To the Medical Faculty

The following "Memoranda" are presented in lieu of a systematic essay. They possess no claim to be considered complete cases, having been transcribed almost verbatim from my notebook. As an apology for their meagreness, I may be allowed to urge, that they were not taken with any intention of being put to their present use; but were preserved for their own intrinsic value, as a monument of many useful reflections, in the recognition and treatment of diseases. The selection of cases has been made beyond the avoidance of a repetition of cases more or less similar, and the exclusion of frequent and trivial ailments, which might have seemed out of place in these papers. I ought also to add that the session of 1852 furnished the material; a portion of which, has been recorded in the following pages.
Incurable Tumours.

Are very common, but surgical assistance is seldom required, as there is a strong tendency to their spontaneous cure. We must not therefore interfere unless they are obstinate, and increasing rapidly. Relief can be afforded in various ways. The tumour may be cut out; but this is dangerous, and not a good practice. Caustics and escharotics by causing ulceration, also may be used for their destruction; but this mode of treatment is painful and tedious. The best mode of treatment is by ligature. Foreign bodies may be also introduced which by their presence produce inflammation and suppuration, and so destroy the morbid growths. In the latter mode of treatment, the worst that can happen is failure, as these tumours are very tenacious of life. In this case a number of threads were passed through the tumour; the first row passing thru the base, and the others nearer the surface. The threads should be thicker than the needle, so that they may act as plugs to the punctures made.
by the instrument, and to prevent bleeding.

The treatment in this case was very successful.

Diseases of Joints:

There are three tissues in joints, each liable to disease: viz. bone, cartilage, and synovial membrane. Bone is subject to inflammation, ending frequently in absorption or death; cartilage is liable to ulceration; and synovial membrane to inflammation, acute and chronic, and to gelatinous thickening termed joint swelling. Some joints are more prone to each of these changes than to others. The knee, ankle, and wrist joints are subject to ulceration of the cartilage, and ball and pocket joints to inflammation of the bones.

The effect of inflammation of the bones is very various. It may be slight, as in some cases of hip disease, where the pain, and lameness in walking, may pass off under proper treatment, and leave little or no trace of previous disease. Ulceration of the cartilages in the hip-joint is not uncommon, but disease of the bone is very uncommon.

The shoulder-joint has two bones entering into
its formation - the scapula and the humerus. The head of the humerus, consists externally of dense osteous substance, next cancellated structure, and then hard bone. The cancellated structure is frequently absorbed, and the shaft frequently proliferates. If there is only death of the bone, we may cut it out. If cavities remain, and is confined to the head of the bone it can easily be removed; but if the glenoid cavity of the scapula be implicated, it becomes a matter of greater difficulty and frequently leads to amputation of the arm.

Disease of the tibia and metatarsus is very common, and like all spongy bones, the bones forming these articulations, are more liable to caries than to necrosis.

Of these bones, the os calcis, and astragalius, are most liable to disease, and as the disease is limited to the bones of the foot, amputation of the lower third of the leg, which formerly constituted the only remedy, is not more practiced or required. This operation is much more dangerous than the removal of the foot at
the ankle-joint. The advantages of amputation of the foot, over that of the lower third of the leg, are: that the danger resulting from the operation is much less; the mortality being small, while from the latter operation 25 per cent die from hemorrhage, sepsis, gangrene, and phlebitis; the nerves of the foot are smaller than those of the leg, and so the danger from hemorrhage is much less; and the resulting stump is infinitely more serviceable, from it being formed by the hard texture, which previously constituted the heel. The mode of performing the operation is to place the foot at right angles to the leg, and feeling for the end of the fibula, put the point of the finger of the left hand upon it. This makes one end of the incision. Then place the thumb of the same hand exactly opposite to it, on the other side, and make an incision under the foot from one point to the other. Dissect back the integuments from the os calcis, carefully keeping the point of the knife close to the bone. Afterwards, make an incision, across the front of the
foot, from the same point, and bending the foot downwards. Divide the ligaments which now only prevent its detachment. The knife is then passed round the extremity of the fibula and tibia tibia, so as to separate the integuments, and then these extremities are removed by the knife, to the extent of about an inch—generally two or three wounds require ligature. This operation is well known has not been so generally successful elsewhere as in Edinburgh: the flaps having frequently sloughed, and led to secondary amputation of the leg. This accident has generally resulted from neglecting to keep the point of the knife close to the bone, when the flap was dissected from the end of the fibula. From this omission, the flap has been scored, its arteries divided; and death has resulted as a matter of course, from deficiency of arterial supply.

Irradiant ulcers of the leg

In a female, 37 years of age, of good health, she stated that she had received a kick 10 yrs. previously; the edge of the flesh was
thick, and white; its surface smooth, and covered with a thin secretion, like varnish. The limb was adenomatous. These kinds of sore, nature heals, by healthy granulations. The duty of the surgeon is to remove all obstacles to the healing process, and as soon as these are local and depend upon the swollen state of the limb, by removing this condition, the sore quickly heals. The best means for this purpose, is a large blister applied over the surface of the ulcers, and a portion of the neighboring surface. This remedy generally acts with great rapidity on that sore, that have persisted for years. All other modes of treatment, often get till in two or three weeks, under this. The purpose may also be accomplished by carefully bandaging the limb, and rest in the horizontal position; but this method is much more tedious and irksome.

A man from the country presented himself, with a discharge from the urethra, and complaining of inability to pass his urine.
He had contracted gonorrhoea 9 months previously. His surgeon had been unable to pass a bougie. Mr. Lyme however easily passed the instrument, and remarked, that in this stage of gleet, nothing was more beneficial than the pas-


ning of a good large bougie.

Internal Haemorrhoids

Are very common both in males and females, but almost entirely confined to the better classes of society, who indulge in the pleasures of the table, and take little exercise. Hence although frequently seen in private practice, the disease is comparatively rare in hospitals. It consists of an hypertrophic or enlarged growth from the mucous membrane of the rectum, form-


ing tumours, which vary in size from a small strawberry to an egg. They resemble most a strawberry, in size, shape, and consistency. The membrane covering them is very thin, and vascular, and easily made to bleed: the quantity of blood varying from a few drops pricked with a needle to a perfect jet. The loss of blood, when continued, produces much injury to the
constitution, although the quantity lost may be only a few drops at a time; but the daily repetition of even this small quantity is sufficient to reduce even the strongest man, causing emaciation, great pallor of the countenance, ringing in the ears, dizziness, inaptitude for mental or bodily exertion, swelling of the feet, palpitation of the heart, (which may simulate very closely, organic disease of that organ), and all the symptoms of great prostration of strength. The inconvenience attending there is not confined to these; but much pain is caused by their prolapse, which is caused by straining at stool, much exercise, or the erect posture. They also cause relaxation of the sphincter, and pain not only in the bladder, but neighbouring organs. The operation for their cure was formerly considered dangerous, and a popular belief in their incurability still exists. They may be palliated when influenced by leeches and astringents,
but may be safely and safely removed by ligature. Their removal by the knife is unsafe, not from the resulting bleeding but from the deadly inflammation, which is apt to follow. Acids, cauteries, or caustics, do little or no good. The ligature is directly applied, if they are small, but if large, they are transfixed with an armed needle, and the ligature tied on each side, so as to completely cut off any vascular connection. The pain is usually trifling but if great it may be relieved by an opiate. The bowel should be previously emptied, and kept removed for two days. In any operation upon the rectum, if haemorrhoids exist, they should be first dealt with, otherwise they readily inflame, and cause an awkward complication. If they are numerous, they should all be removed at one time. This operation often causes retention of urine, which if neglected, may cause such distension
of the muscular fibres of the bladder, as to require the use of the catheter for months. But this may be prevented by not allowing overdistention, and the patient should always be seen in four or five hours after the operation, and told to make water, when in all probability he will succeed. If not, then use the catheter.

If the haemorrhoids are inflamed, we need not wait for the subsidence of the inflammation.

Ulcer of the tongue

In a man. The ulcer presented an irregular surface, and from its long duration, absence of any local irritating cause, and its obstinate persistence to treatment led to the suspicion of its malignancy. This suspicion led Mr. Dixon to remove it. The best means for the removal of such ulcers is by incision. Ligatures would effect the purpose; but this mode is tedious, and the application of securities is uncertain. The operation is best performed with scissors.
Clubfoot.

The most common form is inversion, the foot being partly turned outwards. When the foot is turned inward, it is generally caused by contraction of the tibialis anterior, the tibialis posticus, and long flexors of the great toe, and even the plantar fascia may also be in fault. When the actual position is outward, the tendon Achilles is often instrumental to its location, but principally the peronei muscles. In young children however, with malgaus the tendon Achilles is not implicated. The operation for its cure should be performed at an age as early as possible, and consist of the subcutaneous division of all the tendons which are felt unnaturally contracted, and afterwards adapting suitable apparatus to maintain the foot in its proper position. In dividing the tendons, the proper practice, is to cut from without inwards and if this be performed with due care there is no danger attending it. A small
pleats of lint, is immediately placed upon the wound, and retained by a bandage, and thereby prevents any accumulation of blood in the subcutaneous cellular tissue. Any operative interference is hopeless if the bones are altered in shape, and for this reason, the operation should be performed at an early period of life.

Enlarged Smalls

are most frequently met with in young persons. The symptoms they occasion are a constant sensation of uneasiness, occasioned by deafness, the production of disagreeable noises when asleep, and a serious interference with speech. They also render the patient constantly liable to quinsy, upon any slight exposure to cold. They are easily removed by seizing them with a pair of hooked scissors, and cutting them out, with a pointed curved bistoury. The incision should be made from behind forwards, and from above downwards. When both are to be removed, it is better to take away the right one first, as it requires the longest time.
Compound fracture
of both bones of the leg, in a man, aged 39 yrs. The accident was caused by compression between the buffers of two railway carriages. Both bones of the leg were fractured, and the ankle joint supposed to be implicated. The man eventuated well for a day or two, but later more tension than usual occurred, and a few vesicles appeared upon the skin. But the appearance of dark-colored vesicles does not necessarily imply gangrene. The limb became more swollen, and the thigh assumed a yellow appearance, showing the approach of gangrene. When mortification results from a constitutional cause, the rule is not to amputate until a line of demarcation is formed, and put then as a matter of course. But when gangrene is the result of a local cause, as from injury producing inflammation which the most healthy tissues and the soundest constitution are not able to resist — should the treatment be different? And should amputation be at once performed? Morbige considered
that where amputation had seemed to check the spreading gangrene, the disease was about to stop spontaneously, and was disposed to think from the results of his experience, that we ought not to amputate, as the shock of the operation, may decide unfavorably the struggle going on between nature and the disease. In many cases, the disease action commences in the finger after amputation and then the result is almost invariably fatal. If the gangrene however be caused by injury of the vessel, and obstruction to the circulation we ought not to wait but operate at once, above the point where we suppose the obstruction has taken place.

Aptosis of the muscles of the arm, depending upon some derangement of the nervous system and attending of no remedy. Weakness of some of the muscles occasionally occurs from cold, or bruise, and these cases are effectually removed by counter-irritants (blisters) and exercise. In these latter cases, it is probably the muscles themselves, that are at fault, but while general atrophy of the muscles has taken
place, the nervous system is the cause. The
blister, should be applied directly to the affected
muscles, and not over the nerves. They should
be repeated if necessary.

Stone in the bladder

In a man who suffered from the usual symp-
toms, and upon examination with the sound,
the stone was at once detected; but was thought
to be too large to be crushed. The operation
of lithotomy was therefore recommended.

In operating for stone, a free external
incision is necessary, and for this purpose
the muscles, and fascia of the perineum should
be freely divided. The bladder should be
entered at the lowest part, not laterally,
and we should never seek to introduce
the forceps, until we feel sure that the
ring of the prostate is divided. The size
of the forceps should be proportionate to
the size of the stone, and it is better to
be provided with a curved pair, in
addition to the straight forceps generally
used, as they are in some cases
necessary, in extracting the stone.
we should not use much force, as a gentle movement upwards and downwards, with a slight extractive effort is all that is required. A dose of castor oil the night previous to the operation, is better than the administration of aurine. A tube is introduced into the bladder, through the wound, and allowed to remain for forty-eight hours.

One upon the lip.

in a man, and had existed for it yes. It had an appearance, as if cautery had been applied, and this led Mr. Smyth to remark that cautery seldom do good in these cases, unless they go to the root of the evil. The removal of such pocks is best effected by excision with a pair of curved scissors, and as in this case, the bone was very superficial it required only to be shaved off.

Injury of the head.

A patient was brought into the Hospital, in a state of insensibility, caused by a fall down several stairs. No fracture could be detected. The immediate effect of such
falls is concussion, and the proper treatment is to put the patient to bed, and do nothing. Bleeding is not necessary, and is improper. If however the headache continues beyond 12 hours, we may conclude that there is something more than concussion. Affusion of serum, blood, or laceration of the brain may have taken place; and then a more active treatment is demanded—such as bleeding, balsam to the head, blistering etc.

This patient however does soon recover, as it pleader it probable that nothing more than concussion had occurred.

Fracture of the Humerus

Of a man. caused by falling from a cart. This fracture is one most easily recognized and treated, requiring nothing beyond a splint on the outside, and another on the inside of the arm, and these retained by a bandage. The old practice was to leech, and foment for a few days, to subdue inflammation, previous to the application of splints. This, however, is improper and injurious. We should not wait but apply the splints at once.
Periosteal disease

A man presented himself, with the lower part of the thigh much swollen, red, and fistulous near the knee. His appearance led Mr. Syme to think it might be periosteal disease, and accordingly prescribed two grains of the iodide of potassium twice or thrice daily, and the application of a blister. The result confirmed the accuracy of his diagnosis. The treatment being rapidly successful, and the man was soon quite well.

Fistula in ano.

In a man, who stated that he had a fistula, and had been operated upon elsewhere, but unsuccessfully. The origin of this disease is a collection of matter, which after evacuation leads to the formation of a fistulous canal, characterized by its extreme obstinacy to treatment, owing to the peculiar, morbid structure of the canal. An abscess forms between the muscular and pelvic (in the ischio-rectal fossa) and either opens spontaneously, or is opened by the surgeon. At this period the cavity is perfect and has no communication with the cavity of
the rectum, for the first six weeks, or so. Usually
however, about that time, an opening into the
gut takes place, by ulceration of the mucous
membrane, and then for the first time, the
patient notices the escape of flatus, and
sometimes, though rarely, of feculent matter
through the canal. Some have supposed
that the obstinacy of the disease, depended
upon the action of the sphincter ani, and
that the division of this muscle was necessary
to the cure. But this is unnecessary.

In every case, it is always
necessary to introduce the finger into the
rectum, for it is impossible to make an
accurate diagnosis with the probe alone.

The internal opening, when it exists, is always
found within an inch of the anus. The operation
for the relief of this affection, is simply an incision
laying open the canal, by joining together the external
and internal openings. Stuffing the cavity with
flints, and allowing it to heal by granulation.
Sometimes no internal opening can be discovered,
and then we must either wait for its formation
or make the incision through the mucous
membrane.
membrane of the bowel, at the point where the opening would probably form. The fistula may extend for some distance up the side of the rectum, but the division of this is quite unnecessary as the joining the external and internal opening together in one incision is all that is required for the cure of the disease. This operation is attended by no hemorrhage, no pain, and very little dressing is required. It is also performed with a certainty of cure unless some constitutional cause be present to prevent it.

Chronic Abscess

A female presented herself with a swelling in the neck above the sternum, which fluctuates but does not pulsate. If left to itself it might prove obstinate, and be attended with dangerous consequences, as the abscess was in close vicinity of the carotid artery. If opened a communication might take place with the artery by elevation, a consequence which is very apt to follow the opening of an abscess in proximity with arteries. The treatment proper, is to endeavour to
discuss the abscess, and for this purpose, blisters are frequently of the greatest service. If they fail, and the infection becomes very thin and threatens to open—a very small puncture, & may be made with a fine forceps, and the pus be gradually evacuated. No bad consequences follow this treatment. Morbidity has drawn off 600 ounces of pus from one of these abscesses.

Infantile Hip Disease

In a small-sized, scrofulous looking, fair-skinned boy of 11 years old. He had been thought by some London physicians to be suffering from disease of the knee joint. He had been lame for 4 or 5 months. Careful examination at once detected not disease of the knee but disease of the hip joint in its early stage. The treatment of such a case is mild—simply preventing motion of the joint by means of the long splint, which commands both hip and knee joints. Effectively prevents motion. After a few weeks only are required to show the result of the treatment.

This case was treated for some time with
rest, and the long splint, with marked improvement at first—but subsequently the symptoms became more severe. The pain, although about when the limb was at rest, was very acute when any movement was attempted. The actual cauterity was therefore applied without any further delay.

Weakness of the Tarsus.

In a growing boy, the arch of the foot was depressed, forming on its under surface a convexity instead of a concavity. No disease of any of the structures was present, but the deformity was proving to be exasperation at a time when rapid development was taking place. The affection always occurs about puberty, and requires only rest and a bandage.

Enlargement of the Testes.

A man presented himself with both testes enlarged. Two years previously he had double hydroceles both of which were banded, and Tincture of Iodine injected, with the result of curing the hydroceles, but subsequently the testes had enlarged. He had been taking the Iodide of Potassium.
* Necrosis is a term not sufficiently comprehended; because it is not merely death of the bone which is indicated; but also the accompanying effort at reproduction. Much discussion has taken place as to what tissues reproduce the new bone...
and rubbing in the mercurial ointment to salivation, but without any improvement.
Mr. Lyne recommended that all medicines should be discontinued, and the tongue be passed remarking that this treatment is often benefi-
cial, although it proceeds ope cælii is not understand

**Contraction of the Foot**

In a young man, preventing walking. The peel was pulled inward, and downwards.

**Contraction of the hand** may occur from three causes, one only of which is common, and results from injury of the palmar fascia. The other two are caused by contraction of the tendons, and by cicatrices. Of these three causes, one only is observed in the foot, namely that of contracted tendons. This may be relieved by subcutaneous division. Mr. Lyne divided the tendon, and the other structure, yielded to pressure.

**Necrosis**

Of the fever, in which case, a large quantity of new bone was formed. The probe detected a piece of dead bone, which from the long
The opinion that it is reproduced by the periosteum was held by Mr. Lyde, Hanley, Durand, Bachat, Blumenbach, Dorat, Borchert, Billammi, Crucellhier, and andreal.

That the bone was the source has been affirmed by Walker, Dethley, S. Bell, Scarpa, Richerand, Culliton, Syston, Larrey, Meckel, C. Bell, Miescher, Weber, Muller.

The experiment of Mr. Lyde himself seems conclusive as to the periosteum being the reproducing agent. He cut out a segment one and a half inches long from the radius of a dog, the animal was killed at the end of 6 weeks, and complete reproduction was found to have taken place. The next removed a segment, an inch long, from the left radius of another dog, with the bone forceps; and beneath the periosteum of the right radius he passed an instrument, so as to separate that membrane from the bone all around, and then removed the bone to the extent of an inch, leaving the periosteum entire. At the end of 6 weeks the animal was killed. The radius of the left side was found united, tho' the effort had been made. That of the right side was perfectly reproduced and consolidated. Roosed a portion of the radius of another dog. For Lyne passed a metallic plate under the periosteum, and found that the periosteum became porous with bone.

When a whole shaft is removed it is usual to remove the bone. Great thickening is always present from the reproductive effort.
time the disease had existed, was probably de-

fected. The disease commenced 8 months

previously, (after exposure to cold,) with deep-seated

pain, redness, and swelling of the integument;

the latter appearance often very closely simulates

Syphilis. Suppuration proceeded, and death

do the bone ensued. In attempting the removal

by a sequestered portion of bone, we should not

interfere too soon, but allow nature sufficient

lime to effect separation, and to form a sufficient

quantity of new bone; nor should we wait

too long, for then the constitution suffers, and

the new bone getting thicker and stronger, may

so enclose the dead portion, as to render it

removal more difficult. In this case it

was fortunate that the disease had not involved

the joint, or cartie and suppuration would

have ensued, and the necrosis would have

been of secondary consequence. If the sequested

portion proves of large size it is better to cut

it with cutting pliers than to attempt to remove

it whole. The operation though painful at the

time, is not attended with subsequent pain.
Hernoesis affects the lamellated tissue, alone; so that joints are
been opened into in simple hernias. But cases of the cancellated
and weerios of the lamellated tissue may coexist, as in
common in the upper part of the bicipital bone, as the Calvaria,
clavicle, ribs, etc. are not so easily reproduced as the long bones.
The ramus and condyle of the lower jaw can be so reproduced.

* Bronchecle is much less common in men than in women;
often occurring in the females, unless the disease is epidemick
in the district. It rarely occurs in children, but in a
case of a man admitted into the Hospital with a large
mass of the thyroid, violent spasm of the muscles of the
larynx frequently occurred, threatening death by asphyxia.
From the large size of the tumour, no room was left
for the performance of tracheotomy. The spasm of the
palate was occasioned by pressure upon the recurrent
nerve.
removing several large goitre.

Bronchoccele*

A woman presented herself with the thyroid gland much enlarged. The tumour had existed 40 years, and by its great bulk interfered with deglutition, the patient being unable to swallow unless in the erect posture. When she stood, it interfered with respiration, and also with the circulation, producing dizziness of sight and vertigo. In such cases, it is necessary to ascertain whether the tumour is solid or contains fluid. The feel of these tumours, however, is very deceptive. They generally produce very little inconvenience; therefore we are not warranted in endangering the patient's life by any operative interference. Various modes of treatment have been proposed, as ligation of the superior thyroid arteries, but this is not successful. Suppression has been produced within by means of a gutta passed through them. The best and safest means to adopt is to administer the sodide of Potassium in solution or tincture of Sodine internally, and apply a succession of blister externally.
If the tumour contains fluid, we may draw it off by means of a small trocar, and inject the mixture of iodoine

Housemaid's Knee

In an acute form. It was therefore opened and the pus evacuated. The opening should be free and longitudinal. This affection is an inflammation of the bursa over the patella, and is usually of a chronic nature, producing induration, and a collection of fluid in the bursa. The disease can usually be removed by blistering and pressure, but if this does not succeed, the fluid may be evacuated with a small trocar, and a blister applied afterward.

Foreign bodies in the esophagus

A man stated that in taking his dinner, he had swallowed a piece of bone, and he had the impression, that it was still lodging in the pharynx or esophagus. In many of these cases the feeling of the presence of the foreign body remains for some time after its removal. Examination by means of the forceps detected nothing. The treatment of such
case depends upon the size and shape of the substance swallowed. If large and blunt we may use a probang; but never, when the substance is sharp and the shape the obstacle to its passage. If we fail with the forceps, we must excite vomiting by tickling the fauces, or by the administration of an emetic—such as Sulphate of Lime.

**Malignant Tumour**

A woman from the country applied at the Hospital with a tumour of the upper part of the nose. It began with pain in head, followed by prostracion outwards of the side of the nose. Two or three soft tumours had been removed by a surgeon in the country. Under an impression that they were polypi Mr. Lyne however recommended no interference, as from the history of the case, commencing with pain in the head, the prostration outwards of one side of the nose, and from the eyelid being now slightly suffused outwards, no doubt could be enter —planned of its malignant nature, and of its involving the ethmoid or sphenoethmoid bone, do
Even the
removal of the superior maxilla would be useless.

Very weak.

In a young boy. This deformity is generally
caused by the contraction of the external
biceps of the sternum-mastoid muscle, and
is removed by subcutaneous division of
the contracted portion. The operation should
be performed before the bones become altered
in shape. This boy was operated upon
and the following week presented himself
when the deformity was observed, the
muscles, but still not entirely removed.
This was the result of habit, and we
must not expect immediate cure in
these cases: as it is sometimes necessary
to wear a stocks, for some time after
the operation.

Ununited fracture

Generally occur from mal-praxis, or
the too early removal of the splints.
When it occurs in the humerus, or fore-arm,
it may occasion very little inconvenience.
This is fortunate, as these are the most
difficult to remedy. In some related two instances of this variety, one, the case of a mail-maker, who still follows his avocation although his humerus is in this condition and another the case of a farm-servant who can now, with an uncorrected fracture of the fore-arm.

The substitute is composed of strong fibrous tissue which forms the articular, by the fractured bone together. Its formation is caused by disturbing and preventing the formation of the provisional callus.

In some bones, this fibrous union always occurs, as in transverse fractures of the patella, in fractures of the olecranon, and the neck of the femur. In these situations there is no room for the formation of callus. This was formerly supposed to be prevented by the synovial reaction; but this is disproved by the bone union by transverse fractures of the patella.

The treatment consists in perfect rest, and in most cases this alone will be found sufficient. If any benefit
In follow, it will be evident in three weeks,

Hysterical affection of joints

Is a rare disease among the lower classes, but very common in the higher ranks. The woman who was the subject of the following remarks complained of great pain in the foot, disabling her from walking. The foot had been previously blistered, but with the exception of the excoriations produced by the blisters, presented no appearance of disease. No swelling was present, showing the absence of any synovial disease, and no fluid was produced by rubbing the end of the bone together, so that the cartilages could not be affected. The morbid condition generally depended upon hysterical or moral arrangecement. The treatment consists in removing any obvious exciting cause, by attention to the general health, and of exercises in the open air. But it is sometime necessary to make a strong impression upon the patient's mind, so that the actual cantery is sometime resorted to.

The following week the patient again presented herself considerably well, being able to
walk with perfect freedom from pain. The only treatment had been free purging with castor oil so as to produce two evacuations daily. This medicine is remarkably efficacious in many other nervous affections.

Fractures and their treatment.

Many kinds of fracture may be treated by means of bandages alone, as the only object is to keep the bones in a proper position.

Fractures of the lower jaw, may be treated by bandages, or by tying up the jaw with a handkerchief. In this fracture there is no need of splints, or any reduction apparatus between the teeth. The teeth are never so close as to prevent semi-liquid nourishment being taken. Fractures of the ribs, pelvis, clavicle, head, and lower end of the humerus, may also be treated by bandages alone. The latter fracture is very common from falls, as from horse-back, &c. and unless properly treated great deformity, and loss of power are apt to ensue, and elevation of the fingers may also result from its small treatment. The symptoms of this fracture, are swelling, tenderness, and...
crepitus, and if the biceps draws back the olecranon, it may simulate dislocation of the bone of the fore-arm backwards. The treatment consists of placing the fore-arm at a right angle with the arm, and the application of a figure of 8 bandage of each round the olecranon, and another in the bend of the arm, although not essentially necessary, are useful.

Fractures of the metacarpus and phalanges are also treated with bandage alone; the phalanges not bearing well the application of splint, and they therefore are not used, unless the fracture be a compound one. In the lower, the only one in which bandages alone are suitable, is in fracture of the metatarsal bones.

Splints and bandages are used in fracture of the olecranon and patella. The latter is difficult to treat, as there is always more or less effusion into the knee-joint. A bandage tied round the limb, above the knee, and another below, and the two drawn together by two lateral one, may answer, but it is better to place a splint beneath the knee, and apply a bandage above and below.

In fracture of the thigh, the most common
It is usually stated that when an old person stumbles and falls before his hip, the site of fracture (when it occurs) is within the capsule of the hip-joint. No doubt it frequently is so; but fracture through the trochanter is equally, if not more common. Union never take place in the former situation, but does in the latter. The reasons are want of immobility, and deficiency of soft part to furnish the provisional callus. In fracture through the trochanter, there is often considerable thickening of that process, and this help the diagnosis between this fracture and that of the neck of the femur. In a case said that fracture through the neck in old person had no reasonable chance of union, and therefore the long splint was useless and injurious, recommending a pillow to be placed under the hip. But considering the difficulty of diagnosis, a long splint should be applied not to cause extension, but to keep the
site, is about the lower third, and the fracture is usually oblique, the upper portion being the ruling fault. (Caused by the action of the front and gluteus.) When the middle of the bone is fractured, we apply a footboard splint, or a piece of leather on each side of the limb, securing them by a bandage. Then a long splint of sufficient length to command both the knee and hip joints, and to prevent motion of the limb, most effectually. Between fracture through the neck and through the trochanters, we have no means of diagnosis, but we should always treat for the latter by long splint, rest &c. If the limb be properly set no external aid is required.

Fracture through the condyle of the femur, may cause effusion into the knee-joint, and pressure on the nerves, and vessels, in the popliteal space, and in this form alone of all the fracture of the femur should we use the inclined plane.

In the treatment of all fractures, it is of the highest importance to prevent tension. This is to be attained by proper position of the limb, and by relaxation of the muscles. In fractures of the leg, the latter object can be easily attained by flexing the leg upon the thigh, and letting it rest upon its side, or by
luck at work, for the case may be one of fracture through the trochanter, and not through the neck of the femur. There was at that time a man in the hospital, who had fractured both the trochanters, from the over-turning of a wagon upon him, in whom the thickening of the great trochanter was well marked.
a doubleinclined bone splint. Incompound
fractures, where the bone projects through the integument,
it is better to saw off the protruding portion than to
attempt to return it; but at the same time, we
must avoid removing too much, or we shall have
either the limb much shortened, or the bony union
but the formation of the fibrous substitute, constitut-
ing a false joint.

Injury of the arm

one of no ordinary occurrence. At the beginning
of November 3 years ago, the woman had a
fall of 6 or 7 feet, down some steps, her arm
striking against a rail. A hollow was then
observed at the inside of the fore arm, caused by
rupture of some muscular fibres. This hollow
was still to be felt, but at this point also a firm
relishing substance was noticed. Pressure caused
pain, and pain was also felt in shoulder, and
wrist. The arm sometimes felt numb, and cold,
but the principal seat of the diseased sensation,
was the firm band between the extremities of the
divided muscular fibres. If a nerve is cut or
pinched, a swelling takes place, and great pain
and uneasiness result. In the latter case, the
treatment would be the removal of the enlarged portion of nerve. But in this case, the nerve was not implicated, and the treatment was the administration of cod-liver oil. This however produced no good effect, and the hardened portion was afterward removed by excision, because of the cancer.

In a man aged 36 years. The disease had existed 4 years, and began with a species of chilblain resembling more previousy the os calcis and astragalus were not affected, possible also the cuboid, all the rest were diseased. The duration of the disease and its situation led to the opinion that it could not get well without the removal of the affected bone. The removal might be affected in four ways. We might saw the toes out, but this would not add to the strength of the boot, and would render it a very awkward member. The diseased portion might be removed by Chouquet's operation, but the objection to this is that although the calcaneus and astragalus appear sound, yet they very frequently become secondarily affected, and necessitate secondary amputation. Chouquet's operation also does not produce a
A very efficient method, the astragalus being reduced the most abundant part, by the action of the tendo achillis, dragging up the heel. The most effective mode of removal therefore is by disarticulation at the ankle joint, and in performing this operation we must be careful not to divide the artery too high up, and to have the knife horizontally between the bone, and tissues. Carefully directing or scooping out the os calcis. The flap should be treated carefully, and kindly, to prevent it, ploughing.

Causes of the auricle
Has been more aptly noticed in books, but it is by no means rare. The disease in this case began at the top of the auricle. A swelling also located in front of the ear over the frontal gland. If any attempt at removal be made, it must be by the knife. But the rules by relieved the necessity for cutting the pectoral, and temporal artery, led Mr. Lyon to recommend no interference.

Tumors of the Epilectid,
If an excised kind, not subcutaneous, but connected with the mucous membrane. These can be easily recognized. All that is necessary
In the treatment—il to make an incision, and dissect them out. We must make the wound of an irregular form, to prevent healing by first intention, and to destroy the cyst. These tumors are often dependant upon disordered digestion, injury of the spine.

In a man upon whose back a heavy weight fell, thrusting down the shoulder, and bending the dorsal vertebrae. The man had complete loss of sense over the lower extremities. The diagnosis in these cases is difficult, but not important, as we cannot interfere with a fractured vertebra.

Suspecting the vertebral not only fractured, but also proceeding upon the spinal cord, are we to operate? It is the anterior part of the body of the vertebra, which is principally at fault, and we cannot by any operative interference, remedy this; and there is great risk of mischief from any such attempt.

Some cases of fracture of the vertebrae are recorded while recovery has taken place; but there are by far the exceptions. The treatment of these cases consists in keeping the feet and limbs warm, the bowels open with castor oil, and relieve any pain in the back, by means
of leeches and fomentations. After some time has
elapsed blisters or the actual cautery may be
of service.

Acute hydrodrops articuli.
A boy had a fall while playing with a companion
the day previously, and now complained of his
knee. On examining the knee joint, we must
always extend the leg. A large fluctuating
painful swelling of the knee joint was observed.
These cases come on rapidly after injury to
the joint. The treatment is rest in the horizon-
tal posture; if painful, leeches, and fomentation;
and after a few days when the acute symptom
have abated, a stimulating lotion (vinegar or
muriatic acid) and gentle pressure
by means of a bandage, are useful. If the
case becomes chronic, blisters may be resorted
to; but it is a serious mistake to apply sulfuric
irritation too soon, as it acts in such cases as
a direct irritant. In the effusion after exposure
to cold in rheumatic patient, we may blister
early, nearly from the commencement.

Foreign body in the Trachea [Trachea]

A child was brought to the infirmary, after being
on account of this accident: a piece of tobacco
pipe having passed down the wind-pipe. These
accidents are rather common. Usually the
first effect is a violent fit of coughing, followed
by intervals of ease, and then again succeeded
by paroxysms of coughing and difficult breathing.
If the foreign body descends into one of the
divisions of the trachea, the symptoms are not
so violent, but more permanent. The left
bronchus is most frequently the one into which
substance descends. It presumes may cause suffoca-
tion and death, and death or it may be expelled
after some considerable time.

Something may be expected from spontaneous
expulsion. But the principal is to interfere, by making
an opening sufficiently large in the trachea, to allow
of its expulsion. In some cases, waiting for the patient
has been successful, as in the case of Mr. Baward,
the celebrated engineer, who had accidentally set
a half sovereign in the wind-pipe. In this case
the child was several times excited, but without
any good result. After a delay of a few days, as
the symptoms were not urgent, it was thought
advisable to perform the operation of incising the
trackew, and exploring the bronchis by means of forceps, as the child had become rapidly worse. The operation consisted of an external incision, below the cricoid cartilage, exposing the trachea. Leaving the operation until the bleeding was stopped, and then opening the trachea. Through this opening, forceps were introduced, but without the result of finding the foreign body. The child however rapidly improved after the operation, and sometime after expelled the substance.

Fracture of the radius

In a boy. The fracture occurred a week previously, and was situated in the lower part, about an inch from the end of the bone. Fracture in this situation is apt to simulate dislocation of the wrist; the lower end of the bone being drawn upward, under the upper portion. When recent, it requires little or no traction to place the bone in proper position; but as this had occurred a week before, and a repair goes on rapidly in youth, it required considerable extending force. The treatment is by splint and bandage.
The most common site of obstruction are about an inch from the orifice of the urethra, at the point of flexure where the penis begins...
Abscess of the antrum

A boy was brought into the hospital with a swelling below the eye and the bridge of the nose enlarged. The appearance of the deformity seemed to argue malignant disease, but having only existed a few weeks, probably such an opinion. Two years and eleven months previous, when bathing, he fell, and hurt his face, but the present swelling had only existed a month. Examination detected the cavity of the antrum enlarged, and to evacuate the contained pus a tooth had been previously extracted, but this never afforded a sufficient opening for the escape of the pus.

The proper treatment is to make an opening between the cheek and the bone. The bone in these cases is always found as thin as paper, so that the knife passes readily through it. Sometimes this operation is attended by considerable bleeding, and until this has ceased, no poultice or external warm applications must be used.

Stricture of the urethra

which has existed 3 yrs. The stricture is situated just behind the spongiosum. The best treatment
down, and at the bulb. The lumen, perhaps being the most common of all, Sir C. Bell first pointed out the fact that the membranous portion of the urethra was near the base of structure.

The action of the bougie in the case of stricture, by inducing absorption by its presence. Metallic bougies are the best, and most easy to use; their introduction not causing more pain than the elastic kind, as some have supposed. Sir C. Bell always taught that the point of the bougie should pass no further than the stricture. This is less satisfactory to the operator; but also less dangerous to the patient. A few years ago, No. 1 bougie was the smallest size used; but now the operative piece is a set much smaller, but increasing in size until number 7 of the new scale, corresponds to No. 1 of the old. They are lettered A, B, C, C, D, E.

Before passing the instrument, the surgeon should notice the general appearance of his patient; observing the depth of the chin; the general form of the skeleton; and particularly as to what height the pubis is placed above the table; these observations are made as indication of the urethral curve, and of the ease or difficulty of lithotomy. The instrument should always be passed, as the no obstruction was expected. The first symptoms of improvement from the treatment by dilatation, are perfect freedom in passing urine, less pain, and freedom from longer to sleep at night.
of the majority of strictures, is careful and repeated dilatation with boulies. But unfortunately all strictures cannot be remedied by this treatment, and some are injured by it. This case was one of the resilient kind which is easily dilated but again contracts. Mr. Lyne was able to pass the 10 boulies, but the stricture directly returned where this resilient character exists, as treatment is found effectual except division by external incision. When the stricture begins (as in this case) directly behind the urethra, we must divide it behind and not through the urethra. Mr. Lyne divided the stricture.

2. Stricture of the urethra

The following case was rather remarkable. The stricture was situated near the orifice of the urethra behind the gland, and behind the stricture the penis was elevated by intemperance, which bare space was covered with a number of small fistulous openings. When the patient made water the urine issued through these fistulous after-tunnels he had had several disease (chamor), and the difficulty to make water had first commenced a year previously. Mr. Lyne attempted to cure the
Before the operation for division of stricture, the water should be drawn off as soon as the catheter has passed into the bladder, before the patient has begun to recover from the effects of the chloroform. The object of this is, to prevent the chancey any urine being forced into the wound, by the struggle of the patient when returning to consciousness. The catheter should remain in the bladder for at least 48 hours. Mr. Lyon attributes the recurrence of stricture after its division to an imperfect operation, and in order to guard against this he has modified the shape of the staff upon which the division is made. The portion of the staff which touches the urethra anterior to the stricture, i.e., the size of an ordinary middle-sized bougie, the distal portion being sufficiently thin to pass thru the stricture, and proceed as the stricture is always divided from behind forward, the termination of the groove, a little beyond the junction of the smaller and larger portions of the staff, forms the ...
striction by dilatation, but failing this, by incision. Since the stricture was cured, the opening would soon heal, and one or two applications of the actual cautery would close the larger opening in the integument. Dilatation was tried for a week, without any good resultting. So I then therefore proceeded to divide the stricture, and as it was very near the orifice and the integument very thin, a subcutaneous incision with a tenotomy knife was made, in order to avoid the risk of making another fistulous opening.

Lumbar Abscess.
In a patient of unhealthy aspect, with traces of psoas affection of the glands of the neck. Two years previously he had a fall; an abscess formed, and was opened, since which time the discharge has continued.

If the lumbar abscess is connected with cartilage or bone, it cannot be drained. If bony caries does not touch root in the horizontal posture cold linseed oil, good etc., will be all that can be done. Active treatment—cautery, blister, leeches. It would be worse than nothing.

Hydrocele.
A man presented himself with a large tumour...
resembling a hernia, but the cord being felt free at the neck of the tumour, showed that it was a hydrocele. Formerly it was the custom, after tapping, and removing the fluid, to inject port-wine. But this frequently failed to prevent the recurrence of the tumour, and in some cases, caused dangerous consequences. Some surgeons now inject the tincture of iodine diluted with water, and afterwards draw it off. The best practice is the injection of any of the strong tinctures, and allow it to stand; this method is the safest and most effectual. This causes effusion of lymph, and consolidation of the cavity. Very large tumours may be operated upon, and after forms no objection to its performance.

In an old woman, a chain of enlarged glands was felt stretching from the mamma to the axilla, which together with the peculiar greenish-yellow tinge of countenance, led to the opinion that any operation interferent would only aggravate the disease. In some cases of carcinoma, especially in old people, the progress of the disease is slow.
Bursae of the Body

are of importance, from their frequent occurrence, and have not been long understood. The superficial bursae or sheaths of the tendons have not long been known. They are extremely thin and simply, and cannot be seen or felt in their ordinary condition. They are distributed over all the prominences of the body, as the elbow, ankle, toes, fingers, etc., and are extremely apt to receive any external injury. If cut or bruised, they inflame and may suppurate. The inflammation if not inflected by leeches, punctionation & causes much swelling, and by extending may do considerable mischief. This diffused redness and swelling may be mistaken for erysipelas, and so lead to error in treatment. In opening abscess, formed by suppuration of a bursa, the incision must be in the middle and in the long axis of the limb.

Bunion is an affection of the bursa over the ball of the great toe, forming a boil and painful swelling. It may be relieved by leeches, punctionation, and wearing a wide bottomed shoe.

If however it be neglected and repeated attack,
injured, dislocation may result, in deposit of fresh bone, and an unevenly projection, which may require amputation of the toe. We may have one of these bursal swellings, with a small opening, discharging a glairy fluid, and this may be mistaken for disease of the bone. Bursal swellings have often been mistaken for tumours. The best treatment of those, which are only troublesome from the tension, is to keep the bursal sac, or puncture it with a needle. If this does not succeed, it is better to cut it out than to open it.

Bursal swelling of the flexor tendons, was formerly supposed to be incurable, and the female whose case led to the previous remark, had a slight swelling of the flexor tendons of the fore arm, which being slight in amount had been treated simply by blistering. These swellings in this situation are often caused in females by wringing clothes, great pain is produced, and a feeling of cracking is observed on examination, which may lead often has been mistaken for fracture of the radius. This case presented a feeling of fluctuation, and was an enlarged deeply seated bursa. When
Fusckered, a quantity of gelatinous fluid escaped, which is extremely liable to reaccumulate.

Simple fracture has been followed by dangerous inflammation, and even death. The proper treatment is to open the swelling, and at the same time divide the ankylosus annular ligament, thereby preventing any tension.

Ununited fracture.

The case was that of a man who suffered compound fracture, caused by a kick from a horse, who was previously, and twins had not taken place. Non-union may result from want of health, care, or from the presence of a piece of dead bone. The first cause is very rare. Pregnant women, are said to have a disposition to non-union. Want of the care is the most frequent cause, but it may result from a piece of dead bone. If at the end of 6 weeks union has not taken place, and discharge still continues, we ought to examine to ascertain whether or not any portion of dead bone is present. If we find any, it must be removed, provided it be sufficiently long. If we wait any longer, new bone will be formed around the old and render its removal troublesome.
there was no shortening of the kind; but a piece of dead bone was found. We cannot always tell whether or not a bone is loose before cutting down upon it; but the length of time, since the accident must guide us to the proper time for attempting its removal. The incision required must be longitudinal and must be enlarged sufficiently to introduce the finger, which must be the guide to carry further proceeding. Mr. Lyon in this case found the bone to fast-an induced him to defer it, removal.

Lateral curvature of the spine

The patient was an unhealthy looking female aged 19. The deformity had existed 11 years. It proceeds from various causes. Sometimes it commences in the spine bifida of infants; after the second year, it may occur fromrickets; and in the adult from malacothorax. In acute curvature, the spine projects backwards, generally in the dorsal region. There are two forms, in both of which, there is a loss of substance of the bone. In one, there is only absorption of the bodies of the vertebrae; in the other, the loss is caused by disorganization and breaking down of the bone. When the bodies of the
bone are partially absorbed, recovery may take place by accretion, and when suppuration has taken place, recovery also may occur: but the sufferer is more likely to decline from hectic. Lateral curvature occurs most frequently from the 11th to the 17th year, and consists of an alteration in the direction of the spine to one side. It shows itself most in the shoulder, which appears to become larger; and the hip of the opposite side appears also to enlarge. The bones appear softer, and allow themselves to bend. After a time they regain their normal hardness, and the curvature remains.

Causes. It is a predisposition, dependent upon constitutional weakness— and exciting, produced by standing or sitting long in one position. Like play-foot produced by the same cause, it may easily be prevented. The exciting causes are aided by inactivity, and bad diet. Want of exercise, and tight articles of dress, are powerful accessories to it, production.

Treatment. Consist in the horizontal posture long continued, so as to relieve the weakened spine from the weight of the upper extremities,
* Formerly the small operation for the removal of these tumours was always dreaded, on account of the fear of erysipelas resulting. This almost invariably followed when the cyst was dissected out; but since the practice has been, to remove it by evulsion, this complication has been rare. That erysipelas seldom now follows this operation is also greatly due to the system of applying a pack over the wound, which effectively secures the apposition of the bare surface. Should erysipelas supervene, the best treatment is a blister, to the epigastrium and auriculars.
and the removal of all constrictions. In the early stage this treatment will remove it; but if the form much altered, and the bones again have become hardened, it is useless to attempt anything. After its conformation, all exercise intended to remedy it, do harm, and cannot do any good.

Sincipital tumours of the scalp, are removed by free division, and evulsion of the cyst. When very large, a portion of the integument should be removed. If no blood be allowed to accumulate, the wound heals by the first intention; but if this point be neglected suppuration will follow, and troublesome consequences such as crypticula may ensue. If any vessel be wounded, the wound either twist there or let them. The latter method is seldom required.

Abscess of the buttock

A boy was sent in under the impression that a tumour of the hip required removal. Salty tumours are not uncommon between the pole of the neck and hip. The buttock was enlarged, and round, showing no appearance of hip disease and absence fluctuation was observed.
Acute curvature of the spine.

In a boy aged 13 years, who had complained of pain in the ribs, it is difficult to diagnose between the cause being simple absorption, or from suppuration in its early stage. He complained of pain in the ribs, and this is a very characteristic symptom. Rest and attention to health are all that are necessary, until the part becomes consolidated. It is usual to prescribe bathing, cod-liver oil, but rest is the best remedy. Dry, warm situation, country air, and good diet are useful adjuvants. No need of ice, or counterirritants, unless there is great pain, which if very acute is most frequently relieved by the actual cautery.
in the synovial membrane, or hard tissues. In children, it generally begins with tuberculous deposit in the extremities of the bone. Then the extremities of the bones become expanded in the form of spina ventosa. These expansions, when opened, are found to contain sequestra.
Disease of the elbow joint.

In a female. Upon examination the joint was found to admit of free lateral movement, implying destruction of the ligament. No opening or sinus had yet taken place, but probably such would soon be formed. There could be no doubt that suppuration and destruction of the tissue of the joint had taken place; especially, as the lateral motion was so well marked. The elbow joint is very subject to disease, especially to ulceration of the cartilages and suppuration destruction of the joint. The symptoms in its early stage are those usually observed in ulceration of the cartilages, namely pain, increasing at night, and varying with the weather, being aggravated in damp and wet weather. The pain often extends down the fore-arm, seldom proceeding further. The hand is weaker, and colder than in health, and a feeling of numbness, or tingling is often complained of. It may, or may not be slightly Dexter actus, in this stage, the disease is amenable to treatment. The remedy only is able to control it, and this, is the actual curative. Scecles, blisters, and fermentation may temporary relieve; but the benefit is neither great, nor
The first successful operation was performed by Moreau, a French surgeon in the last century. Sir P. Carew, of Dublin, subsequently repeated the operation. But the operation had fallen into neglect until it was revived by Mr. Lyne in 1876. Under whose teaching and successful performance it has now firmly established as one of the greatest improvements made in modern surgery.
permanent. The effect of the application of the caustic is most striking, and generally immediate; it may however require two or 3 days [until the plough, separated] to develop its curative action. Often however the patient enjoy a sound sleep the night after its application.

When the disease has advanced, and the bone admit of lateral motion, we have very good evidence of the presence of destructive disease of the bones and connective. There are cases where all care and skill are useless, abscess forms, and suppuration continuing; unless art interfered, hectic fever, and death almost inevitably results. In the treatment of these cases, great improvement has taken place of late years. For it is found that if the diseased portion of bone be removed, all the other tissues, however much complicated, soon set well. In 1826 Mr. Lyon first removed the elbow joint, and knew that he repeated the operation with great success. Many more than 100 times. In performing this operation, the mistake of taking away too much, or too little, of the diseased bone, have been often committed. Too much has been removed. Under the erroneous impression, that the roughened, and stipulated
The effects of a division of the ulnar nerve are troublesome. The wound heals well, and the arm becomes useful, but atrophy of the muscles of the little finger, with a great tendency to neuralgia for many years, even during the remainder of the patient's life, generally result. Considerable difficulty may be met with in performing this operation, from the obscured position of the ulnar nerve, and also from the quantity of bone effused around the joint, rendering the recognition of parts difficult.

The reason also that the olecranon is first removed, and the head of the ulna subsequently, is that in this way the attachment of the brachialis articulus is more easily divided.
humerus was extensively discarded, whereas this apparent dependency primarily arises from irritation of the capsule, causing a considerable quantity of new bone to be thrown out, the removal of which is quite unnecessary. By thus sawing off a considerable length of the shaft of the humerus, the mobility of the arm was much improved. Again by removing too little, anchylosis is kept secure. The only portion requiring removal is the condyles of the humerus, the head of the radius, the olecranon, and the articular surface of the ulna.

The operation is performed by first averting the portion of the ulnar nerve, thrusting down the knife perpendicularly into the joint, but the back turned to the nerve, and carrying the incision outward. At each extremity of this incision, another incision is made in the long axis of the limb, so as to form the letter T. The flaps are then dissected, back one being turned upward, the other downward, and the bone, are exposed. The removal of the olecranon with cutting pliers at this stage much facilitate the operation. The lateral ligament are divided, and the condyles of the humerus are easily made to protrude, and are removed by the saw. The head of the radius is next cut off with the pliers.
* The dressing after the operation, consists of the bandage and pad, to give support. During the after-treatment, the pad is renewed daily. Strapping is employed. The wound should be washed before taking off the old strapping as this affords support. The bandage is placed in such a manner as to expose the wound behind this opening is filled with lint, and covered with guila percha and a notched bandage encloses the whole.
and the sigmoid cavity of the ilium is removed with the flap. Any vessel requiring ligature are tied, and the flap is brought together with sutures. No dressing beyond a piece of dry lint on each side of the wound is applied, and a figure-8 bandage left for 3 weeks, affords the necessary support. It is important that the transverse incision should meet by the first intention; the lateral ones not being so important.

Resection of the joint has not been so successful as that of the elbow. The shoulder joint can seldom be excised in cases of cancer as the pectoral is so frequently involved. The same objection applies to excision of the hip joint. The acetabulum being seldom free from disease when cancer affects the head of the femur. In excision of the knee joint, the result, have not been encouraging. The joint is large and important; the shock to the system from the operation is great; the suppuration excessive, and the resulting limb is nearly useless. The most successful case, was the example referred to, in which the leg is amputated below the thigh at a right angle. The ankle joint is not now required to be excised, as an amputation at the ankle joint...
is so very successful. The wrist joint is unfavorable also to excision, as the tendons, nerves, and vessels, are numerous and distributed, and removal of the joint could not be effected without serious injury to those structures, and the resulting hand would be of no great use.

Tenderness of the Heel.

A man complained of great tenderness of the heel, and great pain in walking, or pressing upon the heel. This affection is not common, and is not noticed in boots. The disease depends upon a morbid condition of the periosteum, covering the old calcaneum, and is most effectually by counterirritation. A mustard poultice applied to the heel, for 20 minutes, is often successful. A few days after the warm retained, the pain being better.

Expulsion of the bone spur

A man was admitted complaining of a discharge of pus from the lower gum. The teeth were all sound, but rather loose, and a number of small openings were observed through which the pus escaped. The bone was felt bare. These are cases, however, where the bone is felt bare, but not loose, in which cases, a free incision is attended with the
best results, the sequestrum however was quite loose, and easily removed. Mr. Lime remarked that had the patient applied earlier, before the bone was loose, the proper treatment would have been to make a free incision, and insert a piece of skin. The teeth would again become firm. Most of these cases are the result of exposure to cold, diploia, or enlargement of the nose, produce great disfigurement and inconvenience from obstructing inspiration. The disease consists of an hypertrophy of the true skin and can easily be remedied by shaving off the redundant portion. The error generally committed in performing the operation is not taking away a sufficient quantity, as there is no contraction to be feared. For the disease being an hypertrophy of the skin, it does not heal by 'granulation, and contraction, but the excised skin is in a few days covered by a cuticle of proper skin. The subcutaneous tissue is not involved, so that we might call the disease a Chronic Carbuncle. The cure is usually complete, and the wound healed in 8 or 9 days. The operation is rather painful and requires the inhalation of chloroform. Considerably
bleeding is generally observed; but this is easily stopped by cold and pressure.

Irretitable Prostatitis

A man was admitted complaining of dysuria, precisely those of stone in the bladder, namely frequent frequency of urination (4 or 5 times nightly). He had no pain in making water, but great pain when the bladder was emptied. The urine had excited 3 yrs. and began with discharge of blood. The pain was not increased by exercise, and did not extend down the thighs or testicles, or into the back. The appetite was good, and the bowels regular, and no disease of the kidney was present. He was carefully pounded, but no stone was detected, and he had no irritation of the bladder nor hemorrhoids. The instrument

which passed met with difficulty and caused pain when passing the prostatic. Mr. Lyme has seen similar Cases similar to the one, but no distinct mention of it is made in books. The state of the prostatic causing these symptoms is not known whether contracted or not, cannot be discovered. But Mr. Lyme has found that division of the prostatic by the lateral operation as in lithotomy is attended by cure, or great relief to the symptoms. The operation is not to be recommended.
in that of lithotomy, as there being no stone to extract the prostate is not torn or bruised. There is however peculiar pain of extravasation of urine; but this may be prevented by using a good large tube to prevent closure of the wound, and afford a free escape to the urine. The operation was safely performed, and with much relief to the patient.

Carbuncle.

In a man situated near the scapula, this disease begins in the skin, and extends deeply. A slough is not a part of the disease, and will never be formed if the the case is properly treated from the commencement. The inflammation is acute, and occurs in healthy constitutions. The treatment is by free incisions, extending through the red and yellow swellings, and should be repeated; or more numerous if required. When the swelling is oblong, several made incision should be across it, and extending beyond the red parts, i.e. the object of the incisions is free depletion not to let out the slough. Afterward, poultice may be applied. Potassium tar should soon be applied, as this quite unnecessary, and cause a clearing, which does not result from incision alone. Stimulant should not be given unless to facilitate the convalescence.

Frederick Stuart Ferguson
March 1854