Out Gordon

Dr. Christian

Dr. Benson

Dr. Cuthmann July 22

Prof. Sykes

1858

Mens for competition
Notes of Surgical Cases
in the Edinburgh Hospital

Alexander Allan
The choosing a subject for a thesis was to me, as to most students, a matter of considerable difficulty. The earlier part of my course was so occupied with the details of the various branches embraced in a medical education, that it just precluded the possibility of my devoting such an amount of time, or of being possessed of the knowledge which an original research would require; so I deferred the undertaking to the last moment, expecting that then I would have more leisure to consider the matter, and more facts to work upon; but this winter has been if anything the busiest yet for as to my other studies an added the duties of Clinical Clerk in the Infirmary and the care of Dispensary patients, so that the idea of prosecuting an original enquiry is as remote as ever and, distilling the dry and unprofitable nature of poring into the musty annals of medical lore from the time of Hippocrates downwards in order to produce
a compilation equally uninteresting and
inproductive of good, I have considered
the matter from a more utilitarian point
of view, hoping that the course which
I have adopted may meet with its ap-
proval or, at any rate, not call down the
censure of the learned body to whom
I have the honour of presenting the follow-
ing notes.

Impressed with the remarks
made by Professor Lyme, at the
Commencement of last Session (1856-7),

on the importance to a student of
Easstalking, I took careful notes of the
different cases as they presented them-

themselves at his lectures, and of the observations
which he made on each: and the following
pages will mainly be devoted to a
resume of some of the most important,
rendering in this way more indelible
the advantages which I have derived from
his instruction.

During the session a great many
patients were brought into the lecture-room
Many of them labouring under the surgical diseases which are seen in common practice, other cases were such as are seldom seen except in an hospital or in the private practice of an experienced surgeon; and a few were rare cases, which even this favoured class seldom see.

Even a brief notice of each of these cases, which were considered, and of which I have notes, would extend beyond the limits of a Thesis; for, as Mr. Lyne remarked at the end of the session, in a large hospital like this there are more surgical cases brought under consideration in six months than most general practitioners see during their whole lives.

I shall not adhere to any strict plan, and the only sort of arrangement I aim at is to give a sort of classification of the common cases, and a separate notice of the most important, following as much as possible the order in which the cases were brought under the notice of the class, though even from this there may be occasional deviations.
On the use of Chloroform at the Eden’s "Operations."

To a stranger or tyro, who has been reading about the dangers of Chloroform, or who is tinged with the prejudice with which it is regarded in some medical schools, the first object of wonder would probably be the freedom with which it is used at our operating table; for in all suitable cases, which would be attended with pain, Mr. Syme places the use of Chloroform at the option of the patient who is only too glad to avail himself of the immunity from suffering which it ensures; but perhaps, such an one’s wonder would be heightened on being told that, notwithstanding the seeming lavishness with which it is used, such is the case in its preparation and administration that there has never been a fatal case in his practice. He will discard the refined mode of administration by inhalers, and merely uses a handkerchief or folded towel, thus securing a due admixture of atmospheric air which is great importance.
Caus of Hydrocele & Ehrmatocele.

The first case, which called for anything more than a passing remark, was that of a patient, about 45 years of age, labouring under a hydrocele which had existed for four years. On the right side of the scrotum was a reducible hernia, feeling exactly like a testicle; the testicle at the left side was at the front part and about one-third from the lower end of the tumour, so that if in this case the tunics of the bursa were adhered to it would be punctured; therefore always carefully feel for the testicle before operating and puncture when there is fluctuation. The fluid withdrawn in this case was colourless, and if examined by the microscope would be found to contain myriads of spermatozoa—i.e. it was a spermatocele, a variety which at one time was considered not amenable to, but is now found quite successful under, the ordinary treatment as this
case fully verified.
It was tapped and about 2 drachms
of the tincture of iodine were injected.
Dr. Lyne made some remarks on
the old methods of treating hydrocele, and
recapitulated the various preparations which
were in vogue for injection, now 1 which
has been attended with the better success
following the use of iodine which is now
the one invariably used by him.
During the session there were two other
cases of hydrocele, and three of ordinary
hydrocele which were all treated in the
same manner.

Sins over the Shoulder.

Two cases presented themselves, one on
the 10th and the other on the 13th Nov, very
similar in character. Both patients were
about healthy young men; they had burning
discomforts over the shoulder which had
persisted for some months and which both
attributed to injury received, in each case
five months prior to the breaking out of the knees.

Why do not the knees heal?

Is it from the position of the opening, or is there any drained bone?

Mr. Syme enlarged the openings under chloroform; in one case he discovered a slight exfoliation of the Scapula which was removed; in the other case there was no trace of drained bone, therefore it remaining so long open is probably owing to the form of the knees. A defendant opening was made and the case was dismissed. It healed kindly.

The one in which the exfoliation existed was more troublesome, the patient returned in February with a sore still discharging pus. Mr. Syme again enlarged the opening and removed several small exfoliations from near the side of the former one. After this the case proceeded favorably.

Gradual muscular contraction often causes exfoliation, and Mr. S. was inclined to attribute this exfoliation to that cause.
from its site being so deep.

Case of badly set fracture

This patient, a strong man of 40, had eight weeks previously his fibula fractured, about an inch and a half above the ankle joint; it was improperly set, or rather not set at all; and though the bones are now united, yet from mal-position the limb is utterly useless.

I had, to aid union, by making longitudinal incisions along the fibula and tibia, and then using the bone pliers, I then closed the wound, applied a splint, and set the new fracture.

This patient was dismissed with a very serviceable limb; his case brought out in bright colors the restorative or connective surgery for which the Edinburgh school is famed.
Obliteration and Structure of the Urethra.

The next two patients were labouring under the same complaint, viz: obliteration of the urethra, occasioned, in each, by an accidental fall on the perineum. One patient fell on his foot astride a chair; the other fell about twenty feet astride a projecting log. The latter patient was a sailor from Sussex, and the surgeon who was first in attendance, finding the urethra torn, and that there was retention of urine, relieved the bladder by an incision above the pubes; but, after some time, the urine was discharged by the perineal opening, and the wound made into the bladder healed.

I then operated on both patients, introducing a staff, with a groove on its back, into the orifice of the urethra and a catheter, with a groove on its foot, from the perineal opening, then running the staff along the groove in the catheter. I withdrew the latter instrument, leaving the groove...
staff into the bladder; on this he cut the
part where the canal was obliterated, then
a regular sized catheter was introduced
into the bladder from the urethra, and the
case treated as after operation for structure.
Mr. Syme took this occasion for offering
a few remarks on the treatment of strictures,
and set out with the statement that
"the urethra may be impermeable; but no
structure can be impermeable, if urine dribbles
out, an instrument may be passed by care and
attention."

This is doubted by some surgeons of high
authority, and Mr. Syme himself formally
held the common opinion; but, since he first
came to the above conclusion, he states
that he has never met in with an instance
in which he was baffled in passing a
suitable instrument. — Accordingly the
treatment of strictures, followed in this
Hospital, is twofold, according to the
nature of the case: the milder kind
are treated by the occasional passage
of a bougie to promote the absorption of the
deposit on which they depend. When they are more obstinate, of longer duration, and possess a peculiar resiliency, they are treated by a method brought under the notice of the profession by Mr. Lyme, a method which, in accordance with the doctrine of the non-impregnability of structures, may be had recourse to in the most unpromising cases. — A pointed director, having the diameter of its point considerably smaller than that of its body, is introduced by the urethra and its narrow part insinuated through the structure, on if the structure is divided. Taking care to cut in the middle line, so as not to interfere with the blood vessels. After this simple and safe operation a catheter of the full size is introduced by the urethra, and maintained there for 24 or 48 hours — afterward the instrument may be again introduced occasionally to prevent the urethra becoming again obstructed.

This method is very effective and speedy.
and during the session we saw it several times practised with the happiest results. In one case the stricture had existed for 40 years, and was complicated with fistula in perineo—the patient had been treated in Spain & France without any improvement—Dr Syme operated by incision and it terminated favourably.

There were also many illustrative cases of the cure of strictures by the use of the bougie.

Deformity from a burn

This case, which was one of deformity from a burn, derives its interest from a remark made by Mr. S. on such deformities, viz: that, when the contractions are severe, that is, so long as they retain their red colour, they admit of no tension.

Severe injury of the leg.

This patient got his foot twisted in a ladder, fell backward, and sustained a compound dislocation of the ankle.
The internal osseous protruded and the external was fractured. When Mr. Lyme saw her the bones were in good apposition, and everything seemed favourable, still, from his previous experience of such cases, he thought the best mode of treatment would be to saw off a portion of the bone, which he accordingly performed. He states that in fourteen cases of a similar nature which he saw previously and which had been adjusted without sawing off a piece of bone, violent inflammation ensued and thirteen lost their lives.

Another case of interest of a similar nature occurred later in the Session. This was a compound fracture of the ankle joint of the tibia. Tibula - the patient lost a great deal of blood from hemostasis from a vessel implicated in the fracture, and which was staunched by pressure. Mr. Lyme intended to amputate the foot at the ankle joint, thinking gangrene almost inevitable from pressure; however, on bringing the man into the theatre, the foot looked so well,
that he determined to try and saw it at all hazards; accordingly he explored the ends of the tibia and fibula and cut them off, merely leaving the foot; if this succeed, the patient shall have a stiff ankle joint, but this is much preferable to a stump.

This case, which we all watched very eagerly, proceeded favorably. A third case of compound dislocation at the ankle joint was seen and treated in a similar manner with an equally favorable result.

Fistula in Ano

The next cases treated of were those of fistula in ano.

Great diversity of opinion existed formerly, both with regard to the nature of this and its remedy; it was supposed it depended on some speciality in the diseased part, and that it required to be cut out. It is now known that dividing the septum between the internal and external opening...
is all that is required.
How does it originate?
Sir Benjamin Brodie says it commences at the mucous membrane.
Professor Syme says it never does, but originates in abscess outside the gut, and that the opening into the mucous membrane is secondary.
I think the profession generally regard the truth as lying between these two extremes, while they allow that it more commonly begins outside the bowel, they are not prepared to deny that it does sometimes commence by ulceration of the mucous membrane.
However numerous the external openings may be, there is only one internal within easy reach of the finger; it is generally of a very small size.
The treatment consists in passing a flexible probe from the external opening through the internal, and then cutting it out, afterward dressing this as an ordinary wound.
During the session, several cases of fistula were treated in this way.
Fissure of the Anus.

First case was one of fissure of the anus, a condition attended with great pain especially after stool, and one capable of being relieved by a very simple operation, viz., the making a small cut into the fissure. Formerly the treatment was unnecessarily severe, it being thought essential to divide the whole sphincter.

This fissure is sometimes overlooked, as often a small pile overhangs it, which however may be distinguished from a common pile by its small rounded form and firm consistence.

Hemorrhoids.

A case of internal hemorrhoids led Mr. S. to make some remarks on this affection. They are not often seen in hospital practice but are very frequent occurrence in the higher ranks of patients; they are very troublesome from their protrusion, bleeding at every stool, and by sympathetic irritation of the bladder.
before the class in the course of the lesson and were treated in the same manner.

Diseases of Joints

Preparatory to bringing in a case with dislocated elbow joint, Mr. S. made some remarks on diseases of the joints, which he divided into two groups. I show characterised by swelling from the commencement. The second in which pain is the first and prevailing symptom.

The first occur at an early period of life, the second at a more advanced, except hip joint disease (Morbus coxaeus), which belongs to the second class, and generally occurs early in life.

In the first the synovial membrane is chiefly affected; and this class is always associated with a vitiated state of the health generally strumous. The cause is mainly constitutional, and local treatment alone can hardly be expected to be followed by benefit. The indications to be followed in the
Mrs J. tied the internal hemorrhoids tightly with a strong ligature; it is unsafe to cut them for fear of bleeding, and inflammation extending up the bowel. The external piles, which generally accompany the internal, are cut off after the former are tied. It is this latter part of the operation which is painful, and it is only then that chloroform should, if at all, be used.

After the operation, if much pain is felt, administer about 30 drops of the Solution of the Muriatic of Morphia without delay, varying the dose according to the intensity of the pain; the greater the pain, the greater the dose, and vice versa.

The ligature is often followed by inability to void the urine, on account of the swelling in the wall of the bladder; therefore soon after the operation call and ascertain that the patient is able to pass his urine, and if necessary use the catheter.

The ligature separates in from 7 to 9 days, accompanied by a few drops of blood.

Several cases of hemorrhoids were brought
treatment are prevention and motion by the application of a splint, the use of slight antiphlogistics, if inflammation threaten; but mainly would attention be directed to the constitution — the use of Codlin oil being the remedy on which our chief dependence would be placed.

In the second class, which is characterized by pain, the disease commences in the articular cartilages — the pain is often felt more severe in the next joint than in that actually diseased, and is always worse at night and before pain.

There is always a remarkable diminution of muscular power in these diseases, and oftentimes an alteration in temperature, the joint sometimes feeling too hot at other times too cold.

They are all under the control of treatment and of seen early admit of easy cure; the great aids to cure being the hot dough with the application of splints to prevent motion and the use of the actual cautery, the choice of means being according to the stage of the
disease. The actual cautery may be
considered as a sort of specific in these
cases if not too late, when suppuration
supervenes, there is no use of counter
irritation, as, as a general rule, when
the disease has advanced to suppuration,
all the surrouds of the arthritic must be
involved.

Of the soundness of this doctrine, there
were many illustrative cases, during the
session, in which the use of the actual cautery
was followed by instant relief.
Some joints, which had been neglected
at the early period of the disease, were
seen completely driven away, admitting of
no cure but by resection or amputation.
The one which led Mr. Syms to make these
remarks on the disease of joints, and their
treatment as of this nature.

The patient had an anchyloled elbow
joint in which were two or three running
sinuses; the disease began some time ago
with pain in the joint, which was of such
severity as to prevent him from sleeping
for several months. This pain changed with the weather, being worse before rain, and always worse at night. It was treated by leeching, scarifying, and splints, still it got worse. The actual cureting, which would have been the proper treatment at first, was not tried, and now, as it was beyond the reach of that, Mr. B. had to address the joint.

This being the first time, this lesion, that the elbow joint was treated for which far Mr. B. made a few remarks on the operation. It is considered by the profession generally as much more difficult and tedious than when there is no anesthesia, that it is reluctantly had recourse to.

Mr. B. after the usual flesh incisions, first saws through the anesthesia, then turns out the two ends, and saws them to the requisite extent, thus rendering the operation fully equal than when no anesthesia exists.

The case went on very favourably, and a bint was left perfectly adapted for all the ordinary purposes of life.
Another interesting case, seen during the session, was one of supplicative dislocation of the shoulder joint. It commenced with pain worse at night, and before pain, and would also, in the first stage, have been amenable to the treatment by the actual cautery. The proper treatment now would be removal of the head of the humerus, as the disease does not involve the glenoid cavity; for a long time, the patient would not have opened an operation, but at length, worn down by the continual discharge, gave her consent.

An incision was made down the arm from a point midway between the bicipital and acromion processes, through this the head of the bone was exposed, and sawn off. Some time ago, Dr. S advocated another method of performing this operation, which he now repudiates, viz., the making of a flap at the outside of the arm in order to get at the head of the bone.
The next case of neglected joint disease occurred in a patient who laboured under inflammatory disease of the knee joint.

Mr. S. amputated the limb at the lower third of the thigh by the "circular method." Excision of this joint should never be practised, as it is attended with much greater danger to life than amputation through the thigh, the recovery much more protracted, and the limb seldom useful, even under the most favourable circumstances.

Several other cases came before the class contracting strongly with the foregoing, as in them, the disease being in its first stage, the pain was removed and the use of the limb restored almost instantaneously by the use of the actual Cautery.

There were also a few cases of the first group of diseased joints met with during the lesson; in them benefit followed the treatment formerly indicated as proper in such cases.
Case illustrating of the proneness of Carcinoma for weak structures.

Patient had a sore hand, for the last twenty months, a swelling occurred about that time which ten months ago ulcerated; the sore is Carcinose and patient stated that when a child he had been burnt, and that the swelling formed on the cicatrix of that burn, thus showing the proneness which Carcinoma has to attack parts of impaired vitality.

Mr Lyne amputated the limb through the forearm.

Amputation of a Finger

This was a case of a stiff finger proceeding from a wound which divided the flexor tendons; from the great inconvenience proceeding from its stiffness, the patient anxiously requested amputation which was performed at the metacarpal joint.

Mr. S. made a few observations on these amputations, saying if the distal phalanx only is divided, as is often the case in whilte the distal bone alone should be removed.
If any other bone of the finger requires removal it is better to amputate the whole finger, except in the case of the index finger, where a small portion is often exceedingly noticeable.

There used to be a difference of opinion whether amputation ought to be performed at the metacarpal joint or above the joint. Mr. S. advocates the former both because the deformity is less and the hand stronger.

The modes of operation is either the knife at the middle of the knuckle, first make a flap from without inward to the middle of the web, then make a flap on the outside from the middle of the knuckle to the middle of the web, make both these flaps meet at the middle of the transverse line at the base of the finger, and so equal flaps will be secured.

A curious case occurred late in the session which may be mentioned here. The patient a young boy of a secofulous habit, had a disused thumb very much enlarged and painful. Mr. S. made an opening into
when some purulent exudation ensued. On probing this wound, some days afterwards, the proximal phalanx was found to be dislocated and accordingly Mr. S. removed it leaving the distal phalanx which was sound, remarking that though this could be as properly in keeping on a stiff finger, a stiff thumb may be of essential utility.

Unhappily this operation, the first of the kind which Dr. S. ever tried, was unsuccessful as the disease had not been arrested and had involved the distal phalanx, so that amputation of the thumb was obliged to be had recourse to—after this a splint was applied.

Exostosis from the great toe.

The case next in order was one of exostosis from the distal phalanx of the left toe, occasioning inconvenience and pain by pressing the nail upon.

Mr. Liston in those cases practised and advocated the removal of the exostosis. Dr. Lyne always insists mainly on the removal of the exostosis, which he performed in this case.
Fracture through the Ischial Tub.

The most interesting case brought under consideration was a very obscure injury of the hip.

Injuries of the hip are diagnosed with great difficulty, first from the number of injuries occurring here, and, second from the sensitiveness of the patient, which however can be met by Chloroform.

The three injuries of the hip are 1. Bruise.
2. Dislocation. 3. Fracture.

If the length of the limb is not affected, it can be neither fracture nor dislocation.
If the limb is really lengthened, we may be sure it is not fracture; if the limb is shortened, it may be either dislocation or fracture.

In the case in question the limb is shortened, and the toes are turned in, so that at first sight, it looks like a dislocation on the dorsum illii, but the toes can be easily turned out, therefore it was diagnosed to be fracture.
and on further manipulation the fracture was discovered to be through the trochlea, the anterior part of which is separated from the posterior and attached to the shaft.

This is a fracture of very rare occurrence. I have only met with another instance of it in practice. The treatment consists in keeping the limb straight, and preventing motion by applying the long splint.

In connection with this case, Dr. Lyme made a few observations on fractures of the femur. He said the most common site of fracture is, in children and up to the age of puberty, the middle third in adults, the lower third. The action of the muscles cannot be prevented by any mode of placing the limb, as, what relaxes those of flexion stretches the extensors and vice versa: therefore the best position is to keep the limb straight, using a long splint, extending from below the buttock to the shank, the breadth of which should equal the diameter of the thigh. Its use is to prevent motion.
Evolution of the Pubes.

Two cases occurred shortly afterwards which made a lively impression on the whole class.

The first patient had an abscess on the inside of the thigh of obscure origin.

Mr. S. evacuated it by the trocar and cannula; the abscess however re-formed, and Mr. S. opened it shortly afterwards, inverted his finger into the opening, and felt a round hole in the capsule of the pubis into which he could get his finger, and in which he felt several exfoliations; he enlarged the opening, and after some trouble, extracted the exfoliations, from which no doubt, as the future progress of the case would indicate, the abscesses proceeded.

The other case occurred in a weak and emaciated subject. He had a large swelling, at the upper and inner part of the thigh, which at first was thought to depend on disease of the vertebrae.

Mr. S. ordered a blister to the patients back,
remarking that, in cases where the diagnosis is doubtful, it is always prudent to try remedies from which, if they fail to benefit, no bad consequences can spring, rather than measures which may jeopadize the patient's life.

A few days afterwards the patient was again brought in to the classroom; and, as the size of the abscess is observed not to be diminished when the patient lies on his back, Mr. S. suspected it did not proceed from disease of the spinal column, but of the fistula. Accordingly he evacuated the abscess, inserted his finger, and felt an opening in the fistula from which he removed a large escharism.

Mr. S. stated that he believed there were the first cases of the kind, in which the nature of the disease was discovered while the abscess was yet in the masonet state, as it is not generally until serious harm is done that the proper diagnosis is arrived at.
Case of ununited fracture.

This patient, a discharged soldier, had an ununited fracture of the humerus at its lower third. The fracture occurred at the attack on the Redan, and was treated quite properly by splints in the first instance, then by starch bandages and the various other means which are asserted to in such cases, but without benefit, so that he was pensioned and discharged.

What is to be done?

Various methods have been proposed, such as introducing a stick, making saw the ends of the bone with a tenotomy knife, cutting off a portion of bone from each end of the fracture, and by pegs of ivory driven into the bone above and below the fracture fastened with silver wire.

I cut out a portion of bone from each end and applied starch bandages, two days after this was done the wound had healed by the first intention, and
the case was proceeding very favourably. Six weeks after the operation the starch bandage was removed and the union was found to be perfect.

Carbuncle.

Several cases of carbuncle were treated during the session, the first occurred in an old man, and was of an enormous size; it occupied the whole back of the neck, and was extremely painful. The proper treatment is incision through the skin in order to stop the inflammation, not to evacuate anything.

In this case an extensive cruciate incision was made, and a poultice ordered to be applied to the part.

A few days afterwards the patient was again brought in, and the change for the better was most remarkable: the skin had lost all its carbuncular character, the incisions which appeared at first were now much reduced in size, and the surface denuded of skin.
was kindly granulating.

In these cases there should no stimulant
be given, nor even animal food until the
healing process sets in.

and Scurvy

This was a case more of a medical
than a surgical nature...

The patient laboured under the disease
denominated Scurvy, and presented
on one of his legs an extensive ulcer
freely discharging dark gummosum blood
when touched. The disease is the result
of imperfect nutrition. The patient in
this case stated that, for some time back,
he subsisted chiefly on tea without milk,
and that the sore broke out about
12 months ago.

The treatment must be wholly con-
stitutional, the principal indication being
wholesome nutritious diet with a large
supply of vegetables.

Some time afterwards Mr. S, in accordance
with his general practice, brought this
patient again before the Class, when the
most wonderful change was perceived in his general appearance and in his ulcers especially.

Nothing was administered but proper nourishing diet.

Uler

Several cases of ulcers were treated, some of which were very instructive.

One was situated over the olecranon; it proceeded from severe injury which destroyed much of the integument.

Mr. J. formerly saw the case and, rather than amputate the hand, diminished the part to be covered by resecting the elbow joint, and cutting away a portion of bone; this very much improved the condition of the part; but, as there was still a small ulcer, Mr. J. again resected the joint, cutting out a large portion of the ulna. He then easily retracted the skin over the part—

This treatment was quite successful and left a very useful hand.
Another case of ulcer was on the leg, and had existed for seventeen years. In connection with it I may mention that the most common core on the leg is that attending a varicose state of the veins, and for which when painful, the black wash is the proper remedy, its acting in some cases as if by magic.

For callous or indolent ulcers apply a blister. Syphilitic ulcers must be treated constitutionally by the administration of the Iodide of Potassium. In this case the core has been subjected to every kind of treatment, except to blisting which I do by me propose trying in the first instance; if it does not succeed as the ulcer is very painful, amputation must be had recourse to.

There were several New-fibres, and Merevic syphilitic ulcers treated during the session, principally through the Constitution, the former by Cod-liver oil; the latter by the Iodide of Potassium as indicated above.
Structure of the Oesophagus.

This was a very interesting case both on account of its inherent importance and its rarity.

There are two parts of the Alimentary Canal which have a great similarity in pathology; these are the duodenum and oesophagus. Both are straight, or nearly so, are mere conducting tubes, and are exposed to foreign bodies lodging in them; in Oesophagus in swallowing, in the duodenum from an accumulation of matter that has passed through the rest of the Canal, or bodies from without. Both are also subject to organic changes as contractions. There is a part in each where contraction is especially liable to take place: in the Oesophagus just at its commencement; in the duodenum about an inch and a half from the orifice.

When the contraction proceeds from the presence of a malignant tumour no relief can be afforded by surgery.

In simple strictures a similar line
A treatment is open as for stricture in urethra by passing bougies. There are, or were, two modes of treating structures of the urethra, bougies and the intenat of silver applied internally to the canal; if the objections to the latter mode of treatment are strong in the case of the urethra, they are much stronger in structures of the bladder.

In passing the bougie all gentleness must be used, as perhaps a dag of an inch made and an almost inevitably fatal from matter passing down the gulfs getting out at them.

The patient here swallow by mistake some nitric acid about three years ago, and the symptoms of stricture experienced so severely that he subsists wholly on liquids. The cure is to be treated by bougies which Dr. B. and will pass in the wards as it requires great care and attention.
Mercury in Syphilis

A case of Syphilis had Sir John to make a few remarks on the use of Mercury in Syphilis. He said Syphilis is a special poison for which formerly there was supposed to be one antidote viz Mercury. In opinion held was that Syphilis produces a core, that the poison travelled from the core to the groin forming a bubo, it then invaded the system causing sore throats, ulcerations, ulcerous wounds of the skin, pain of the bones, swelling of the Gumma, destruction of the palate, and death. and it was believed that if Mercury were given in time it would counteract the poison in the body. If not till part of the insoluble matter was absorbed Mercury would treat the primary core but could not prevent the bubo forming. If again given it would cure the groin but would not prevent the system being involved, for which future courses of the metal were considered essential. It is now known that only when Mercury
is given does the disease assume a
dangerous character.
He at the same time entered his protest
against the supposed efficacy of Sarafandia
as an antidote to the combined effects
of Sulphur and Mercury, and said we
should never use him, use it in his ward
first because it was inert, and secondly
it would look unnecessary expense on
the Institution.

5 cases over the Carpal & Tarsal bones.
During the Session there were several cases
of Sins over the Carpal and Tarsal bone,
and which required more or less severe
operations according to the extent of torture
involved. One apparently hopeless case for
which I thought there could be no cure that
of amputation of the land, made a lasting
impression on me from its treatment, and the
observations which Mr. Syme made in connection with it.
On enquiring into the history I found the land
was punctured by a stone some time previous and
that before this accident it was quite healthy, though
the formed a favourable prognosis and told me
wonderful recovery in after fractured wounds into the smaller joints, at the same time warning us in such cases to be very slow in coming to an unfavourable opinion, and especially loath to have recourse to extreme measures.

Instead of amputation in this case Mr. J. removed a small excision which he felt on probing the sinus after the case made rapid improvement.

A case to contrast with this was one brought in into the lecture room at a late period of the session. In it Caries occurred spontaneously in the tarsal bones, a state much more unfavourable than when suppuration follows upon an accident, in fact, the case was incurable and necessitated the removal of the foot at the ankle joint.
Tumors of the Chest.

Patient, a female about the middle period of life, had a tumor of the chin which obstinately remained open for thirteen years without all sorts of local applications. Thus the tumor, said Mr. Lyon, an generally produced and kept up by the presence of a discolored tooth. The tooth may be only slightly discolored, or even only a little loose. In this case one of the incisor teeth felt a little loose, but it was not discolored, nor did it present any symptoms of decay. It was removed and then the point of the gang was seen to be his achene and cureus.

Mr. Lyon asked that in a few days the discharge from the sinus shall probably cease, and then, the sinus will close up; the wound fully corroborated this opinion, for at the next meeting of the class, it was found that the discharge had
already dried up and that the sinus was nearly closed. This case gave us the lesson to examine the mouth in all obsolete sinuses of the cheek or chin, and if any suspicious-looking tooth or stump exists, to extract it.

I have now given a synopsis of the most instructive cases which occurred during the Session.

If many cases, and some others very important ones, I have not referred, but hope that the imperfect sketch which I have drawn up may be found to present not an unfaithful, rather, a miniature picture of the work of the Session.