CASES WITH OBSERVATIONS,

ON

WRY NECK;

ON THE REDUCTION OF

LUXATIONS OF THE SHOULDER JOINT;

ON THE

OPERATION FOR HARE LIP;

ON

Cartilaginous Substances of the Knee Joint;

ON ANEURISM;

ON

THE USE OF THE EXTRACT OF STRAMONIUM,

AND ON THE

Extraction of a Gum Elastic Catheter from the Bladder,

BY AN INCISION ABOVE THE PUBIS,

Under singular Circumstances.

By JOHN KIRBY, A. B.

MEMBER AND ONE OF THE CENSORS OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND; SURGEON TO ST. PETER'S AND ST. BRIDGET'S HOSPITAL, AND LECTURER ON ANATOMY AND SURGERY AT THE ANATOMICAL THEATRE, PETER STREET, DUBLIN.

" And believe me, whoever sets up as a practical writer upon any other bottom, or " is found more solicitous to embellish his discourse with a shew of geometrical rea- " sonings, and mechanic explanations, than to furnish us with proper instructions, or " some useful hints in practice, by a recital of cases thus faithfully and plainly repre- " sented, will be found only to amuse, or present us with little other than waste paper."

TURNER.

London:

PRINTED FOR BURGESS AND HILL,

55, GREAT WINDMILL STREET, HAYMARKET;

AND SOLD BY HODGES AND M'ARTHUR, AND R. MILLIKEN, DUBLIN; AND ADAM BLACK, EDINBURGH.

1819.

Printed by J. Davy, Queen Street, Seven Dials.

To Solomon Richards, *Esq. M.D. M.R.I.A. Member of the Dublin Society, President of the Royal College of Surgeons in Ireland, and Senior Surgeon to Doctor Stephens' Hospital, and to the County of Dublin Infirmary.*

Dear Sir,

I have been induced to dedicate the following pages to you, neither in consequence of favours received, or held in expectation; but, because you have talent to discern, and candour to acknowledge, the merits of every work, concerning a profession, in which you have so long, and so deservedly, held so high a rank.

I am, my dear Sir,

with the greatest respect,

your very obedient servant,

JOHN KIRBY.

Dublin,
47, *Harcourt Street.*

To Surgeon Rogerson, Esq. M.D. M.R.I.A.
Member of the Dublin Society, President of
the Royal College of Surgeons in Ireland,
and Senior Surgeon to Doctor Stephens'
Hospital, and to the County of Dublin
Infirmary.

Dear Sir,

I have been induced to dedicate
the following pages to you, neither in
consequence of favours received, or held
out expectation; but, because you have
talent to discern, and candour to ac-
knowledge, the merits of every work,
concerning a profession, in which you
have so long, and so deservedly, held
a high rank.

I am, my dear Sir,

with the greatest respect,

Your very obedient servant,

JOHN KIRBY.

ON WRY NECK.

Si quis hic abjiciat alios æquè in hac arte versatos non idem mecum de his rebus sentire; meum non est quid sentiant alii disquirere, sed meis observationibus adstruere fidem, quod ut faciam, lectoris patientiam desidero tantum, non favorem.

Præf: Op: Univ: Thom: Sydenham, M. D.

ON WRY NECK.

A CASE OF CONGENITAL WRY NECK, IN WHICH THE CLAVICULAR PORTIONS OF THE STERNO-CLEIDO-MASTOIDEUS, AND TRAPEZIUS, WERE SUCCESSFULLY DIVIDED, AT THE AGE OF TWENTY-SIX YEARS.

T— P—, Esq. aged twenty-six years, whose neck had been awry from his birth, consulted me as to the possibility of removing his deformity, and increasing the motion of his neck, which became more limited as he advanced in life. The right mastoid process lay within one inch and a half, or two inches, of the clavicle; the chin and face were turned to the opposite side, and looked obliquely upwards; the contracted sterno-cleido-mastoideus ap-

peared much thicker and firmer than the other; the right clavicle seemed as if pulled upwards, and was extremely convex on its superior side; a process grew from its sternal extremity, and gave attachment to the clavicular division of the muscle. The spinous processes of the cervical vertebræ preserved a regular direction. It did not appear to me that the other parts of the neck had any share in the deformity. This gentleman was a military man; he felt an increasing inconvenience from his defect, and was occasionally the subject of ridicule for those who find a source of amusement in the misfortunes of others. At all risks, he was very anxious that an operation should be performed; he was confident that the only impediment to the free motion of his head, was the contraction of the sterno-cleido-mastoideus, or "that sinew of his neck," as he termed it.

Availing myself of the assistance of the late Mr. M'Evoy, who was altogether averse to the operation, and of my friend, Mr. Colles, who, during the operation, inclined the head to the opposite side,—I made an incision, nearly along the whole length of the clavicular portion of the contracted muscle, which was readily separated from the sternal division, and having passed a directory beneath it, I divided it with a scalpel. The head was then easily placed in a proper position, but readily returned to its old inclination, whenever the support of the hand was removed from it. The wound was filled with lint, retained with straps of adhesive plaster; the head was confined by a proper bandage, and, for obvious reasons, the patient was desired to lie in bed on the right side.

The day after the operation he was free from fever, but complained of pain and

stiffness in his neck. When the bandages were removed on the third day, the head and shoulder instantaneously resumed their old positions, from which they could not be disturbed without considerable pain and difficulty. At this dressing, Mr. P— insisted that some bands still remained, which he sensibly perceived to check the motion of his head; he described them to lie between the point of the shoulder and the incision. On examination, I found the parts beneath the integuments, towards the shoulder, preternaturally tense; and I observed, that the anterior edge of the trapezius muscle was rather too prominent, when the head was pressed to the opposite side. I now made an incision from the original one, parallel with the clavicle, and to a sufficient extent outwards to expose the border of the trapezius, which I next divided, with many strings of fascia exposed in the operation,

and to which the finger of my patient, with singular firmness, directed me. The dressings were laid on as before. The instruction as to the manner of lying in bed was repeated, and a laxative mixture was prescribed. Nothing particular occurred in the after treatment; the bandages were laid aside in a fortnight, and my patient left town perfectly cured of his deformity. It is now upwards of eight years since this operation was performed. There is no tendency to the original defect, nor does Mr. P— complain of any impediment to the free motion of his head and neck.

It is only a few days since I was consulted by a young lady, whose friends informed me, that her neck was awry almost from her cradle. At first, she seemed quite willing to suffer whatever I might think it necessary to propose

for her relief; afterwards, however, she changed her mind, and resolved to "carry "her deformity with her to the grave." I regretted this determination, because her case was one of those in which a successful issue of the operation might be fairly predicted. Thinking that she would be encouraged, if she had an account of the effects of the operation, in a case somewhat similar, though from its duration of a less promising nature, I took the liberty to write to Capt. P—, for an account of the present state of his neck. The answer which I received to my letter, I consider an appendix of so much importance to his case, that I shall, without further apology, give it to the reader.

" Youghall, October 7, 1816.

" My dear Sir,

" I regret much that
" your letter did not reach me sooner
" than yesterday evening; I should be
" indeed ungrateful were I to delay a
" moment in acknowledging the very
" great benefit which I have received,
" through your skill and attention, in
" the operation you performed on me,
" I believe, now better than seven years
" since; which I am happy to inform
" you, has been in every respect most
" beneficial to me, both in appearance,
" (which I regard least,) and in that ease
" of freedom and motion, which I am
" confident I enjoy, since you operated
" on me, as well as the best formed man
" in existence. It is unnecessary for me
" to say to you, who saw and relieved
" me, how my head was chained to my
" shoulder, how confined the operation

" of my neck, and how painful any
" violent exertion of my right arm was.
" I have already told you, that I did
" not feel these inconveniences so much
" when a boy; I felt them increasing
" with my years. I am now confident,
" had I not fallen into your hands, my
" head, or rather neck, would be im-
" moveable. I have further to add, that
" I have never since experienced the
" slightest pain or uneasiness in the part
" operated on; on the contrary, when
" confined for six months by a violent
" rheumatism, I was not affected in my
" right shoulder, though violently so in
" my left. I have said so much of myself,
" because I feel anxious, that any fel-
" low-creature afflicted as I was, should
" not delay a moment obtaining relief;
" the pain of which, an infant, after
" the first moment, could bear; I wish
" that your patient could see me. The

" wound has closed, so as to be almost
" nothing in appearance; and the sinew,
" though I know completely divided,
" has, I believe, lengthened itself; at least
" I feel, that it is of use without injury."

" Believe me, dear Sir,
" most gratefully and sincerely yours,
" T— P—."

" P.S. You know that my mother
" had a contracted neck from an accident,
" and that I was born with one."

A CASE OF WRY NECK PROCEEDING FROM INJURY, IN WHICH THE OPERATION OF DIVIDING THE CLEIDO MASTOID MUSCLE WAS SUCCESSFULLY PERFORMED.

In the year 1811, a boy, fifteen years of age, was admitted into St. Peter's and St. Bridget's Hospital, with a wry neck, consequent on an injury he re-

ceived, by a fall from horseback. The accident happened four months previous to his admission, since which period, he was deprived of the free motion of his head, which he then found it impossible to set fair between his shoulders. He had used a great variety of external remedies, under the direction of different practitioners, and had employed collars of several kinds, without the least advantage. On examination, the right sterno-cleido-mastoideus was firm, and contracted to about half its natural length. The face was inclined obliquely upwards, and his chin pointed over the left shoulder. The cervical vertebræ did not appear to have any concern in the deformity. The clavicular portion of the sterno-cleido-mastoideus was divided about an inch above the clavicle, in the same manner as in the former case; my friend, Mr. Hamilton, assisting me during the

operation. The same dressings were applied, and the head was confined to a proper position, by the same means. After fifteen days, he was discharged perfectly recovered.

OBSERVATIONS.

Except in these two cases, the operation for wry neck has not been performed in this city for the last seventeen years. Nor have we an account of any particular cases in which it has been practised in England. I would conjecture, however, from the expressions of Mr. C. Bell, that he had been frequently present at the operation. When I reflect upon the ease and safety with which this operation may be performed, by any person who is familiar with the relative anatomy of the sterno-cleido-mastoideus, and the other parts which are situated immediately above the

clavicle, I am surprised that it is not more frequently adopted; and when I consult the histories of those cases, in which it was practised with success, although the deformity had been congenital, and of long continuance, my surprise is not a little increased. It should not be urged, as an argument against its more frequent use, that it has often failed to give the relief it appeared to promise, until it is first shewn that the cases were free from those complications, which ought to deter us from such an undertaking.

The division of the sterno-cleido-mastoideus is particularly calculated to relieve a wry neck, in which the deformity solely depends upon its contraction. Mr. Sharp desires, that the operation should be altogether confined to such cases, and asserts, that in them, the cure can be

completed within a month. "As it can "answer no purpose to set that muscle "free, (which is all that is to be done) "if the others of the neck are in the "same state, and more especially, if it "has been of long standing from in-"fancy; because, the growth of the "vertebræ will have been determined in "that direction, and make it impossible "to set the head upright."—Vide Operations in Surgery, by S. Sharp, page 201, chap. 35.

Heister has nearly the same remark, "Quoties ab ipsa nativitate, vitium inest, "vix curationem illud recipere videtur, "quin colli vertebræ, tum vel a naturâ "curvæ sunt, vel propter diuturnum "versum situm paulatim ita obtorquin-"tur, ut vix curationis spes sit."—Cap. 101. p. 117. vol. 2.

The cases which have occurred in my own practice, and the histories of similar cases to be found in the works of Meekren,* Tulpius,† and others, encourage me

---

* " Obstipi hujusmodi capitis ad curationem vocatus " aliquando, mediis omnis generis plurimis frustra adhibitis, " indurati tendinis dissectio quamprimum fieret authorfui, " quam curationis methodum etiam proposuerat ægrotanti, " puero 14 annorum, parentibus que. D. Florianus.

" Operatio hæc chirurgica convenienter quo institueretur, " æger impositus fuit sedeli commodo, fasciarumque apta- " rum ope debitè eidem alligatus, ministro hinc cuidam, " caput ægri quietum ditineret, injunctum; mox locus se- " candus tendinis, prominentis, gracilis, indurati, tensi, " claviculæ connati à Chirurgo Dn. Floriano notatus, simi- " liter ac ille qui arteriæ est carotidis externæ, exterius " satis conspicuæ, circa auriculam in musculum temporalem " excurrentis, circumspectione summâ, ne læsio hæmorr- " hagiam incurabilem inferat, fugiendus. Tandem forficis " acutioris ope tendinis dicti dissectio ab eodem Floriano " dexteritate singulari, uno solo impetu, peracta.

" Dissectione institutâ, sanguinis fluxio nulla observata, " ad cujus tamen suppressionem in promptu nobis erant " medicamenta, licet etiam cutis ipsa vulnerata; imò ope- " ratione hâc peractâ caput illicò, cum sonitu, erigebatur." Vide cap. 33. p. 137. Ob: Med: Chir: J. Meekrenii.

† " Filio Consulis Mittelburgensis, annorum duodecim, " ab ineunte ætate, obstipo capite, inclinabat cervix in

to recommend the operation, even when the defect has been congenital, and of long continuance; for it does not appear, that the natural growth of the vertebræ of the neck is necessarily interrupted, or that their aptness for motion is destroyed.

" humerum sinistrum, ob astrictum, curvatumque alterum
" musculorum, secundi illius paris, quod cervicem cum
" capite antrorsum flectit. Quà deformi immobilis, ac trans-
" versi capitis figurâ, nullis auxiliis deinde ad naturalem
" statum reductâ; consultum visum fuit Guilielmo Strateno,
" Principis Arausionensis Medico, ac Francisco Vicquio,
" qui mecum adolescentulo Medicinam fecêre, ut trans-
" versim præcideretur tenacissimum illud vinculum, quod
" caput tantoperè in humerum contorqueret. Quam operam
" Amstelredami deinde dexterrimè navavit, qui etiam alliis
" simili affectu opem feliciter tulerat, Isacius Minniius. ob
" opera Chirurgica multis summè commendatus.

" Factum autem fuit curationis initium à crustâ per
" lixivium coctum, cuti inustâ. Deinde verò directum scal-
" pellum, supra claviculæ os, ab aure versus jugulum. At
" tardiùs certè ob crustæ lentitudinem, ac timidius propter
" venarum, arteriarumque jugularium viciniam, quàm
" natura tendinis, as nervorom requireret. Quibus icirco
" magis punctim, quàm cæsim læsis, sequebatur protinus
" vehemens cervicis, faciei, ac brachiorum convulsio, quæ
" tamen brevi iterum evanuit, adacto penitiùs scalpello, et
" præciso animosiùs, integro, qui in vitio erat, musculo.

Dr. Barclay of Edinburgh, in his work on the muscular motions of the human body, most zealously endeavours to dissuade practitioners from the division of the sterno-cleido-mastoideus under any circumstances. "The vulgar notion," says the doctor, "that the sterno-mas-"toidei are the only, or principle, rota-

---

"Cujus amputatio capiti actutùm restituit integrum erec-"tioris figuræ usum, ac libertatem sese quocunque locorum "movendi. Qua tamen ne abuteretur, circumpositæ capiti "fuêre variæ fasciæ, quibus deinde, ob vulnus brevi "consolidatum, amotis, permansit tamen aliquandiu inve-"terata illa inclinatio in latus affectum, adeò difficile est "longam corrigere consuetudinem.

"Quisquis vero deinceps ancipiti, ac periculosæ huic "subjicieris aleæ, ne desperes iterum fieri posse, quæ semel "facta sunt. Sed scito tria præcipuè vitanda, & primùm "quidem; ne crustam cuti inuras, utpote quæ adeò non "profuit dolori, ut priùs multum nocuerit cùm visui, tum "incidenti scalpello. Deinde ne improvidè secando magis "jugules, quàm cures ægrum. Danda adhæc opera, ne "identidem, ac interpolatis vicibus, sed simul ac semel, "attamen cautè, integrum musculum præcidas. In quo "potissimum hujus curationis momentum. Quæ certè ani-"madversio ut Chirurgo ex famâ, sic ægro non parùm ex "usu erit." Tulpii Observationes Medicæ Lib. iv. p. 372.

" tors of the head, and the project for
" dividing a supposed offending sterno-
" mastoideus, when the head is awry
" for any length of time, must, from
" what we have seen of the rotatory
" muscles, be a notion and project with-
" out any countenance whatever from
" anatomy. As other rotators may in
" these cases be acting irregularly, on
" what principle can an operation, that
" extends but to one of the rotatory
" muscles, remove the distortion? or,
" suppose that one of them only is in
" fault, and that this muscle is divided
" by the knife; on what principle are
" we to be sanguine in our expectations,
" as to the manner in which the sepa-
" rated parts are to unite? If the space
" interposed between the two divided
" extremities be not filled up with carne-
" ous fibres, which is not very probable,
" and with carneous fibres of the same

" kind, and the same direction as the
" separated fibres, which is still less
" probable; or, if the muscle in what-
" ever way repaired, shall, after its re-
" union, be longer or shorter than its
" antagonist of the opposite side, on what
" grounds are we to imagine that these
" two muscles shall afterwards co-oper-
" ate, and moderate one another with
" accuracy and precision? Or, if these
" two divided extremities shall form ad-
" hesions with either the integuments or
" neighbouring muscles, from what data
" are we to conclude, that such adhesions
" will not retard, rather than facilitate,
" the natural motions of the head and
" neck? Or, supposing that the two di-
" vided extremities shall so retract as
" never to unite, on what principle are
" we to explain how its fellow, that is
" now left without an antagonist, shall
" not distort the neck more powerfully

" than ever? Or, suppose again, the mere
" possibility that the muscular affection
" is only symptomatic; that it may arise,
" like some of the occasional spasms in
" in rheumatism, in cramp, in epilepsy,
" in tetanus, in hysteria, or in the tic
" douloureux, from a distant cause irri-
" tating the nerves, or from the inaction
" and debility of the muscle that was
" wont to oppose it, (as muscles are fre-
" quently observed to grow rigid when
" not antagonized), with what confidence
" are we to proceed to the operation? On
" which of the muscles, the weaker or
" stronger, are we to operate? and with
" what probability are we to inspire the
" hopes of a recovery?"* Dr. Barclay does not deny that the operation has been attended with success. However, he considers such successes in no other light

* Barclay on Muscular Motion, p. 323.

than as chance hits. "Yet, from these "observations, we mean not to infer that "the operation has never been successful. "A random jirk given to a watch, has "occasionally been found to restore its "motions, though surely never recom-"mended as a method that would do "much credit to an artist, who is ac-"quainted with the mechanism of a time-"piece."* I must acknowledge it is by no means easy, to reply to a style of argument, in which so many suppositions and queries are crowded upon us; yet, I think, I may venture to say, that facts speak stubbornly, and that (unless Dr. Barclay calls every case a random jirk, in which this, or any other operation has succeeded), in the hands of dexterous and discriminating surgeons, it will, in many cases, prove a remedy for the distortion.

---

* Barclay on Muscular Motion, p. 325.

It is fortunate, that the success of this operation cannot be affected by our ignonorance of the manner in which nature connects the divided extremities of the muscle, or by our incapability of explaining the principle of our sanguine feeling, about the manner in which the separated parts unite.

Were we to argue in the face of facts, and to decline remedies until we were certain of the manner in which their benefits were insured, and until we could explain the principles of our sanguine hopes, I fear the art of Surgery would embrace but few diseases, and that many a valuable life would be lost to society. It does not appear, that the division of the muscle or muscles, interferes with their co-operation in giving accuracy and precision to the motions of the neck, and from the events, one would be disposed to believe, that mo-

tion was facilitated, rather than retarded, by the adhesions which took place.* I shall suppose, with Doctor Barclay, that the affection is sometimes symptomatic, and that it may arise, like some of the occasional spasms in rheumatism, cramp, &c. Still, if the common relaxant plan does not answer, I would proceed with confidence to the operation with the knife, and notwithstanding the difficulties which press the Doctor's decision, in such cases, I would not hesitate to divide the stronger muscle, in preference to the weaker; nor would I fear that the opposite muscle, now deprived of its antagonist, "would distort "the neck more powerfully than ever."

Since these sheets were prepared for the press, the operation for the wry neck was performed by my friend, Mr. Cusack, re-

* See Mr. P.'s letter.

sident surgeon at Stephens' Hospital, who has obliged me with the following circumstances of the case, as far as he could recollect them: "—— Brady, a girl, aged " five years and a half, was admitted into " Stephens' Hospital, the 3d of October " last, with wry neck; her mother says, " she never observed any thing wrong " with her neck till she was three months " old; but some of her friends assert, " that her head was drawn to one side " since birth. The medical gentlemen, to " whom she first applied, conceiving it " to depend on a scrophulous habit, or- " dered her some tonic medicines, the " cold bath, &c. and a bandage to sup- " port the head.

" This plan was persisted in without " effect. At the time of her admission, " the head was drawn completely to the " right side, so that the chin seemed to

" rest on the right breast, her right shoul-
" der and clavicle appearing to be raised.
" As the sternal portion of the sterno-
" mastoid muscle appeared to be chiefly
" engaged, it was determined to try the
" effect of a division of it alone.

" A longitudinal incision was first made
" through the integuments, and this por-
" tion of the muscle divided about half
" an inch above its origin. The divided
" portions were kept separated by the in-
" sertion of a dossil of oiled lint; the de-
" formity appeared considerably relieved
" immediately after the operation. The
" day after the operation, the child was
" attacked with a smart degree of fever,
" which lasted for four or five days,
" after which, permanent extension was
" applied; under which treatment, the
" wound healed slowly.

"She has since used a strong leather "stock, which supports the chin per-"fectly."

At Mr. Cusack's desire, the father of the child brought her to me.—The deformity has been completely removed, and the motions of the head and neck are performed with steadiness and ease. It does not appear to me that there is now any further occasion for the leather collar which she has worn since the operation.

It has been remarked, by some authors, that in these cases, the sterno-cleido-mastoideus muscle lays aside its muscular structure, and seems to be converted into a ligamentous cord. This change, however, had not taken place in either of the cases in which I operated.

There is a variety of wry neck, which seems to depend either in a temporary excess of contractile power in the sterno-cleido-mastoideus muscle, of the side to which the head inclines, or on a deficiency of that power, in the opposite muscle. In cases of this kind, the head, at some periods, preserves its proper direction, and performs its natural motions with steadiness and regularity, controuled by the will. At other periods, however, it becomes unsteady, and after a tremor which lasts for a minute, or sometimes longer, it is violently, and suddenly drawn towards the shoulder, and turned in such a manner, that the face looks obliquely upwards, over the opposite one. The sterno-mastoid muscle of the side to which the head inclines, appears contracted, and very firm to the touch.

I have met with two cases of this dis-

ease; as one of them was perfectly cured, and the other so far relieved, by a continued course of purgative remedies, when the patient withdrew himself from my care, that he might be considered as almost recovered, I am induced to hope that such an account of them as I can give, from a few notes, will not be thought unworthy the attention of the reader.

CASE I.

I was desired to visit, with the late Dr. Lentaigne, Mrs. ———, a lady, upwards of forty years of age, of a full habit, and eight months advanced in pregnancy.—For some months she had been afflicted with an occasional involuntary motion of her head, which commenced with tremor, and terminated in its sudden rotation. This took place to such a degree, that the face looked almost backwards. Lat-

terly she had been obliged to keep both her hands constantly applied to her head, whenever she moved about her house, and when she sat, she placed her chair in a corner of the room, that she might avail herself of the support which the walls afforded. She made no complaint of pain, and she observed, that her health was perfectly good in every other particular. Various topical applications had been tried, and electricity was ineffectually employed for several weeks; antispasmodics were administered internally; and the shower-bath, the last remedy which was prescribed, was used without advantage.

It was agreed, to insert an issue in the neck, and to confine the head by a suitable apparatus. As we thought her pregnancy might have influence in the disease, we were not very sanguine in our

expectations of amendment, until her accouchment was accomplished; an event, to which our patient looked with such full confidence, that it was with difficulty her friends persuaded her to take medical advice.

We now lost sight of our patient. She did not improve under the plan we directed, and therefore she soon abandoned it. Some professional person suggested a different treatment, which turned out equally ineffectual with the former.

After her confinement, perceiving she was not improved, she sent a female friend to me, to learn what was to be further done. It was on this occasion that I directed a continued course of purgative remedies, in which, from a knowledge of my patient's fickleness of disposition, I did not expect she would perse-

vere. Hearing nothing of the result of this treatment, for a long period, I concluded that it had not been of any service. I was not, therefore, a little surprised, when I lately learned that my patient was perfectly well, and that her amendment, under the plan which I prescribed, was extremely rapid.

CASE II.

About twelve months ago, a poor man, between thirty and forty years of age, became an extern patient at St. Peter's hospital. He was, for some time past, distressed with a tremor of his head, and a pain in the back of his neck. The pain, however, had nearly disappeared, but his head was now grown so unsteady, that he was quite unfit to follow his trade. He observed, that his head "sometimes "took a jirk," and turned so far round,

that his face was fixed over his left shoulder, and that it would remain so if he did not use his hands to bring it to its proper direction. Notwithstanding the squalidness of his appearance, he considered his health to be very good in every other particular. Encouraged by the success of the purgative plan, in the former case, I prescribed similar remedies in this instance. After a few days, the tremor had diminished, and in a fortnight the spasmodic rotation of the head nearly ceased.—He now discontinued his calls at the hospital.

OBSERVATIONS

ON THE

REDUCTION OF LUXATIONS OF THE SHOULDER JOINT.

Si les machines peuvent être de quelque utilité dans quelque cas, ils sont rares qu'ils n'existent peut-être pas, surtout loisque le chirurgien est appelé àpropos, et s'il joint à la pratique de son art une théorie saine, et les connoissances qui lui sont nécessaries.

Mem: sur Plusieurs Maladies, par An: Portal.

Tom. Prem. p. 9.

OBSERVATIONS

UPON THE MANNER OF REDUCING LUXATIONS OF THE SHOULDER JOINT.

As several cases of luxation of the shoulder joint have come under my management, during the last six years, and as I have succeeded in the reduction by very simple means, in most instances, and in some, in which others had failed, after repeated trials; I thought that a few remarks on the subject, would not be unacceptable to those who are commencing the practice of the profession.

This articulation is more frequently displaced in consequence of a fall upon the shoulder, or the side of the body, the arm being thrown out for the purpose of protecting it, than by any other accident. From this circumstance, it is very gene-

rally thought, as the violence which is required to displace it is considerable, and the muscles which give strength and motion to the articulation are both numerous and powerful, that, therefore, a very considerable degree of force must be necessary for the reduction of the luxation.

It cannot be denied, that powerful exertions have often succeeded in restoring these displacements; but, it by no means follows, that more gentle means would have altogether failed. Notwithstanding the reported difficulties which have been experienced, and the ingenious contrivances which have been invented, for the purpose of obviating them, I cannot, from the result of my own experience, avoid concluding, that every recent case of the luxation of the humerus, in which the head of the bone lies in the axilla, or even so far forward, as to be felt below

the clavicle, may be reduced with a very little trouble. The following cases will serve to illustrate the method which I have found most successful.

CASE I.

I was desired to visit a corpulent man, about forty years of age, who resided with a friend of his, Mr. Roe, a publican, living in a small court off Holles-street. His right shoulder was dislocated, since the preceding night; and as the injury passed for a simple contusion, assistance was not sought for until his hand began to swell, and he experienced a prickling sensation in his fingers. He was in bed when I arrived, accompanied by my friend, Mr. Melin, who was then my apprentice. We assisted our patient to the bed-side, where he sat while I examined the state of the articulation. The charac-

teristic prominence of the acromion process, was concealed by the adipose fulness of the surface of the joint. The fingers, however, readily perceived the want of that resistance which the head of the bone affords in the sound articulation, and a preternatural tremor existed near the coracoid process. Grasping the humerus above the elbow joint, I raised it to somewhat less than a right angle with the trunk. I then disposed my knee against the axillary margin of the scapula, while my foot was supported upon the bed-frame; and extending the arm, I pressed my fingers high into the axilla, until I could nearly hook them over the head of the bone; my knee resisting the motion of the scapula, I increased the extension, at the same time, that I urged and directed the head of the bone towards its articular cavity, and gently brought the elbow downwards to the side. In this manner I effected the reduction.

CASE II.

Happening to be in Bray, county of Wicklow, upon the evening of a fair day, I was desired to visit Mr. Strong, who resides in that neighbourhood, but, was at this time at Quin's hotel, where he was conveyed after being thrown from his horse. I found him seated by a table, with his arm raised upon it, and resting on a pillow, suffering considerable anguish. There was nothing to obscure the nature of the accident. I easily perceived the head of the bone, which lay pretty high up in the cavity of the axilla. This gentleman, who had seen others treated for a similar accident, and who had himself been under the care of a surgeon, for a displacement of the opposite shoulder, some years ago, was much astonished at the little preparation I made, for what he esteemed such a

formidable operation. Removing his arm from the table, I placed him erect upon his chair, upon which I supported my foot, while my knee lay against the axillary margin of the scapula. Disposing my hands, as in the former case, I made a slow extension, during which I directed the head of the humerus towards the glenoid cavity, and gently brought the elbow down to the side. By this manœuvre the reduction was effected.

CASE III.

About two months past, I was called from dinner to see a poor fellow who sat in my hall with a luxation of his right shoulder joint. He was sent to my house by my friend Mr. King, an eminent apothecary, living at Saint Stephen's Green, to whom, in the first instance, he had applied for advice. As

he appeared to suffer great pain, I lost no time in trying to relieve him.

The head of the humerus lay under the pectoral muscle, through which it could be easily felt, and from which situation it appeared to move upon a slight extension of the arm. Resisting with my knee, applied as in the former cases, I arranged my hands in the same manner, and repeated the same manœuvre, with the same success.

CASE IV.

Driving a few miles into the country upon professional business, I saw a countryman dragging with all his strength, at the arm of a poor man, who happened to fall from his mule, by which accident his right shoulder was put out of joint. He seemed to suffer considerable pain,

and made many complaints that he should be so unfortunate at a distance from his home and friends. He was steward to a Mr. Odell, a gentleman who then lived in the county of Wicklow. By my desire, the countryman standing at the opposite side of the patient embraced him, his hands meeting upon the axillary margin of the scapula, which he thus held fixed, while I extended the luxated member, grasped above the elbow with one hand, the other being occupied in pulling down the head of the bone, and pressing it towards the articular cavity. When I perceived the head of the bone to yield to the forces thus employed, I slowly and gently laid the elbow to the side, and effected the reduction, without that jerking noise, the attendant upon more violent efforts.

CASE V.

—— Murphy, as well as I can now recollect, is the name of a young man, about twenty years of age, an apprentice to a baker in Leeson-street, who called on me in the morning, having luxated his right shoulder at a late hour on the preceding night. The tumefaction of the articulation was but inconsiderable. He complained, however, of violent pain, and of numbedness, and coldness of his hand, and fingers. The head of the bone lay forward, seemingly covered by the pectoral muscle, through which it was easily felt. Assisted by one of my house pupils, Mr. Thomas Fitzgibbon,* who fixed the scapula by pressing back

* Now a Licentiate of the Royal College of Surgeons in Ireland, a gentleman, with whose general conduct and professional progress, I have every reason to be satisfied.

the acromion process, I held the inferior part of the humerus with my right hand, and pulling it in a direction not quite horizontal, I hooked the fingers of my left hand upon the head of the bone, and at the same time pressed it towards the glenoid cavity, while I gently brought the elbow downwards to the side. It deserves to be remarked, that the luxation was in this instance reduced, without the necessity of stripping the patient.

OBSERVATIONS.

To these cases, I could add several others, but I conceive that they will be sufficient to illustrate the manner of proceeding, and to encourage the trial of such gentle efforts, before we subject the unfortunate patient to the torture of machinery.

When Mr. Hey's valuable observations first fell into my hands, I was strongly attracted by the reasonableness of the inferences, which he drew from the first case of luxation of the humerus, in which gentle means were unexpectedly adequate to the reduction; and I began to suspect, that much of the difficulties, which I had seen in these cases, was owing to the violent measures which were employed. I, therefore, determined to give this mild plan of proceeding a fair trial, and I have now the satisfaction of stating, that I have not been disappointed in a single instance of recent luxation.

Mr. Hey however, is not the first person, who has noticed the ease with which luxations of the shoulder joint have sometimes been reduced. Parey, in treating of the "first manner of setting "a shoulder, which is with one's fist,"

observes, " that in fresh luxations, espe-
" cially in a body, soft, effeminate, moist
" and not over-corpulent, that it some-
" times comes to pass, that by the only
" means of just extension, the head of
" the bone, freed from the muscles and
" other particles, wherewith it was, as
" it were, entangled, will betake itself
" into its proper cavity; the muscles
" being by this means restored their place
" and figure, and drawing the bone with
" them as they draw themselves towards
" their heads, as it were, with a sudden
" gird or twitch. Wherefore in many,
" whilst we thought no such thing, it
" sufficed for restitution only to have ex-
" tended the arm." *

Wiseman, whose works abound with most valuable matter, has found the hand

* Book 16. chap. 22.

alone sufficient to reduce the shoulders of infants and little children, and this with such readiness, " that the standers-by " have heard them knap in before they " knew they were out." He instructs us how " one man alone" should proceed to effect a reduction in those of more growth, " by placing the patient in a low seat, " and clapping his fingers under his arm- " pit, his knee or thighs to the outside " of his elbow, and his head to the point " of the shoulder."* He farther recommends, that the fingers should be hooked over the head of the bone.

Mr. Broomfield remarks, that " it is no " uncommon thing, immediately after the " os brachiale is dislocated, to see it re- " duced with the greatest ease, by a per- " son on the spot raising the patient's

* Wiseman's Surgery, Book VII. Chap. 5.

" arm sufficiently high, and then by ap-
" plying his left hand, clenched, into the
" axilla, as high as possible, when, with
" his right hand, suddenly pulling the
" arm down with all his strength, he
" makes as great an extension as pos-
" sible, till such time as the elbow is
" brought close to the side." He observes, however, that " this method does not al-
" ways succeed."*

Mr. White informs us, that he was once prepared to reduce a luxation of the humerus by pullies, managed in the manner which he had found most successful, when, upon making a gentle extension, " the head of the bone glided
" with the greatest facility into its socket,
" not returning with a sudden shock, as
" is generally the case." It should be

* Chirurgical Observations and Cases, page 272, Vol. I.

observed, that the subject of the operation was a strong, robust, middle-aged man; that the head of the bone was under the pectoral muscle; that it was some hours since the accident happened; and that three surgeons had in vain tried different methods for its reduction. Mr. White was surprised at the ease with which the reduction was accomplished. In a note, he remarks, that he has "reduced a dislocated shoulder, without "any extension, merely by pulling the "arm into a proper position, when it "instantly slipped into its socket, without any other assistance than that of its "own muscles."*

When dislocations are of two or three days' continuance, and when of course the muscles have been excited to some

* Cases in Surgery, with Remarks, Part I. p. 107, 108.

degree of re-action, it is certainly necessary to exert a greater force to effect a reduction. But then, it has not occurred in my practice, that I have been obliged to use machinery, or to avail myself of more than two or three assistants, whose principle business has been to fix the scapula, and to extend the arm, so gently and steadily, for some time before any attempt is made to urge the head of the bone into its situation, that the resistance of the resisting parts has been finally overcome, and the displacement has been reduced.

In cases in which reduction has not been accomplished for some weeks, or months, I grant the necessity of having recourse to a still greater degree of force; but I question whether it is at any period necessary, to call to our assistance the violently severe measures, sometimes used to aid those, whose principle skill

consists in the application of instruments, calculated to effect the end for which they are designed, only by the internal laceration of parts, and the destruction of those organs which give strength and motion to the articulation.

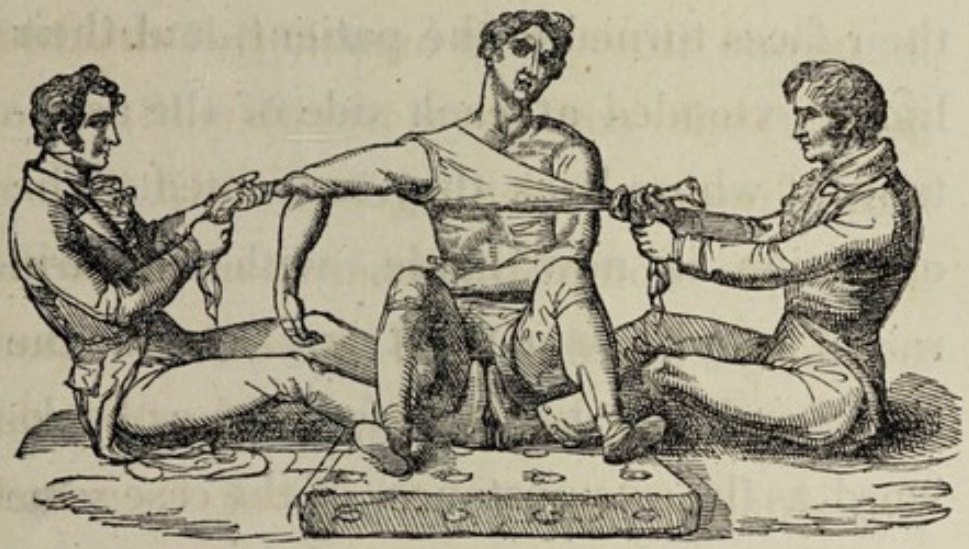
In luxations of long standing, in which the parts about the articulation did not seem to be in a state of thickness or rigidity, almost contrary to my own expectations, and the opinions of others, I have restored the humerus to its proper position, and this, in some cases, after two or three months, and in one, in the presence of a number of my pupils, after it had been displaced for six months.*

---

* I may presume to state my apprehensions, that Mr. A. Cooper has expressed himself rather too strongly, with respect to the necessity of resorting to the use of pullies, in old luxations of the shoulder joint.—*Surgical Essays.*

The manner in which I proceed is as follows:—I provide myself with a piece of strong coarse linen, a yard in breadth, and not less than three yards in length; along its centre I make a slit, sufficiently large to admit the luxated member, which is passed through it up to the shoulder joint; each end then is twisted two or three times, or even oftener, until the superior division of the band bears upon the acromion process, and its inferior part acts upon the remainder of the scapula, by which it becomes fixed together with the trunk. The ends of this bandage are next given into the hands of an assistant, or secured at the opposite side of the neck by a loose noose, until the proper occasion for using them. The ligature, which Mr. Hey has described, is in the next place applied above the condyles of the humerus, care being taken that the skin forms no plait or fold, and that it is first covered

over with some shamoy leather, for the purpose of protecting it from excoriation. By these attentions, the pain will be diminished, of which many complain during the extension of the limb.



The patient now sits upon a mattress, stretched upon the floor, and the assistants, to whose management the extension and counter-extension are consigned, place themselves at his sides, sitting opposite to one another. Each disposes a leg under the hams of the patient, until the soles of their feet meet together, while

the other legs are stretched towards each other, until they meet in the same manner behind him. If occasion should require a greater power, the assistants may be increased at pleasure; they are to be placed sitting behind the others, with their faces turned to the patient, and their limbs extended at each side of the assistant, at whose back they are seated. The extension is now made, with the arm raised nearly to a right angle with the body, and in a direction forward or backward, as the circumstances of the case seem to require. This is persevered in, until it is perceived that the head of the bone, which can be easily felt, and should be pressed upon during the operation, has moved from the new situation which it occupied. Before this change in its position, every attempt to jirk it into its proper articulation, not only disappoints the practitioner, but adds to the future

difficulties of the case, by the contusions, which must be the consequence, and the violent re-action of the muscles, which it excites. When the head of the bone is found to shift its place, the assistants slowly relaxing their force, it is directed towards the glenoid cavity with one hand, while the other, by which the arm is grasped, gently lays the elbow towards the side. In cases of long duration, we should not despair, even although the first efforts have turned out to be fruitless and fatiguing. I have persevered for hours, after every hope of success had deserted my assistants, and I have had the happiness of fulfilling the promises by which I cheered and supported my patient, through his protracted sufferings. I have always preferred a continued trial at reduction to a repetition of trials, allowing a day, or a longer period to intervene;

for the joint grows painful, and patients bear, with less fortitude, an operation which they have already experienced to be unavailing.

This method of applying force, I first saw employed by Mr. Halahan, of York-street, and during a period of some years, while I was his apprentice, and had the good fortune to be a witness of his practice, I do not recollect that he failed in a single instance, in which it was thought prudent to attempt the reduction.

I have taken the opportunity to enlarge upon this method of treating luxations of the shoulder joint, during my lectures on the practical parts of surgery. Many gentlemen who did me the honour to attend my class, have since made trials of the efficacy of the plan which I endeavoured

to inculcate, and I have been since informed by them, that it has been attended with such success, as to justify the opinion which they have heard me express of its value, and to encourage them to persevere in the application of it.

REMARKS

UPON

THE OPERATION FOR HARE LIP.

THE operation for the hare lip was once performed with a bistoury and a forceps, by which the lip was grasped and held steady. Marcus Aurelius Severinus was amongst the first who made use of this instrument. He has not delineated it in his works, but he mentions that its plates were unequally long, and that the longest was placed under the lip, during the operation, to furnish a convenient support for the bistoury.—"Inscinduntur "hæc commodè instrumentis peculiari- "bus, quæ studiosorum gratiâ mihi pri- "vata communicare non dubito. Est "instrumentum unum ligneum forcipis

" modo, cujus utrumque caput amplec-
" tantur coaptenturque occurrentia ad
" invicem secundum faciem planam. Ve-
" rum eâ lege, ut alterum occursabulum
" sit latius, alterum sit acutius; quorum
" illud cum usus agendi est et labio fisso
" reconditur sic, ut extremum ejus oram
" aliquantulum excedat, alterum vero su-
" pra idem labrum extra incumbens, citra
" hoc aliquantulum consistat. Ut igitur
" forfex capulis exterioribus compressus
" labrum constrixerit secundum inæqua-
" litatum minoris capituli sive dentis ap-
" prehendentis nunc unam labii oram,
" nunc alteram insecabis prono scalpro."*

Dionis both delineates and describes an instrument which was used for the same purpose:—" On pincera avec ces deux

---

* M. A. Severinus, Chir. effic. pars ii. de Sectionibus,—Caput 125.

" pincettes les deux bords de la plaie du
" bec de liévre, de maniere que ce qu'on
" voudra retrancher de ces bords passe
" au delà des pincettes qu'on serrera en
" poussant à chaçune leur anneau vers
" l'extremité supérieures, pius on coupera
" avec les ciseaux, ou bien avec le bis-
" touri, selon qu'on le trouvera plus com-
" mode, ces mêmes bords pour en faire
" une plaie récente, rafraichissant l'an-
" cienne jusque dans son fond."*

In Heister there is also a description of this forceps. He is an advocate for the use of it, asserting that it provides against the inconvenience of a temporary hæmorrhage, and in other respects facilitates the operation: " Sed quo facilius tamen pœr-
" caveri largior in ipsa operatione san-
" guinis profusio hic posset; quo item

* Cours d'Operations de Chirurgie, par la Faye, p. 600.

" commodius atque mitius, operatio ipsa
" procederit."*

Sabatier recommends this instrument, both on account of its convenience and utility, and considers the objections which are said to be applicable to it, as having no weight in the scale of experience. " Cette crainte est exagérée: on pourrait
" effectivement les employer avec avan-
" tage, pourvu qu'on eût l'attention de
" ne les serrer qu'au point qu'il faut pour
" que les parties soient contenues sans
" être blessées."†

Garengeot, who it seems at first warmly embraced the forceps, afterwards condemns it, from an apprehension that it

---

* Institutiones Chir. L. Heisteri—pars secunda. Sectio secunda, Cap. 75. Art. vi.

† Med. Operatione par Sabatier, tom. troisieme, p. 297.

contused the parts, and disposed them to suppurate rather than to unite. "En "effet cet instrument est méprisable, par- "cequ'il serre considérablement la partie "inférieure de la lévre, pendant que la "supérieure ne l'est point du tout, et "qu'il meurtrit tellement les bords du "bec de liévre, qu'il doit s'ensuivre une "grande suppuration."*

La Faye has also pronounced this instrument to be both useless and dangerous. "Les pincettes sont absolument inutiles pour cette operation; elles meur- "trissent et contondent les lévres en les "serrant, c'est pourquoi l'on ne s'en sert "plus."†.

Mr. Benjamin Bell, however, informs

* Op. de Chirurg. par Garengeot, T. troisieme, p. 12. Ed. troisieme.

† Cours d'operation de Chirurgie par La Faye, p. 600, note.

us, that he has given the old operation with the bistoury and forceps a fair trial, and that he can vouch for its utility. "By "some we are desired not to employ any "instrument of this kind, under an ap- "prehension of its irritating and bruising "the lip. This suspicion, however, can "have occurred only to those by whom "it has never been used; for when the "blades are smooth and equal, a degree "of compression may be made with it, "perfectly sufficient for fixing the lip, "without creating pain, which I can "assert from much experience of its "utility."*

Notwithstanding the favourable opinion in which the forceps and bistoury was held by Heister, Dionis, Sabatier, and Bell, that method of operating gradually

* B. Bell's System of Surgery, vol. iv. p. 466, seventh edit.

fell into disuse, and was superseded by the scissors.

I have employed the scissors in a great many cases, and in some I have found them a very convenient instrument. In others, however, they seemed to cause more pain than the scalpel. The great advantage which they appear to possess over the knife is, that the division is more readily accomplished. This is certainly the case when its blades can be fairly applied to the lip, but where the subject of the operation is a child or infant, and the parts are unequally contracted during its crying, the scissors have not answered as well as they are thought to do.

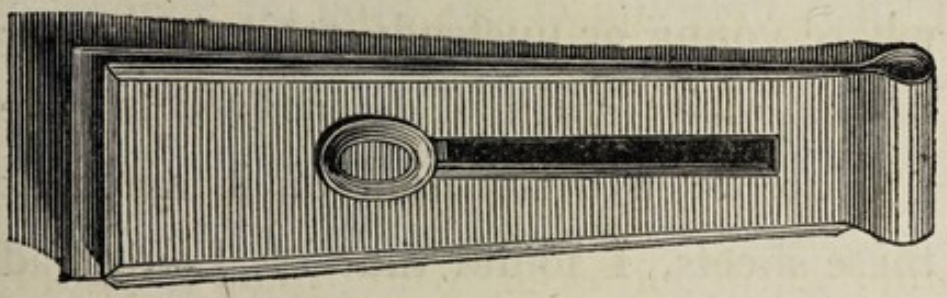
The great object in these cases is to command the lip, and to preserve it in a state of steadiness during the division with the knife. This purpose, however,

cannot be answered merely by the fingers of the surgeon; for the parts are so small, that a sufficient hold cannot be taken of the lip, to preserve it in an equal degree of distention during the incision.

To meet this difficulty the forceps of the ancients was contrived, and modern practitioners proposed that the lip should be stretched upon a piece of pasteboard, lead, or tin, adapted to the gums.

As it so happened that latterly a great number of children were placed under my care, for the purpose of undergoing the operation for the hare lip, and I found it sometimes difficult, in consequence of their contraction, to remove with precision the parts, which it was necessary to cut away, I began to think of making trial of the forceps of the ancients. Not having one in my possession,

I had recourse to the authors who have been already quoted, that I might have one constructed upon their principle. While I was consulting these works, it occurred to me that I could combine all the advantages of their forceps, and obviate all the objections to its use, by applying it merely to the edge of the lip, which it was intended to remove.



Accordingly, I had a forceps made, which the above plate represents. It is provided with a spring joint and slide, on the principle of the field forceps. The plates are broader than the vertical measurement of the lip, and one of them exceeds the length of the other by a line.

The edge of the short blade is furnished with small teeth, which, when the forceps is closed, correspond with others on the longest one. The plates are provided with a stop, to prevent those sharp points from injury by pressing against the opposite side, when the instrument is applied. When I had used the forceps sufficiently often to be convinced that it is of great advantage in the operation, where young or unsteady patients are the subject of it; and had determined to give a place to a description of it amongst these sheets, I found that M. Louis had employed the forceps of the ancients in the same manner. "I'ajouterai ici que ci "l'on m'eût montré ces pincettes, en "m'indiquant simplement leur destina-"tion, sans avoir connoissance, par la "lecture des Auteurs, de la maniere de "les appliquer qu'ils ont prescrite, j'au-"rois cru m'en servir utilement et con-

" formément aux bûes de l'inventeur, en
" employant à droite celles qui sont desti-
" nées pour le côté gauche, et vice versâ.
" Prevenu que l'hémorrhagie n'est nulle-
" ment à craindre, que l'écoulement du
" sang est favorable à la guérison de la
" plaie, et qu'on l'arrête très-aisément
" en rapprochant les bords de la division,
" je n'aurois pas imaginé d'appliquer les
" pincettes au corps de la lévre, pour
" couper le bord de la division contre
" nature, qui en dépasseroit le niveau :
" j'aurois au contraire saisi, avec les pin-
" cettes, la portion de lévre à retrancher,
" à laquelle je n'aurois pas craint de
" faire souffrir le degré de compression
" nécessaire pour la bien assujettir, sans
" aller néanmoins jusqu'à la contusion et
" à la meurtrissure, comme les exagéra-
" teurs n'ont pas manquè de la dire ; et
" j'aurois fait commodément et avec moins
" de douleurs la resection la plus nette

" et la plus favorable à la réunion. *Ap-*
" *tior plaga ad cicatricem producendam,*
" *commodiùs atque mitiùs procedendo.*
" Il n'y a pas de comparaison entra la
" facilité d'opérer de cette maniere avec
" les pincettes, ou de s'en servir de la
" façon qu'on a décrite. Elles saisiroient
" ce qu'il y à retrancher ; et dans l'usage
" preserit par les Auteurs, elles portent et
" agissent sur ce qu'il faut conserver."*

I was pleased at this anticipation, and felt more satisfied of the utility, if not of the instrument, at least of the reasonableness of the principles which led to its construction. It has been objected to the forceps, that its application must cause considerable pain. I do not think, however, that children have indicated more

* Mémoires de l'Académie Royale de Chir. T. v. p. 327. quarto Edition.

suffering from its use, than from any other instrument. Nor indeed do I think a little additional pain of so much moment, when the neatness of the incision, and the rapidity with which it is performed, are taken into account.

A CASE

OF THE REMOVAL OF A

LOOSE CARTILAGINOUS SUBSTANCE

FROM

THE KNEE JOINT.

I AM not aware that there is, even at this day, any settled opinion as to the course to be pursued in the treatment of loose cartilaginous substances in the knee joint. Many practitioners consider the extraction of these bodies as the only method of treatment, by which the patient can be effectually relieved, while others condemn the operation as an unnecessary one, and attended with considerable danger. In the midst of this indecision, it occurred to me that it would not be amiss to give the following history.

Thomas Eacrid, a stout young man, about twenty-four years of age, was admitted into St. Peter's and St. Bridget's Hospital, in consequence of a lameness in his right knee, which he attributed to the presence of some loose body, that occasionally interposed between the bones of the articulation, and excited severe pain, obliging him to sit, and on some occasions to fall down suddenly, overcome by agony and faintness.

This disease was of three years' duration, and like many of a similar nature, appeared to be produced by a severe contusion of the articulation, which happened by a fall. The joint was fuller than natural, and obviously contained a fluid. The examination with the hand was not productive of any inconvenience. The loose substance was easily felt over the external condyle of the femur, a po-

sition which it had not changed for the last three days, and in which the patient had frequently observed it before. Such was the pain he was accustomed to endure, and so wholly incapacitated from following his trade, which was that of a carpenter, that he expressed his willingness to suffer amputation, if it was deemed necessary for his relief. Inspired with that contempt for the pain of an operation, and that religious confidence in recovery which we often meet with amongst the lower class of people in this country, Eacrid would not listen to any proposal that did not relate to the extraction of the body. After matters were fairly represented to him, he still continued to importune me, and at last his earnestness prevailed.

After the fulness of the joint subsided, I proceeded to the operation, and having

placed the patient on a table, with the leg extended, I fixed the cartilage. In the next place, having made an incision over it through the integuments, I drew these aside, and then divided the capsular ligament. The pain of the operation was inconsiderable, and little difficulty was experienced in effecting the extraction of the cartilage.* This body was of an unusually large size, measuring two inches and a half in length, by one inch broad. One of its surfaces was convex, and the other concave; and one of its long edges was about two lines thick. During the operation, a table spoonful of seemingly inspissated synovia took place, and a small branch of one of the articular arteries bled rather freely; but it did not

* I was anxious to keep this cartilage in my possession, but the patient wished to preserve it himself. It was given to him while he was yet upon the table by Mr. Melin, to whom I handed it after extraction.

appear that any of the blood reached the cavity of the joint. Dressings were applied with a view to union by the first intention.

On the morning following, he was perfectly quiet, and neither the state of his skin or pulse indicated the changes which were impending. As his habit was full, it was thought prudent to take a large bleeding from his arm, and to open his bowels freely; he was restricted to whey, or acidulated barley water.

On the third day, every thing appeared to go on remarkably well; he felt no pain, and as yet no symptom of fever existed. On the evening of this day, he was so imprudent as to leave his bed, and to walk to the fire, where he sat for a short time.

On the fourth day, he complained of some pain in the joint, and I was informed that he passed rather a restless night. His pulse was frequent, and his skin was hot. The knee was slightly tumefied, but its colour was not changed, and the parts bore handling without producing additional uneasiness. He was again largely blooded. Cold saturnine applications were directed, and he was entreated to preserve his limb at perfect rest.

Matters wore a more serious aspect on the fifth day. The tumefaction was increased, and the pain in the knee more severe. He was extremely feverish, and sometimes slightly delirious. From this day, notwithstanding every antiphlogistic exertion, he grew worse. Circumstances now pointed out, that suppuration had

taken place, and some matter was discharged by a deep incision. This procured a temporary ease, and after the application of a warm poultice, he fell into a composed sleep. In two days the inflammation extended half way down the leg, and the foot grew quite œdematous. It soon became necessary to repeat the incisions. During six weeks, new inflammations continued to arise, and fresh collections of matter required several operations for their discharge. At the expiration of this period, he left the hospital reduced to such a state of hectic, that I thought amputation the only means by which his life could be preserved; but to this operation he determined not to submit.

I continued to attend him at his lodgings in Mecklenburgh Street, and I ultimately had the satisfaction to see his constitution recover. When last I saw this poor fellow,

his knee was greatly enlarged, and the motion of the articulation was lost.

OBSERVATIONS.

The operation for the removal of cartilaginous substances from the knee joint, has now been frequently performed, and if we are to regulate our opinion by the histories of its success, which are to be found in the works of celebrated surgeons, it is one, which may be undertaken without much hesitation. How far it has succeeded of late in the hands of our surgeons, I am at a loss to say. I have heard that it has terminated fatally in two instances. It is greatly to be desired that these cases were set before the profession. Practitioners are too anxious to detail the particulars of their successful cases, and to conceal those, the events of which disappointed the hopes they at first entertained.

In the vast field of practice, it is surely not sufficient to direct us, merely, in the course which we ought to pursue. We should also be instructed in that which it is our interest to avoid, and should thus be guarded against the fatalities to which we are othewise exposed, if urged by a spirit of empiricism or innovation, we are induced to wander in search of new or uncommon remedies.

I conceive the cases of this disease, which Mr. Hey has given to the world, to be particularly valuable. They are the only instances, with which I am acquainted, illustrative of the effects of persevering in the use of a well adapted knee-piece for several years. Middleton and Gooch employed nearly similar means, but we can draw no satisfactory inference from their cases, as they lost sight of their patients after a short time. This

remark also applies to Boyer's observations.*

I have been consulted for another disease by a gentleman, who about twelve years ago, was greatly inconvenienced by the presence of one of these bodies in his knee joint. To remedy the weakness of the articulation, he applied a pocket handkerchief tightly around it. From the ease which he derived from this method, he perseveres in it still, though for some time past he has not been able to discover the substance, which was the original cause of his lameness.

Upon the whole, it appears, from all the evidence I can collect upon the subject—first, that the operation of extraction may be performed with propriety in sound

* Traite des Maladies Chirurgicales, par Boyer, vol. 14, p. 444.

constitutions, and when proper precautions are taken to provide against inflammation; and secondly, that time, and bandage are sufficient to effect a cure, or at least to prevent inconvenience, when circumstances contraindicate the operation.

AN ACCOUNT

OF THE EXTRACTION OF A

GUM ELASTIC CATHETER FROM THE BLADDER,

BY AN

INCISION ABOVE THE PUBIS.

THE high operation for the stone is now scarcely noticed amongst surgical operations, and I am not acquainted that there is any record of its being performed since the lateral operation attained its present degree of perfection. Though the attempt to revive an operation, which the experience of its disadvantages and dangers was thought to have justly excluded from operative surgery, may subject its author to the charge of being desirous for innovation; still, I cannot resign the conviction forced upon

my mind by the circumstances to be detailed hereafter; that the high method has been too hastily relinquished, and that a safe means of extracting a calculus from the urinary bladder was somewhat giddily laid aside, to make way for one requiring more dexterity and display, and unquestionably involving a more considerable risk. Should I be thought to express myself too positively, or with too much strength, I can vindicate myself in no other manner, than by saying, that I express myself according to my feelings. Accident in some measure threw into my way an important fact; because I deem it important, I hasten to give publicity to it, and with an earnestness which it appears to deserve, to urge it on the attention of those who have humanity sufficient to appreciate whatever promises to lessen the pain of a surgical operation, or to diminish the dangers which are its attend-

ants; and who are so charitable as to suppress the sneer of criticism, and to withhold the voice of condemnation, from an attempt which disclaims every other object, save the welfare of the art of surgery, and the happiness of mankind.

The condition of the urinary bladder in calculous persons constitutes the principal objection to the high operation. In vesical calculus, the capacity of the bladder diminishes, its muscularity increases, and it is constantly and violently excited to contraction, even by the gradual distention produced by its natural contents. In the greater number of instances these causes prevent the ascent of the bladder from the cavity of the pelvis to a sufficient height, to expose to the lithotomist that part of its anterior surface, which is transfixed in the common operation of tapping above the pubis, in

cases of retention of urine. The means proposed to obviate the objections arising from the contraction of the bladder, were painful and insufficient, and they were sometimes followed by symptoms of an alarming character. Voluntary retentions of urine could not be long endured; the distention produced by injection of fluids, or by ligatures upon the penis, gave rise to sufferings more acute than the subsequent steps of the operation, and often entailed a disease little less distressing than that which the operation was designed to remedy. In addition to these objections, it was urged against the high operation, that it was to be apprehended, the parts adjoining the bladder would become the seat of urinary effusion, and ultimately of urinary fistulæ, troublesome to the surgeon, and dangerous to the patient. The impossibility of removing the fragments which are occasionally de-

tached by the forceps, was also urged as a serious objection against the high operation, and must be acknowledged to have considerable weight; more perhaps than the others appear to possess, when practitioners recollect the little inconvenience which the paracentesis of the bladder, as now performed, produces, and the absence of the danger of urinary effusion, so long regarded as an inseparable obstacle to its universal adoption; and when they reflect upon the evidence which the following case affords, that the distention of the bladder is not necessary to its safe division, and the ultimate extraction of the calculus it contains.

I do not wish it to be supposed that I mean to advocate the general applicability of the high operation; I desire no more than to point out the practi-

cability of cutting into the bladder by an incision on its anterior or pubic side, under circumstances, hitherto thought to preclude the safe possibility of that operation. The particular cases of calculus in which it may be esteemed justifiable to adopt the method, which the following history is calculated to recommend, future time and experience must determine. But I may be permitted to observe, that it seems to me eminently suited to those that, complicated with disease of the prostrate gland, were either abandoned to the hopelessness of prolonged suffering, or they sunk under the irritation arising from a rash and unpromising decision, as to the value of lateral lithotomy.

CASE.

On the evening of the 4th of December last, at ten o'clock, I was requested

to meet Mr. Wright, Mr. Tagert, and Mr. William Daniel in consultation. Our patient S—— whose constitution seemed to be much reduced by irregularity and excess, was forty years of age; he had long suffered from urinary disease, often required the catheter, and had been in the habit of introducing a bougie, by which he frequently drew blood from the urethra. At four o'clock on this day, his distress from retention was so great, as to require the operation of paracentesis of the bladder, which was accordingly performed above the pubis, and was followed by the removal of a considerable quantity of urine. By some accident a gum elastic canula, of the ordinary catheter length, slipped into the bladder, as the operator introduced it through the trocar tube. When I first saw our patient, his countenance struck me as indicative of great abdominal distress. The hypo-

gastric region was extremely tender, it seemed to be occupied by the bladder, and was very painful to the touch; the wound was filled with urine; he complained of an incessant desire to make water, followed by violent, yet inefficient spasmodic efforts. Notwithstanding the severity of his suffering, he was unwilling to submit to any further attempt to relieve him. Ignorant of the melancholy accident that occurred, he refused to undergo a repetition of an operation, in his opinion already proved to be ineffectual. By artifice rather than by persuasion, he was at last induced to commit himself to our management; placed upon the table, the sensation of the first minutes led him to believe he could pass water; he strained with violence, rubbed and pulled the penis. At length, despairing from the fruitlessness of his efforts, he lay back, and yielded himself with resignation to the care of my assistants.

Enlarging the wound already made in the linea alba, for the purpose of exposing the bladder, which the hypogastric fulness led me to expect I should meet with in a considerable state of distention; I was much surprised to discover that the bladder had retired into the pelvis, where it lay behind the pubis, contracted nearly to emptiness. Extending the incision to the symphysis, I introduced the index finger of my left hand to the peritonæum, which I pressed backwards, destroying its connexion, so as to permit my finger to descend between the bladder and the pubis, from which I separated it as low as the anterior ligaments. I now discovered that the bladder contained a small quantity of urine, but I could not perceive through its tunics any resisting substance. Having previously in vain endeavoured to find, with the beak of a catheter the orifice formed by the trocar, I advanced a sharp

pointed bistoury, guided by my finger, and turning its edge towards my nail I pierced the bladder, enlarging the incision under the direction of my finger, until it was sufficiently increased to receive it. I did not at first discover the instrument it contained, and which lay at the inferior fundus of the bladder, folded in a circular form into a very inconsiderable compass. Its situation once determined, it was easily laid hold of, and extracted by a scissors-handled dressing forceps. To preserve a passage for the urine, a gum elastic canular was introduced through the wound, and secured in the ordinary manner. The circumstances of this case, as they afterwards occurred, were noticed by Mr. Tagert, who has been so obliging as to furnish me with the following particulars. It should be observed, that during the operation, about an ounce of urine was discharged by the wound.

He was bled to the extent of sixteen ounces, and within the first hour, twelve leeches were applied over the hypogastrium, which was afterwards covered with a poultice. During the night a purgative enema was administered, and he had an opiate draught. Though he passed a tolerably easy night, and made water by the wound, still the frequency and hardness of his pulse, and the tenderness of the hypogastrium, made it necessary to repeat the bleeding from the arm, the leeches, and enema, on the following day; a purgative mixture was also prescribed.

On the second day he was somewhat better, but complained of frequent strainings to void urine. With a view to the removal of these symptoms, opium was prescribed in the form of enema, and opium and camphor were administered in draughts, occasionally during the day.

On the third day, the spasms were much abated. The urine passed by the wound, and a considerable quantity found its way by the urethra. He seemed rather low, and expressed a desire for some broth, in which it was deemed prudent to indulge him.

On the fourth day, as the urine which issued through the wound, escaped by the side of the catheter altogether, that instrument was withdrawn, being covered to a large extent with a calculous deposit.

By the sixteenth of the month, the spasms ceased to annoy him, and all his urine was discharged by the urethra, through which I succeeded in passing a small bougie. The wound had cicatrized by the twenty-seventh.

The truths which the foregoing history demonstrates are these—first, the practicability of dividing the pubic paries of the bladder, not raised by distention into the abdomen, without injury to the peritoneum; and secondly, that such an operation may be performed without producing urinary fistulæ. These facts imply the application of the operation to the extraction of the stone. How far its performance might be facilitated, by the previous introduction of an instrument into the bladder, remains to be determined. But it has occurred to me, that a staff grooved upon its concave side might serve as a guide to the bistoury, and direct the operator to the future steps to be pursued. Probably all ends might be as well attained by a catheter, open by a slit upon its concave side, answering as a director, which might be allowed to remain, if the particular circumstances of the case re-

quired it. By a leaden style accurately fitting it, the unpleasant consequences to the urethra, from its sharp edges, would be provided against. The operation which I contemplate on the living body, I have imitated on the dead subject; and the ease with which it can be performed is such, as to encourage me to put it into execution, wherever a suitable case offers in my practice. The incision in the linea alba should be from three to four inches long, and in some measure proportioned to the magnitude of the calculus, otherwise it will oppose a considerable resistance to its extraction.

CASES OF ANEURISM,

WITH

SOME OBSERVATIONS.

At a time, when it appears to be a principal object with surgeons, to determine the comparative value of the several different methods, of applying ligatures to arteries, and of the treatment, which gives the fairest promise of securing a successful issue to the operation for Aneurism; the following histories may be esteemed as particularly valuable.

CASE I.

Dennis Healy, a scrivener's clerk, thirty-four years of age, of a spare habit; slender make; unhealthy aspect; and greatly addicted to an excessive indul-

gence in the use of ardent spirits, was admitted into St. Peter's and St. Bridget's Hospital, on the 2d of December, 1811; afflicted with an extensive erysipelas of the left leg and thigh. These symptoms soon disappeared by the use of purgative medicines.

After a few days, he complained of a painful tumour in his left groin. Imagining that it was an affection of one of the inguinal glands, so often attendant on erysipelas, I did not examine particularly; however, after a few days, he drew my attention to it again, informing me, that the pain was more severe, and that the magnitude of the tumour had considerably increased.

The swelling had now attained the size of a large hen egg, and pulsated very strongly. It was firm, and incompressi-

ble; seemed thinly covered, and the integuments appeared slightly inflamed; it lay within one inch of Poupart's ligament. He first observed the enlargement about three months prior to his admission, but until lately he never experienced any uneasiness.

Assisted by my colleagues, Messrs. Hamilton and Adrien, and by my old master, Mr. Halahan, I made an incision, nearly four inches long, through the abdominal integuments, directly over the external iliac artery, commencing about an inch above Poupart's ligament. The muscles of the abdomen were divided with facility, a directory being passed under each, in the manner described by Mr. Abernethy. The unparalleled unsteadiness of my patient, together with a severe cough, which in paroxysms, alternated with his cries, delayed, for a

painful period, the next part of the operation, the division of the fascia, situated between the transverse muscle and the peritonæum. Through this membrane, I made an orifice sufficiently large to admit a director, by which its farther division was easily and securely accomplished; the peritonæum was readily detached from its connexions, and was pressed with the viscera towards the opposite side.

An unexpected difficulty was experienced in the division of the fascia, which covers the artery, connecting it with the psoas muscle, in consequence of the restlessness of the patient. A flat silk ligature, formed of three threads, was passed without much disturbance of the vessel, and was easily tied with the common double knot; the tumour immediately lost its pulsation; the limb felt benumbed, and to the hand was colder than the

other; one part of the ligature was cut away close to the noose, and the other end was brought out direct through the wound, which was dressed with a view to union by the first intention. Healy was now carried to his bed, laid upon his left side, with his leg and thigh rolled in a warm blanket, and placed in an easy relaxed position. The quantity of blood lost during the operation was very inconsiderable, and produced but little embarrassment.

All sense of pain subsided shortly after he was put to bed, and he could have slept, had not his cough continued to distress him. In the evening the temperature of his left leg was natural; there was no feverishness, and he made no complaint of local uneasiness.

The next morning he continued free

from pain, and expressed himself as being greatly refreshed by the sleep which he enjoyed during the night. The temperature of the lower extremities was equal, and the feeling of the left one had returned; the pulse had increased a few strokes in its frequency; rather full, but quite compressible; no passage from his bowels since the operation; his cough still continued to teaze him. A mild purgative mixture procured three stools by my evening visit, at which period, I directed the aq: ammon: acetat: with some tinct: opii to be taken during the night, mixed with some warm whey.

On the second morning, though he passed a quiet night, he seemed depressed in spirits, and breathed with increased difficulty (weather damp and foggy) pulse weak and frequent, skin moist in a sufficient degree. I permitted him a tea cup

full of sago, with one glass of port wine, as he evinced a great desire for some nourishment; and I prescribed a mixture for his cough, composed of arabic emulsion and camphorated tincture of opium. In the evening his chest was more oppressed, he could not expectorate, but made no complaint of pain. As he had no evacuation from his bowels since yesterday, I directed a repetition of the cathartic mixture, and substituted lac: ammon: for the medicine I had prescribed in the morning.

On the third day his chest was much relieved. He appeared very languid, and began to loathe his sago; his bowels were sufficiently free, and the wound was nearly healed.

On the 22d and 23d of December, the fourth and fifth days after the operation,

he was extremely low, loathed all food. The weather still damp and foggy. His chest was more affected; he expressed a wish for a glass of porter, in which he was indulged. In the evening he was more lively, felt himself better, and anticipated a good night.

On the 24th.—He was in good spirits, having passed a comfortable night; he breathed much easier. The size of the tumour had not as yet diminished; his porter was continued, and he was allowed a little lean meat at dinner.

From this day forward Healy's strength gradually improved, and all disposition to the sinking which threatened him, vanished. On the fifth of January, the noose of the ligature appeared at the wound, being spontaneously discharged. I confined him to his bed, and enjoined

perfect rest of the limb, until the 22d of January, when he was first permitted to sit up.

January 30th.—The tumour is nearly unaltered in bulk; it is very firm, and may be handled without pain. His general health was so much re-established, that he was no longer a subject for residence in an hospital.

August 1st, 1818.—Healy still lives, abandoned to excessive drinking. He is consumptive, and apparently cannot live for three months. A hernia prevails where the abdominal muscles were divided. The arterial system seems to be free from aneurismal disease.

CASE II.

Michael Murphy, a hackney car driver, on the Black Rock Road; thirty-three

years of age, and apparently in good health, though of a sallow complexion; was admitted into St. Peter's and St. Bridget's Hospital, on the 8th of February, 1813, with an Aneurism in his left ham. The tumour exceeded the size of a large hen egg, and within the last few days, it began to produce both pain and lameness. On the day of admission, his bowels were sufficiently freed, and on the following morning, assisted by my friend Mr. Halahan, and by my pupils, Messrs. Melin, Mazire, and Rumley,—whose diligence, professional zeal, and eminent humanity, I with great satisfaction acknowledge,—I tied the femoral artery in the groin, near the edge of the sartorius muscle, with a single flat ligature, composed of three threads of silk. The vessel was scarcely disturbed, nor was it separated from its connexions, farther than was necessary, for

the passage of the aneurism needle; the tumour instantly lost its pulsation, and he was immediately seized with a chilliness, to which a severe rigor succeeded. During the operation, the loss of blood was very inconsiderable, scarcely exceeding one ounce. As soon as the wound was dressed in the usual manner, the limb was invested with a light blanket, and he was laid in bed upon his side; the leg and thigh being placed in an easy relaxed position. Some warm wine, and an opiate draught, soon put an end to the rigor, and quickly composed him. In the evening, he complained of some pain in his leg; the same temperature prevailed in both limbs; pulse 100 in a minute, full, and compressible. He felt disposed to sleep.

February 10th—During the night, he had intervals of refreshing rest; he occa-

sionally discharged his stomach, was thirsty, and had a slight cough; tongue clean; skin hot; pulse 120; no motion since the operation; made no complaint of pain. For some time his stomach continued to reject every form of purgative; but at length was sufficiently settled to bear some tinct: jalap: which, assisted by enemata, procured three copious stools, after which he felt much better, and inclined to sleep.

February 12th—He passed a comfortable night, seemed cheerful, and expressed a wish for animal food. Pulse much less frequent; a slight discharge from the wound, around which there prevailed a considerable degree of erysipelatous redness; poultices were applied to the inflamed parts, and he was allowed a little gruel, made palatable by the addition of a glass of red wine.

February 21st—Since the twelfth, the wound suppurated copiously; he has had occasional rigors, and profuse sweats; pulse 96, full, and soft. His drinks were acidulated with acid: sulph: and a more generous diet was prescribed.

On the 23d—The ligature was spontaneously discharged; the wound was nearly healed; the aneurismal tumour had decreased to one half of the original size, and in general health, he was much improved.

September 16th, 1818.—Murphy still pursues his occupation, and enjoys extremely good health, notwithstanding his excesses in drink, to which he was long habituated.

CASE III.

Lawrence Rinkle, a coachman, twenty-three years of age, of a robust make, and addicted to extreme excess in drink, was admitted into St. Peter's and St. Bridget's Hospital, on February the 20th, 1818, with femoral Aneurism, situated above the perforation of the triceps muscle, left thigh. The tumour was somewhat larger than a turkey egg; it pulsated very strongly, and when handled it was attended with some pain. The integuments preserved their natural colour; pulse regular; no constitutional disturbance; the left testicle was the seat of venereal enlargement.

Assisted by Mr. M. Daniel, and my former pupils, Messrs. Maziere and Rumley, now licentiates of our College, I tied the femoral artery, above the sartorius

muscle with a single ligature, similar to that which I employed in the former cases; the pulsation in the tumour instantly ceased. After the usual local attentions to the wound, Rinkle was committed to his bed, the limb being disposed in an easy and relaxed position.

Four hours after the operation, he complained of nothing more than a sense of coldness, and numbedness of the extremity; the depression in the temperature of the limb was perceptible to the hand. The member was now invested with new flannel, beneath which a thermometer being passed after a short period, indicated a heat of ten degrees above that of the other limb, which stood at ninety-eight. At nine o'clock P. M. he was perfectly free from every uneasiness. My apprentice, Mr. Paye, Surgeon to the North Cork Militia, whose attention to Rinkle

was unceasing, informed me on the next morning, February 21, that my patient had enjoyed two hours composed sleep. Pulse 80, full and regular; tongue clean and moist; face slightly flushed; complains that he is tired of the position, in which he has lain since the operation; no passage from his bowels; a mixture, composed of Ol: Ricini: Tinct: Senn: & Aq: Menth: was directed.

February 22d.—He had two motions since yesterday; felt himself pretty well, and complained only of a slight pain in his left ankle, which was relieved by a change in the posture of the limb; and of some uneasiness in the wound, whenever he exerted himself with a cough, which attacked him during the night, but was not accompanied by any other inconvenience. In the evening he appeared easy; pulse 80; full, and readily

compressible. As the night advanced, he grew very restless, suffering considerably from pain in his back and loins, and teased by the frequency of his cough, which continued to be productive of unpleasant sensations in the wound; however, he slept soundly at intervals; had two rather solid evacuations; his thirst was moderate; pulse full and strong.

February 23d.—To my morning salutation, he replied, "he was very well;" pulse 80; full and regular; skin cool; temperature of the limb 96; the tumour, in his opinion, is considerably diminished in size; still annoyed by cough, for which, I directed a mixture, composed of Tinct: Opii: Camphor: Lac: Ammon: and Syrup: Papav: In the evening, his cough was much less troublesome, and he had slept soundly several hours during the day; one motion; pulse 92, full, soft,

and easily compressed; temperature of the limb, as in the morning; the succeeding night was passed quietly; he slept a good deal, and had two evacuations from his bowels. He was free from every symptom of feverishness.

February 24th.—The dressings were coloured by a dark discharge, rather offensive to the smell; the lips of the wound lay in contact, but obviously had not united. Some surrounding erysipelatous inflammation, made it necessary to apply a poultice over the adhesive plasters.

February 27th.—On this day, the bottom of the wound had united, except where it was occupied by the ligature; the lips were still unconnected, but they discharged a healthy purulent matter; the aneurismal tumour was reduced nearly

one half; the limbs were of similar temperature; pulse regular; tongue clean; bowels free by the use of a few grains of the blue pill, combined with James's powder; makes no complaint, except of the weariness of his position; slept well, and was extremely anxious for animal food, in which, as there was no contraindicating symptom, he was indulged.

March 1st, tenth day from the operation. The wound had not yet united at the surface; aneurismal tumour much less; the discharge moderate, and slightly tinged with blood, which appeared, however, to issue from some of the granulations, that were injured in the former dressing. General health daily improves.

March 4th.—The wound had nearly closed: the ligature, which had not yet been touched, seemed to have lengthened;

mercurial fœtor of the breath perceptible; bowels free. Pill omitted.

March 13th.—The ligature has been spontaneously discharged, and appeared amongst the matter at the orifice of the wound, when dressed by Mr. Daniel, in the presence of my diligent pupil, Mr. George Cupples.

September 22d.—Rinkle has now no trace of the aneurismal tumour. He enjoys very excellent health, and has returned to indulgence in all his old habits

CASE IV.

Andrew Rourke, a Coal Factor, living in Horseman's Lane, Great Britain Street, forty-five years of age, had been blooded by some unskilful person, about six weeks previous to the 12th of July, 1816; on

which day he applied for my advice, in consequence of aneurism at the flexure of the right arm, which he attributed to the ignorance of the phlebotomist. The tumour was as large as a hen egg, pulsated strongly, and was inflamed upon the surface.

Assisted by Mr. A. Colles, Mr. M. Daniel, and Mr. Rumley, I tied the brachial artery, about three inches above the tumour, with a single flat ligature, as in the former cases; all pulsation instantly deserted the aneurism. The parts were dressed in the usual manner, and the fore-arm disposed in an easy position. In the evening, he complained of darting pains through his hand, which was warm and sweating; in the radial artery the pulse was perceptible. He seemed so restless, that I thought it prudent to prescribe an opiate mixture to be used during the night.

July 13th.—Mr. Thomas Fitz-Gibbon, who was then my pupil, and on whom the attention to this case in a great measure devolved, informed me that my patient passed a very restless night, that he had been extremely thirsty, and had frequently complained of a tingling uneasiness in his right hand and fingers. He sweated profusely about his head; pulse 100; no motion since the operation; some cough; temperature of the right arm exceeded the other four degrees. I advised some cathartic pills, which had not produced any effect by my evening's visit; at which time he still continued to perspire; he had short disturbed sleep at intervals; pulse 100 and full. I prescribed an opening mixture, and an enema every third hour, until the bowels were freed.

July 14th.—Five copious motions were procured by his medicine; he slept quietly

for five hours; was very thirsty, and drank largely of whey; his chest was so much oppressed as to demand the loss of twelve ounces of blood. In the evening he was much better; pulse 100; skin moist; he expressed a wish for some flummery, in which he was indulged.

July 17th.—Has been daily improving since the 14th; made no particular complaint; a slight suppuration from the wound; a distinct pulse in the radial artery; the tumour has decreased in size.

July 26th.—Every thing promised fairly, the ligature being spontaneously discharged.

OBSERVATIONS.

The employment of the single ligature, and the medical management of these cases, constitute their most striking pecu-

liarities. In the three first, the lancet was not used, nor was any other part of the usual preparatory plan of treatment adopted. After the operations, evacuants were sparingly prescribed, and a regimen, more generous than generally permitted, was observed. This practice was suggested by the following reflections:—

I had remarked, that but few persons recovered after the operation for constitutional aneurisms. I thought it not unlikely, that these failures might be justly attributed, in some degree, to an error in either the preparatory or subsequent medical treatment, and that something of the want of success was also to be attributed to the disposition of practitioners to experimentalize on human arteries. I did not recollect a single instance, in which the patient was not reduced before the operation, by copious and indiscrimi-

nately extensive venesection. The principle which appeared to regulate practitioners in the adoption of their measures, I could not explain, except, by supposing, they were designed to prevent inflammation, or to diminish the force of the circulation of the blood. I saw that many, who were brought by this treatment to a state of unusual irritability, sunk irrecoverably after the operation; that others died from mortification of the limb, and some from suppurations. I was consequently led to the resolution to deviate from the plan, I had hitherto seen sytematically pursued, and to adapt the treatment to the necessities of each particular case, without reference to any general rule. With systematists, this was far from an orthodox feeling; but I am confident the heresy will be excusable by those, who will examine the motives which regulate their own conduct in

practice, and have sufficient candour to acknowledge the grounds which decide their treatment of diseases.

I may be permitted to observe, that practitioners, according to my conceptions, mistook the indications which the pulse afforded. Its fulness, its almost uniform compressibility, and frequency, appeared to me to denote a state of the system, very opposite to the tonic or inflammatory tendency, which has been too often, I fear, supposed to exist.

Practitioners have not yet determined the method of applying ligatures to arteries which deserves to be preferred. Of late years, there have been many ingenious contrivances, but their promised advantages have been rarely realized in practice. It is a fact, now pretty generally established by experiments, with which

every one is familiar, that a division of the internal tunics of an artery is a circumstance most favourable, if not essential, to the adhesion of its parietes; and that the contact of the divided parts for a definite length of time is farther necessary. Amongst the means which have been hitherto devised, none seems better calculated than the single ligature to embrace these two grand objects, and for the efficaciousness of none, does experience speak more favourably or more loudly. The successful application of the single ligature appears to depend, in a great measure, upon the method in which the operation is performed; much will also depend upon the manner of preparing the artery for its reception. The dissection, which insulates the vessel, should never be conducted in any other way than with the scalpel, and forceps: and the handle of the knife, resorted to in moments of

timidity or unthinkingness, should be esteemed unjustifiable, and must be condemned, as a practice contrary to the principles of the art of surgery. When we reflect on the importance of the sheath of an artery, we will be sensible of the necessity of detaching it to an extent, no greater than is sufficient, to permit the ligature to embrace with accuracy the external proper tunic of the vessel. To this point, I may be permitted to observe, that practitioners do not appear to be sufficiently attentive.

The force with which a ligature is applied, has considerable influence on the success of the operation; it is quite obvious that a laxity of noose is incompatible with the object we are desirous to attain. To provide against this error, practitioners sometimes fall into an opposite excess, and in their anxiety inflict an injury on the vessel, which frustrates the intentions

they have in view. I have heard it observed, that the total division of a vessel by the application of a ligature was altogether a matter of impossibility, and, therefore, that the apprehensions of the consequences of its over tightness were totally groundless. Though the first part of this assertion may be true, yet surely the inference which the second expresses, is not legitimately deduced. Besides, it will be found by a little consideration, that the rules of practice it is calculated to convey, cannot be adhered to without violating the principles of sound surgery, and risking the individual, in whose case they may be carried into execution. The greater the simplicity of a wound, the greater its aptitude to union by the first intention. But for the purposes of union, it is not alone necessary that the wound shall be simply effected, it is farther requisite, that the adjoining parts shall

sustain no injury, which could interfere with the salutary process of adhesion. How far these feel the impression of a ligature drawn with unlimited tightness, it is easy to conceive, when it is considered that this violent compression must produce a degree of contusion sufficient to destroy the life of the part, and of course to prevent the accomplishment of that end, on which alone the security of this operation can depend.

It is a material point in applying a ligature to an artery, to be careful to finger the vessel as little as possible, and in the act of tying it, not to raise it towards the mouth of the wound. In cases of aneurism extremely favourable for operation, and in which its steps were performed with dispatch and dexterity, when there was nothing to find fault with, except the inattention to these circumstances, I have

to these in many instances attributed the failure of success.

I have seen some examples, in which an over anxiety about the removal of the ligature appeared to be the cause of secondary hemorrhage. To avoid a consequence so formidable, I have, in every instance, committed the removal of the ligature to the natural operation of the part, never attempting to stir or to withdraw it, until by its lengthening I saw evidence sufficient to convince me that the noose, already detached from the artery, sought to be discharged from the wound. And in aneurisms in particular, I have always waited until it has been spontaneously thrown out. Modern experiments clearly demonstrate how far it may be safe to imitate this practice, though I would not by any means be understood to sanction an innovation,

which they are calculated to establish, and which, every one who has made trial of it, must acknowledge to be sometimes productive of tedious and troublesome symptoms.

In Rinkle's case, it is to be observed, that phlebotomy was prescribed with a view to his original affection of the chest, and not in consequence of the operation he had undergone, or the disease for which it was performed.

ON

LABIENT ANEURISM.

THREE cases of aneurism of the inferior coronary artery of the lips have occurred in my practice. One had advanced to rupture of the sac, and was productive of a great deal of trouble and excessive hemorrhage. In another, these events were prevented by a timely operation.

CASE I.

Mr. M——, of Bride Street, for several weeks past, has had repeated hemorrhages from a deep fissure which lies across the red border of the inferior lip, at a small distance from the left commissure. The surrounding parts are hard and elevated, but not painful to the touch. He is much

emaciated, and his appearance is altogether that of a person exhausted by bleeding.

The hemorrhage followed the bursting of a small tumour, which he recollects to have existed for a long time, without being productive of any inconvenience. At each recurrence various means were applied to restrain the bleeding. The compress, styptic, and caustic, had each its trial, but without the desired effect. Proceeding as if they were cancerous, I removed the indurated parts, and uniting them by the common suture, adhesion took place in three days, the hemorrhage never returning.

CASE II.

About five years ago, Miss Vipont observed a dark elevated speck on the inside of the inferior lip, near the right

commissure. She conceived it to be a deformity, and advised with some female acquaintance, who recommended her to endeavour to pick it out with a needle. The attempt was followed by a jet of blood, which ceased spontaneously. From that period the bulk and pulsation of the tumour continually increased; uneasy sensations were occasionally experienced through the entire lip. By these her apprehensions were so far augmented, that she determined to have the advice of a surgeon.

The tumour was about the size of a grain of duck shot, of a florid colour, and it pulsated very distinctly. The adjoining parts of the lip were uninfluenced by the disease. I advised the excision of the tumour, and readily obtained the assent of my patient, who could see no other termination to her case than a fatal bleeding, or a malignant cancer.

Inverting the lip, and pressing it into a vertical fold, I snipped out the tumour with a pair of convex scissors, without interfering with the common integuments. The incision was treated as a simple wound, and the applied surfaces were retained by means of a fine needle passed through the entire double of the lip, on which a ligature was wound in the usual manner. These were removed on the fourth day, and in a few days there was no trace of the operation.

The third case of labient aneurism was accompanied with hemorrhage. The subject was a young man, an extern patient at St. Peter's and St. Bridget's Hospital. He refused to submit to the operation I proposed, and did not return to the institution.

ON THE

EXTRACT OF STRAMONIUM.

" But if this remedy should decidedly prove, upon " further trial, to produce the effects I have described, " and in particular to allay pain, without producing con- " stipation or lethargy; I cannot help flattering myself " that it will be found to afford, at least, a valuable palli- " ative."

Marcet on Stramonium.
Med. Chir. Trans. V. 7.

ON STRAMONIUM.

An extract from the seeds of the stramonium plant has been lately introduced to medical notice by Dr. Marcet, in an essay on its medicinal properties, published in the seventh volume of the Medico-Chirurgical Transactions. It appears from his observations, that the virtues of this preparation are pre-eminently active. Its dose, however, has been so well ascertained, and its effects upon the constitution so comprehensively, yet concisely, detailed in the work alluded to, that it may now be considered as safe a remedy in the hands of an intelligent practitioner, as any other substance belonging to the narcotic class. Under these circumstances, it cannot be thought to be either rash, or extraordinary, that I should have deter-

mined to employ it in some of those obstinate cases of pain and uneasiness, which seem to resist altogether, or but slowly yield to the ordinary means of treatment; or that I should have prescribed its use with freedom and confidence, in cases similar to those, the severity of which was palliated by its powers, under the management of the publisher of its virtues.

I have now employed this medicine in three cases of tic douloureux; in several cases of ardor urinæ subsequent to gonorrhœa; in chordee; in gall-stone cholic; in Cholera; Schirrhous Rectum, and Menorrhagia Difficilis. The effects will appear in the brief history of the cases, which I presumed it would be acceptable to publish. It is proper to inform the reader, that the extract which I used, was the same with that employed by

Doctor Marcet, and was either procured from Mr. Hudson's house in the Haymarket, London, or prepared according to his formula.

TIC DOULOUREUX.

CASE I.

On the 2d of last February, I was desired to visit a lady residing at Ranelagh. She was fifty-six years of age, and of rather a full habit. She mentioned that she had been several years afflicted with a disease, which those whom she had consulted called tic douloureux. The paroxysms of late were unusually severe, and frequent, attacking the left temple, over the left orbit, in the ala nasi, superior lip, gum, and palate at the same side. The pain sometimes seized the root of the tongue, and interrupted her articulation. Extraordinary and indescribable

sensations which she referred to her heart and throat preceded each attack. For several weeks she was afraid to lie down, apprehensive that the pain might be excited by contact with her pillow, and during that period "she had not closed "her eyes in refreshing sleep." Melted calves foot jelly was her principal nourishment, which she never attempted to swallow except in a paroxysm of agony. The pulse was full and frequent; bowels confined; the tongue covered with a deep yellow fur; face flushed; the left eye appeared to be slightly inflamed, and discharged an abundant quantity of tears.

After I had sufficiently freed her bowels, I directed quarter grain doses of the extract of stramonium to be taken four times daily, during three successive days. The first day was succeeded by a night of comparative ease, and she slept five

hours. The medicine did not produce any unpleasant symptom.

On the second day she was extremely cheerful, and suffered only a few "light "pains," which were confined to her forehead, and "worked altogether in-"wardly." I thought I might now with prudence add a half grain to the daily quantity of the extract.

On the next morning, I was informed that she experienced but one trifling transitory pain since my visit on the preceding day, and that she slept comfortably through the greater part of the night. She was sometimes teased by a short cough, and once expectorated a little blood; urine very turbid; bowels confined. A cathartic draught was administered, and the stramonium continued, as there was no recurrence of the bloody

spittle, and no other mark of particular inconvenience.

During the three succeeding days, she was much troubled by a short cough, and a tough viscid phlegm, which she found it difficult to throw off. These symptoms, however, were not to be attributed to the stramonium, as she had often before experienced them in the course of the disease. The uneasy sensations about the throat and tongue occasionally recurred; notwithstanding these, she felt herself pretty well, and her nights were passed in sleep. Bowels regular; tongue clean; pulse 80; appetite considerably improved. Her taste returned, and she now began to enjoy her meals.

The same quantity of the extract was prescribed during the five following days; at the expiration of which period, the

paroxysms returned with great severity, but they did not oppress with their original frequency. The pains were principally confined to the gum, and middle of the forehead. A copious salivation now took place;* pulse 80, and rather full; tongue loaded; belly costive.

Concluding, from the suddenness of the relief she received in the first instance, that things were progressively advancing to a perfect cure, she felt severely disappointed at the return of the pains, and at once lost every confidence in the remedies, which she had lately employed. She resolved to take no more of them. As her bowels were confined, I directed a repetition of the cathartic draught, for the following morning. It procured six co-

* At my first interview with my patient, this symptom did not exist; when it appeared, she remarked it was quite a common occurrence, whenever her pain was severe.

pious dark coloured stools. I now desired the affected side of the face to be constantly anointed with a liniment, composed of equal parts of lard, olive oil, and the ung: oxyd: plumb: alb: (February 15.)

She was again relieved, and continued tolerably well until the 24th. She enjoyed the society of her friends, and for the first time during a long period, she indulged in the use of solid food, without any apprehension. The salivation, however, continued, but in diminished degree. Bowels free, evacuations dark in colour. She suffered only eight attacks of pain since the 15th.

On the 25th, she discontinued the liniment. The pains soon returned. However, they were neither as severe, nor as constant, as on former occasions; and to

use her own expression, " they worked " inwardly only". An extreme languor now seemed to overwhelm her, and she expressed herself in terms of great dispondency. Tongue covered with a thick paste of a dirty yellow colour; the left eye considerably blood-shot and watery. The cathartic medicines were repeated with their usual effect.

On the 27th, she consented to use the liniment again. It seemed to procure her a composed evening, and a good night's rest. She persevered in this application for two days, during which period she experienced a few slight attacks. She desisted a second time, and the disease returned with great violence. I thought this a favourable opportunity, to return to the extract of stramonium, and I accordingly prescribed a half grain pill for every fourth hour, until my next visit,

unless it happened to produce the sensations which evince its deleterious influence, and under these circumstances I desired that the remedy should be discontinued. To these instructions she adhered for two days, but without any material alleviation of the symptoms.*

My patient now resolved to use no more internal medicine. She resumed the liniment, and seemed to improve under its use. This plan was once more abandoned. The moxa was afterwards repeatedly applied, and she was blooded from the arm without any beneficial

---

* I cannot vouch for the genuineness of the extract administered on this particular occasion; my own supply, for which I was obliged to the kindness of Mr. Crampton, the Surgeon General, who obtained it from London, was consumed, and these pills were procured, by my prescription, from the shop of an apothecary; where, without an intentional error or neglect, the common extract might have been substituted. The proper formula was not at this period generally known.

effects. It is right to state that the blood shewed both buff and cup in the same degree, as when drawn in consequence of the most severe inflammation.

The two following inferences may be deduced from the foregoing case.—First, that the Extractum Stramonii is a sudden and powerful anodyne in cases of Tic Douloureux, in which it may be administered with greater advantage than any other medicine belonging to the same class. Secondly, that the external application of the oxyd of lead, seems to have some considerable virtue in mitigating pain in the same disease.

CASE II.

Mary Brown, about thirty-six years of age, a poor woman, who earns a livelihood by working at the needle, called at my

house to request my advice concerning a painful affection of her face, by which she had been tormented for several months. Her sufferings have of late increased to such a degree, that she can seldom pursue her usual employment; she cannot chew a morsel, or apply her finger to her face, without exciting considerable pain. The cheek and gum of the left side are principally affected. At the suggestion of some person she had several teeth drawn, but without any amendment of the symptoms.

I directed half-grain doses of the extract of stramonium to be taken three times daily; she persevered in their use for three days, and on the fourth day, she called to return me thanks for the service I had rendered her. She then felt herself perfectly well, and able to follow her usual occupation.

CASE III.

A poor woman, whose name I did not inquire, was advised to call on me, by Mary Brown, the subject of the second case. I had no doubt that her disease was Tic Douloureux, and I accordingly prescribed the extract of stramonium. In this instance, in which the disease was only incipient, the effects of the remedy were displayed in a striking manner; after the first dose the pains disappeared, and did not return; as I was informed after an interval of some weeks.

ARDOR URINÆ.

The cases of Ardor Urinæ, unaccompanied with discharge, and succeeding obstinate gonorrhea, in which I administered the extract of stramonium now amount to a large number. It will be sufficient, however, to select two instances which

serve to illustrate its efficacy in such cases.

CASE I.

Mr. D———, a gentleman of sixty-years of age, was so unfortunate as to contract a gonorrhea, for the cure of which he applied to some person, to whose province it did not belong to treat diseases of this description. He continued ill during four months, notwithstanding the multifarious injections, and the variety of nostrums, prescribed by his attendant. Finally, the running from the urethra ceased, and the inflammation subsided. Soon after a sensation of an "intensely "burning heat" seized the passage, and was particularly distressing, whenever he made water. On this occasion he consulted an eminent physician, who applied leeches to the course of the urethra and to the perineum; blood was also taken

from his arm; his bowels were well emptied, and several terebinthine injections were administered. He was advised to use large quantities of barley-water or flax-seed tea. Deriving no advantage from these remedies, in which he persevered for six days, I was requested to visit him. In the first instance, I prescribed equal parts of the emulsio camphorata and arabica, which sometimes afford considerable relief in these cases. However, they proved inefficacious here. In the next place, I ordered a grain of the extract of stramonium in two pills, one to be taken immediately, and the other in two hours. After the second pill, the ardor urethræ ceased, and did not return for twenty-four hours, at which period it yielded to a repetition of the pills, which were continued for a few days, and were then laid aside, as there existed no farther occasion for their use.

CASE II.

Mr. O. C———, a gentleman about twenty-four years of age, was the subject of a very protracted gonorrhea, by which he stated his health to be much impaired Though he had no discharge from the urethra, he experienced a distressing heat in the passage, and a considerable degree of scalding, whenever he made water. The orifice of the urethra was redder and more pouting than natural.

In this case, I prescribed the extract in quarter grain doses, to be taken three times daily. In this quantity it produced no change in the urethral sensations. However, by augmenting each dose to half a grain, the symptoms wholly disappeared in the course of a few days. In this instance the extract seemed to operate as a purgative.

CASES OF CHORDEE.

CASE I.

N———, Esq. several months ago contracted a gonorrhea, which continued for an unusual length of time, and in the opinion of his surgeon, finally terminated in a stricture of the urethra, posterior to the fossa navicularis. Recourse was had to bougies for the cure of this disease, and the instruments employed were just of a sufficient length to pass beyond the seat of the stricture. They were worn by the patient, for the period daily enjoined by the surgeon; after a tedious perseverance in their use, matters did not appear in the least improved. There was still a gleet from the passage, pain and difficulty in making water, and troublesome erections, in which the penis seemed to be confined, as in a common case of chordee. The

bougies were now laid aside. As things shewed no sign of amendment, the patient determined to have other advice, and accordingly he requested mine.

The urethral discharge, and the painful erections, were now the most troublesome symptoms. After an ineffectual trial of the common remedies, which were not hitherto employed, I determined to administer the extract of stramonium, of which I directed a half-grain pill to be taken twice or three times daily. In the course of two days my patient informed me, that he was much better, and he did not perceive any disagreeable sensations from the medicines he was using. I therefore desired him to persevere. When he next called on me, his report was still more favourable. Circumstances now obliged him to go to the country. Previous to his departure he provided himself

with a large box of his pills from the house of an eminent apothecary, Mr. Moor, South Anne Street, to whom he communicated that he had been materially served by their use. During his absence, he continued them with great regularity, and on his return to town, he assured me he was perfectly recovered; though he was occasionally alarmed by strange sensations in the urethra, which obstinately resisted the usual dose of the extract.

CASE II.

Mr. E———, has had a gonorrhea for a fortnight past, attended with great ardor urinæ, frequency in making water, and incessant nocturnal chordee. Since he contracted the disease, he has lived sparingly, and has employed such remedies as were calculated to keep his bowels open. From the advantages derived in

the former case by the extract of stramonium, I thought there could be no impropriety in administering it here. I therefore prescribed one grain to be formed into two pills, one to be taken at eight, and the other at ten o'clock at night, and I desired my patient to call on me next day. At the appointed interview he informed me, that he passed the preceding night quietly, without much disturbance from chordee, and that the ardor urinæ had abated. Whenever he perceived a tendency to their return, he applied to his pills, and always used them with the same satisfactory effect.

CASE OF GALL-STONE CHOLIC.

I was requested to visit —— Blake, a poor industrious man, living in Maiden Lane, Bride Street; he had been so long ill and now seemed so exhausted, that his

family thought he was at the point of death. He informed me, that he was afflicted with jaundice for several weeks, and that of late, he sometimes experienced a most excruciating pain in his stomach, attended with vomiting and violent thirst. His pulse was rather fuller and more frequent than natural. He appeared to suffer great pain.

I directed a grain of the extract of stramonium to be compounded into two pills, with the addition of eight grains of the pilula hydrargyry, one to be taken immediately, and the other in four hours. In a short time after he had taken the first pill, the pain subsided; and after the second he felt quite composed, passed a good night, and on the following morning made a breakfast of thin gruel.

CASE OF SCIRRHOUS RECTUM.

A poor man, most deplorably afflicted with a scirrhous rectum, applied for my advice. The case was obviously incurable by any means at present within the compass of the art of surgery. He entreated me to do something to relieve him from the darting pains, which shot through the urethra and bladder, and the tenesmus from which he had scarcely a moment's respite. To palliate these symptoms, I prescribed opium by the mouth and per anum without advantage; I then prescribed a grain of the extract of stramonium to be taken at bed time. This mitigated his sufferings, producing, however, a sense of constriction and dryness of the fauces, with a slight degree of giddiness. For four days, during which period he used to call on me for the medicine, he felt himself better. On his last application

I gave him a few pills to take to the country, where he was going to terminate his days among his friends.

CASE OF

MENORRHAGIA DIFFICILIS.

An unmarried lady, about forty years of age, who for a long time menstruated with considerable pain and difficulty, requested my advice. She stated, that at certain periods she was seized with pains in her loins, thighs, and abdomen, of such extreme severity, as to oblige her to keep her bed, and sometimes to throw her almost into convulsions. She also complained of a sense of weight and uneasiness of the uterus, and an impediment in making water, which occasionally amounted to a total obstruction. By the directions of those whom she had hitherto consulted, she used several forms of me-

dicine, amongst which opium made a large share, but without any desirable effect. I prescribed the extract of stramonium, in quarter-grain doses, combined with the colocynth pill and the pilula hydrargyri; and I advised her to take one dose three times daily, as soon as the next period of menstruation approached, and during its continuance.

When I had the next interview with my patient, she informed me that matters passed over more quietly than they had done for several years, and that the menstrual discharge was unusually abundant. I have lately heard that she has recourse to her medicines every month, and she still attributes to their use the relief she has experienced. For this information I am obliged to Mr. M'Alpine of Suffolk Street, by whom the medicines were compounded.

CHOLERA MORBUS.

I was lately called out at night to visit a young man, whose name I cannot at present recollect, living off Castle Market, George's Street. During the preceding day, he suffered severely, and at the time when I saw him, he was in a very alarming condition; extremities cold; countenance wan and sunken; pulse small, frequent, and intermittent. The abdomen slightly tense, and he complained of pain when I pressed in the region of the stomach; the effort to vomit was violent and incessant. From these symptoms I had but little hopes; my apprehensions were augmented, when I found that the usual remedies were skilfully but ineffectually administered by his apothecary, Mr. Clifford of George's Street. Strongly impressed with the idea, that the relief

which Blake* obtained, was justly attributable to the extract of stramonium, I resolved to give it a trial in this instance. Two grains were formed into four pills, and directions were given that one should be taken every half hour. The first dose superseded the necessity for the others; the stomach became calm, and the patient composed himself to sleep. Thenceforward he began to recover.

CASE OF GOUT.

On the 4th of December, I visited Mrs. C——, a lady in Montague Street, about forty years of age, of a strong full habit; she had frequent attacks of gout, which generally settled in her wrist and elbow. At present these parts are so tumid and painful, that her left arm is

---

* See case of Gall-stone Cholic.

powerless; the ankle at the same side, feels as if it sustained a severe sprain; the parieties of the thorax suffer so acutely, that she can scarcely breathe. She is much distressed by hiccup, and her stomach instantly rejects whatever she swallows; pulse frequent; tongue dry; bowels confined; skin disposed to sweat; urgent thirst; she had no sleep during the two preceding days. Her stomach resisted every means advised with a view to settle it; æther, opium, wine, &c. were in vain employed.

Directing my first attention to the bowels, I prescribed two draughts, composed of tinct: rhei and electuar: scammon: but these were rejected with severe and exhausting efforts. Under these circumstances, I next ordered two grains of the extract of stramonium, to be formed into three pills, one to be taken every

third hour, without any liquid, until the vomiting ceased. The first dose composed the stomach, and produced a general alleviation of pain. The vomiting returned after the expiration of two hours. At the proper period, the second dose was administered, by which the stomach was again settled, and so quiet that I ventured on the use of some cathartic pills, and a draught to assist their operation; she slept during the night, and was much freer from pain on the following morning. The bowels yielded to the aperient medicines, and matters afterwards took a favourable course.

FINIS.

Printed by J. Davy, 17, Queen Street, Seven Dials.

THEATRE OF ANATOMY,

AND

SCHOOL OF SURGERY,

Peter Street, Dublin.

MR. KIRBY annually delivers two Courses of Lectures on Anatomy, Physiology, Pathology and Surgery.

The Winter Course commences on the last Monday of October, and terminates on the last day of April.—The Summer Course commences on the first Monday of April, and is concluded on the last day of July.

The daily Lecture is delivered from a quarter before twelve to one o'Clock; and through the Summer Course at the same hour, except during April, in which Month the Lecture is delivered between a quarter before three and four o'Clock.

TERMS.

One Course.....*Three Guineas.*
Perpetual Admission .....*Six Guineas.*

During both Courses, the Dissecting Rooms are open, under the direction of Mr. DANIELL, Member of the Royal College of Surgeons in Ireland, by whom the daily demonstrations are given, and whose constant superintendance secures to the student incalculable advantages.

TERMS.

One Course of public Dissections and Demonstrations .....*Five Guineas.*
Perpetual Ticket .....*Ten Guineas.*
Admission to the Demonstrations only .....*Three Guineas.*
Perpetual Ticket .....*Six Guineas.*
Admission to the private Dissecting Room, Dissections and Demonstrations.....*Six Guineas.*
Perpetual Ticket .....*Twelve Guineas.*

School of Surgery,

ST. PETER'S AND ST. BRIDGET'S HOSPITAL,

PETER STREET,

WAS founded in the Year 1810, at the sole expense of JOHN KIRBY, A. B. Member of the Royal College of Surgeons in Ireland, by whose sole exertions it is still supported. It extends relief, annually, to Twelve Thousand extern Patients, and is capable of accommodating Thirty Interns.

A Course of Clinical Lectures and Reports, are delivered every Winter, on Surgical Diseases, by Mr. KIRBY. The revenue accruing from these, is expended on the Establishment. The Pupils are Clinical Clerks, and Dressers in rotation. Every case that offers at the Hospital is made the subject of instruction to them, and the attention of the Pupil is constantly directed in that course which is thought most likely to secure his advancement in Surgical Attainments.

TERMS.

Admission to the Hospital and to Clinical Lectures for Six Months.....*Five Guineas.*

The Pupils of this Institution have the opportunity of learning the Practice of Midwifery, by an attendance on Lying-in Women.