburgh Medical Journal* for November, 1870.

Lithotrity.—Two cases,—both successful.

CASE I.—A lad, aged 17, affected with symptoms of stone, so small as to elude detection on several occasions. On searching with a scoop lithotrite, I caught a stone the size of a small bean, crushed it and removed it in the scoop, at one operation.

CASE II.—A. W., aged 27. Extreme irritability of bladder. He did not bear the instrument well. I therefore put him under chloroform, and with the smooth lithotrite crushed a small phosphatic stone. Fragments came away next day. I repeated the operation twice, at intervals of three days, after which no sediment came away, and no evidence being obtained of any debris being left, he was dismissed cured.

Hernia.—Three cases,—all cured after operation.

There were some peculiarities which render them worthy of a particular report, which will be found in the "Clinical Record."

Vesico-Vaginal Fistula.—Two cases.

I.—Formerly operated on in a northern hospital. A small opening had been left, which I closed by removing the edges and closing the opening with two wire sutures,—with the result of a complete closure.

II.—A large opening, involving the os uteri. Operated on in the same way. Result: partial closure. Patient to return to have the operation completed.

The other operations are sufficiently described in the operation table, to which the reader is referred.

A large number of compound fractures were treated during the past year, some of them of great severity, as will be seen by referring to the list of casualties received into my Wards. The results of these accidents I consider as exceptionally fortunate. They were all treated, as nearly as circumstances permitted, on the antiseptic principle; and

there is no doubt that some of them were converted into simple fractures with a celerity that could not have been achieved by any other plan. In the treatment of compound fractures of the thigh or leg I have for many years adopted the box splint, which I consider preferable to any other apparatus, from its efficacy and simplicity. It consists of a back splint reaching from the buttock to beyond the foot, with a foot-piece at the proper distance, and a hole for the heel. On the outside or inside, according to the situation of the wound, is a side splint fixed to the back one; or if there are wounds on both sides, I have the splint made with a folding door on each side for changing the dressings. The splint is padded with well-carded oakum, which I find a most excellent antiseptic,—the fresh tarry smell being grateful to the patient, and the looseness of the material absorbing the discharge with facility. I have now adopted it for all lacerated and contused wounds. So confident am I of its use as an antiseptic dressing of easy application that I recommended its being sent out to the ambulances of the French and German armies, and many tons were sent from Glasgow directly to the places where the sick and wounded were treated. It is so cheap that it can be used freely and changed frequently. Free exit for discharge, and a suitable porous material to absorb it, I consider as most important points in the treatment of all large wounds.

In conclusion, I can with confidence refer to the foregoing *resumé* of a year's surgical practice in my own Wards as a proof that there are few hospitals, if any, that can be compared with the Glasgow Royal Infirmary, as affording opportunities for the study of clinical surgery.

TABLE OF OPERATIONS BY DR G. BUCHANAN, 1870.

Nine Amputations of the Thigh.

J. H.,	aged 14	Mar. 30	Strumous disease of knee	Amput. through condyles	Successful	Stump laid on pillow and covered with oiled int.	
J. C.,	" 40	April 30	Smash of leg	" " "	"	"	"
J. M.,	" 17	May 18	Disease of knee (pulpy)	Amput. through lower third	"	"	"
J. K.,	" 26	Aug. 26	Disease of knee joint	" " "	"	"	"
C. B.,	" 14	May 14	Enchondroma of femur	Amput. through mid. third	"	"	"
J. E.,	" 38	Nov. 12	Smash of leg (railway)	Amput. through condyles	"	"	"
P. B.,	" 33	Dec. 7	Phlegmonous erysipelas, &c.	" " "	"	"	"
J. S.,	" 20	Nov. 19	Necrosis of tibia, &c.	" " "	"	"	"
E. P.,	" 20	Dec. 26	Ulcerated cartilages of knee	" " "	"	"	"

Two Amputations of Leg.

J. J.,	aged 42	March 3	Smashed ankle	Amputation at middle of leg	Successful	Dressed loosely with oiled lint.
J. R.,	" 14	Nov. 12	Strumous disease of ankle	" at lower third	"	" " "

Three Amputations at Ankle (Syme's).

J. T.,	aged 20	May 11	Necrosis of astragalus	Syme's amputation	Successful	Dressed loosely with oiled lint.
J. M.,	" 70	May 18	Smash of foot (railway)	" "	Died	Died from internal injuries.
J. T.,	" 21	June 30	Caries of foot	" "	Successful	Dressed loosely with oiled lint.

Three Amputations of Toes.

One case of congenital deformity. Two cases after injury. Dressed with lac plaster. Successful.

Two Amputations of the Arm.

R. M'K.,	aged 24	Jan. 10	Compound comminuted fracture	Amputation of the arm	Died	Had also comminuted fracture of other arm and clavicle.
W. K.,	" 40	Aug. 7	Lacerated elbow, open joint	" " "	Successful	Loose dressing of oiled lint.

Four Amputations of the Fore-arm.

A. R.,	aged 21	Mar. 23	Disease of wrist	Amputation above the wrist	Successful	Loose dressing of oiled lint.
J. M'P.,	" 24	June 11	Laceration of wrist	" " "	"	" "
J. M'D.,	" 12	June 28	" "	" " "	"	" "
J. G.,	" 19	Sept. 19	Smash of fore-arm	Amputation below the elbow	"	" "

Eighteen Amputations of Fingers.

Dressed with lac plaster. All successful.

One Excision of Elbow.

T. F.,.....aged 36...Mar. 16 ...Old dislocation.....Excision of the joint .....Successful ...

Six Excisions of Necrosed Bones.

E. M.,.....aged 21...June 22 ...Necrosis of femur.....Excision of sequestrum.....Died of shock
C. M.,..... " 6... " 29 ... " humerus..... " " " .....Successful ....
E. Y.,..... " 15...April 26 ... " tibia ..... " " " ..... " ....
J. M'C.,.... " 27...Aug. 16 ... " " ..... " " " ..... " ....
W. B., ... " 23...Dec. 13 ... " astragalus ..... " " astragalus..... " ....
J. M'L.,... " 12...June 30 ... " two tarsal bones.....Both gouged out..... ..... " ....

One Excision of the Wrist.

W. M., ...aged 15...Sept. 1 ...Disease of wrist joint.....Excision .....Successful ....

Two Excisions of Superior Maxiliary.

J. M'K.,...aged 25 ..July 2 ...Fibro-cellular tumour.....Excision of sup. max.....Successful ....
J. D.,..... " 59...Oct. 29 ...Epithelial tumour ..... " " " ..... " ....

Three Excisions of the Tongue.

J. T.,.....aged 43...May 7 ...Epithelioma of the tongue.....Excision of lateral half.....Successful ....
C. M'L.,... " 29...June 11 ... " " " ..... " " " ..... " ....
Miss S.,.... " 48...June 18 ... " " " ..... " " " ..... " ....

One Excision of Eyeball.

T. Y.,.....aged 20...Feb. 1 ...Blow on the eye.....Excision.....Successful....

One Amputation of Penis.

J. T.,.....aged 47...Oct. 19 ...Epithelioma .....Amputation .....Successful....

Twelve Dislocations of Humerus.

Three sub-clavicular. Seven sub-glenoid. Two sub-coracoid. All successfully reduced.

Three Dislocations of Radius and Ulna.

All dislocated backwards and reduced.

Two Dislocations of Lower Extremity.

J. M'K.,...aged 30...June 24 ...Femur into sciatic notch.....Reduced by manipulation.....Successful....
M. M'N.,... " 23...Jan. 14 ...Tibia and fib. backwards .....Reduced by traction..... " ....

One Dislocation of the Jaw.

F. M.,.....aged 24...Aug. 16 ...Bilateral.....Reduced .....Successful....

Two Lithotrity Cases.

A. W.,	aged 27	Sep. 8-10	Calculus in bladder	Lithotrity	Successful	Uric acid calculus.
D. M'M.,	" 17	March 8	" "	Fished out with scoop	"	

Four Hernia Cases.

J. C.,	aged 34	Jan. 6	Femoral strangulated	Stricture divided	Successful	
E. R.,	" 19	Oct. 26	" "	" " " "	"	
R. S.,	" 30	Dec. 17	Oblique vaginal	" " " "	"	
W. H.,	" 9	Nov. 2	" "	Reduced by taxis	"	

One Ovariotomy.

J. T.,	aged 25	March 8	Ovarian dropsy	Ovariotomy	Died	On fourth day of peritonitis.

Three Tenotomy Cases.

R. R.,	aged 6	June 29	Talipes varus	Tenotomy	Successful	
G. R.,	" 8	Nov. 16	Morbus coxæ	Division of adductor magnus.	"	
J. D.,	" 1½	March 20	Talipes varus	Tenotomy	"	

Eight Cases of Forcible Dilatation of Urethral Stricture.

Seven organic. One traumatic. All treated with Holt's Dilator, successfully.

Two Cases of Ligature of Vessels.

P. B.,	aged 36	Feb. 16	Popliteal aneurism	Ligature in Scarpa's space	Successful	
P. R.,	" 15	Nov. 7	Wound of temporal	Ligature of temporal	"	

Four Cheiloplastic Operations.

A. M'L.,	aged 16	Dec. 6	Single harelip	Edges removed and sewn	Successful	
C. H.,	" 7	" 9	Double harelip	" "	"	
J. D.,	" 63	April 14	Epithelioma of lip	Disease removed	"	
J. M'K.,	" 49	Nov. 16	" "	" "	"	

Twelve Excisions of Tumours.

J. C.,	aged 1½	Nov. 19	Nævoid lipoma	Excised	Successful	
J. C.,	" 40	April 22	Scirrhus of mamma	Excision of the gland	"	
Mrs. M.,	" 55	" 23	" "	" "	Died	Of syncope due to fatty heart.
Mrs. S.,	" 50	Dec. 21	" " and three glands	" "	Successful	
C. M.,	" 49	Aug. 26	Tumour in mamma	Excised	"	
M. F.,	" 43	July 19	Scirrhus of mamma	Excision of the gland	"	
M. M'G.,	" 53	" 10	" "	" "	"	
J. C.,	" 29	Nov. 11	Cyst on brow and eyelid	Cyst excised	"	

J. C., ...aged 30...Oct. 1 ...Cyst beneath lower jaw.. .....Cyst excised .....Successful....
M. M'K.,.. " 30...Aug. 19 ...Tumour on lip.....Tumour excised..... " ....
M. S.,..... " 36...Sept. 9 ...Fatty tumour on neck ..... " " ..... " ....
S. H.,..... " 45...April 11 ...Condyloma on vulva.....Removed by ecraseur ..... " ....Resisted every other treatment.

Three Plastic Operations.

M. M'C.,...aged 18...Nov. 20 ...Cicatrix from burn.....Index finger relieved.....Successful....
M. M'C.,.. " 18...Dec. 20 ... " " .....Middle finger relieved ..... " ....
J. M'B., ... " 27...May 11 ...Lupus of the nose .....Operation to repair.....Improved ....

Eleven Sections of Sinuses.

Six cases fistula in ano. Five cases sinuses elsewhere.

One Staphylorophy.

J. G., ...aged 17...Jan. 1 ...Cleft palate .....Langenbeck's operation .....Successful....

Two Hydroceles.

G. W., ...aged 29...Aug. 1 ...Hydrocele .....Tapped and injected .....Successful. ..
J. S.,..... " 50...Dec. 19 ...Hydrocele suppurating .....Slit up ..... " ....

One Varicocele.

T. B.,.....aged 25...May 13 ...Varicocele .....Obstruction by silver wires...Successful....

One Horn Excised.

Mrs M'L.,.aged 71...Feb. 9 ...Horn on tip of nose .....Excised .....Successful....

One Loose Cartilage Excised.

R. P.,.....aged 26.. Aug. 19 ...In knee joint .....Excised antiseptically .....Successful....Healed by first intention.

Two Cases of Piles.

A. J., ...aged 30...April 10 ...External piles..... .....Clipped off .....Successful....
S. B., ... " 30...Aug. 6 ...Internal piles .....Ligatured..... " ....

Two Cases of Vesico-vaginal Fistula.

C. D., ...aged 37...Feb. 20 ...Vesico-vaginal fistula.....Edges removed and sewed....Much improved.
Mrs H., ... " 32...March 10 ... " " " ..... " " ....Successful....

One Case of Phymosis Slit.

E. B., ...aged 24 ..Aug. 16 ...Phymosis .....Slit up ....Successful....

Thirty abscesses, some of them very large, were opened and treated antiseptically, with in most of them an excellent result; all of them were successful.