the calibre of the passage was proportionately increased. One day my patient reported to me that she had experienced a sensible improvement in her hearing, and she herself suggested another trial of the moistened cotton. This was done, and with a decided improvement in hearing, so that from this time the treatment of the discharge was a secondary consideration, and I proceeded to teach her how to apply the moistened cotton, which is now followed up with daily success, the discharge ceasing as a matter of course. The great impediment to the suppression of the discharge in this case, by the impaction of the dry cotton, arose, I suspect, from the free passage of the Eustachian tube, along which the discharge in the tympanum freely travelled, of which my patient was frequently and most disagreeably made sensible.

Mr. W—, surgeon in the navy, who had just received orders to hold himself in readiness to proceed to the Crimea, consulted me in December last for disease of the left ear, attended by a loathsome discharge. On examination, I discovered a small fleshy excrescence growing from the surface of the membrana tympani, which was very much disorganized, without any apparent perforation, though it seemed as if such a condition had at one time existed. The hearing was greatly deteriorated; but having the sense perfect on the opposite side, he was but slightly inconvenienced. The discharge, and a sense of oppression on the affected side, were the chief sources of complaint. I explained that it would be necessary first to remove the fleshy excrescence, and that then I should proceed to relieve him by my new mode of treating cases of otorrhœa, and that such treatment would require his daily attendance for several days in succession. At that time it was inconvenient to him to remain, and he returned to his duties at the Royal Naval Hospital at Deal, until he could make arrangements and obtain leave of absence for about a fortnight in town. In the interval he was one day exposed to a cold, piercing, easterly wind, and wishing to protect the diseased ear, he pushed into the passage of it a piece of dry cotton, of which he took no further notice. On the 10th of January I received a note from him, to say that he had obtained leave of absence, and would visit me on the following day, which he did. On examining the ear, I said, "Why, what have you got in your ear?" "Nothing; I have done nothing to it." "Oh yes, you have," I replied, at the same time withdrawing from the ear a dry piece of cotton, which had evidently been impacted there for several days. Again applying the speculum, I remarked: "The fleshy excrescence has disappeared, and you have unintentionally cured yourself of the discharge. You have absolutely cured yourself upon the principle of treatment of which I told you at your last visit. The piece of cotton I have just extracted has by some good luck been pushed down upon the seat of disease; its pressure has dissipated the excrescence, and with it the discharge has vanished." His astonishment was succeeded by an immoderate fit of laughter, which was thus accounted for: A surgeon had examined his ear the day previously, and said, "Oh yes, I see the fleshy growth quite plain: Mr. Yearsley will have no difficulty in removing it!" So much for the opinion of surgeons unaccustomed to see diseases of the ear. The gentleman alluded to could only have seen the pellet of cotton-wool. But more experienced surgeons than he may be deceived in regard to disease in the passage of the ear. I remember once to have removed a polypus from the ear of a young lady, the existence of which had been denied by two of the most eminent surgeons of the day.

Savile-row, April, 1855.

ON A

CASE OF GUN-SHOT WOUND.

By H. PARKER LAURENCE, Esq., Garrison Surgeon, Surat.

ABOUT eight P.M. of the 7th of June, 1854, a young man of the Hamaal caste was brought to this hospital for a wound in the middle of the neck. The aperture was immediately over the cricoid cartilage, was very small, had a lacerated circumference, and had given exit to a good deal of blood. The patient, though not altogether insensible, was stupefied by the effects of strong drink; he kept up a continued incoherent muttering, tossed and threw his arms about, and was far from manageable. This wound was perpetrated by himself in a jealous mood and under the influence of liquor, and was done by firing off a small English pocket-pistol loaded with a small bullet. A few bullets which he had in his possession were shown to me by his relatives; they were rough and spiculated.

In company with me was Dr. Faithful, who was passing through the station, and we both thought that the wound ought to be enlarged. This was done transversely, but the examination, beyond showing us that the cricoid cartilage was clean split in the middle, as if cut by a sharp knife, gave us no other result. The ball was not thought to be in the neighbourhood of the wound, and its place of lodgment could only be a matter of conjecture. All hæmorrhage having ceased, the part was sponged with cold water, and the lips of the skin wound brought together by sutures. An enema of castor oil was administered, and the head shaved and ordered to be kept cool with cold water cloths. On the following morning there was considerable febrile excitement; skin very hot; pulse 120, and bounding; tongue furred and coated, and every now and then thrust out of the mouth, denoting great thirst, and a pinched state of the mouth and fauces. Bled him to six ounces, and directed that a mixture of carbonate of potash, fresh lime-juice, tartarized antimony and water, be given every second hour, until the pulse was reduced and a good perspiration induced; to be confined to sago diet.

On the 9th he was free from febrile excitement, and perfectly sensible; but three very curious features presented themselves: the first, a contraction of the pupil of the right eye to a third of the natural size, the left eye being unaffected; paraplegia of the entire right side of the body, involving the upper and lower extremity; and the act of swallowing so painful and difficult that the patient objected to any kind of liquid being given. The case had clearly overleapt the bounds of surgery, and passed all at once into the province of medicine; so I now commenced the use of strychnia, and began with the eighth of a grain, giving it every six hours. In a day or two the swallowing became easy and natural, and the other symptoms were being gradually overcome, so that on the 9th of July he was able to sit up, and with a little effort could walk to the door of his ward. On the earnest entreaty of his mother to take him home, he was discharged, and owing to my absence from the station on private affairs, I had lost sight of him until the other day, when he presented himself at the hospital, and came unattended. He is now free from all paralysis; can put out his tongue to the full extent; swallows meat, bread, or anything, but is still unable to give utterance to a single word. This is the sole bad consequence of his wound, but I fear it will be a permanent one, as I think the ball has taken an upward course, injured the chordæ vocales, and produced other lesions that have impaired, if not altogether destroyed, the powers of the organ of voice.

Surat, March, 1855.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

DISLOCATION OF THE ELBOW REDUCED BY CHLOROFORM.

(Under the care of Mr. LLOYD.)

AMONGST a series of most interesting cases at St. Bartholomew's, such as a case of tertiary syphilitic disease of the larynx, where Mr. Paget anticipated evil a few days ago by laryngotomy; a case of injury of the posterior tibial artery, shown us last week by Mr. Stanley, where Mr. M'Whinnie was obliged to tie the artery, and where the post-mortem examination showed the surgeon to be right, but the poor man's system wrong; several cases of most interesting fractures, &c., we may single out a casual, but not unimportant dislocation of the elbow-joint, reduced by Mr. Lloyd last Monday, by means of chloroform. Some of our more abstract reasoners might object that there is nothing in a dislocation of the elbow, but we venture to say there is a great deal at once troublesome and puzzling to the every-day practitioner in these accidents.

The subject of the injury in the present case was himself a medical man, who came to his old Alma Mater, finding that his contrivances at home were ineffectual. He appeared to suffer very much, and his short, but simple story, seemed to be, that ten days previously, getting off an omnibus, he fell on his wrist, and dislocated the bones of the forearm at the elbow. He was accompanied by a friend, (a neighbouring surgeon we should say,) who seemed inconsolable, as the "internal condyle was lost," and who rested all his specific diagnosis on this single point. Mr. Lloyd, however, soon showed his class that this landmark in dislocations of the olecranon was not lost, but merely obliterated, and after considerable extension of the parts, under the influence of chloroform, the articulation was reduced to its normal condition. The dislocation, to Mr. Lloyd and Mr. Lawrence, did not seem dislocation backwards of both bones, so often met and easily reduced by the knee of the surgeon, but rather a dislocation outwards—a sort of injury very rarely found, and never complete, perhaps, on account of the great breadth laterally of the articulating surfaces. The internal condyle was lost, it is true, and the external side of the limb was very much out of shape; there was also inability to flex the forearm without intense pain. This obstacle was readily overcome by chloroform applied by Dr. Black.

The points in this case were puzzling, even to the chief surgeons at St. Bartholomew's, and conveys a sort of moral lesson to practitioners in the country, not to be too pedantic or learned on such questions. Where the limb is very much swollen, the patient shouting at each touch given to it, the only resource is chloroform. Here the patient was placed under its influence, strong extension made first to overcome the contraction of a ten days' injury, then by a careful survey of the different bony prominences of the humerus, ulna, and radius, Mr. Lloyd, aided by Mr. Lawrence, succeeded in restoring the parts to their proper position. We may have, in addition to this dislocation, and those already mentioned, dislocation of the end of the ulna (olecranon) singly, the hand and forearm turned inwards to the ulnar aspect of the forearm; or, finally, dislocation of the radius singly, obviously the rarest of all these accidents. In the present case, however, as instinctively explained by the patient himself, the fall on the wrist and forearm had thrust the bones of the forearm outwards, and it was almost impossible to cure it without the use of chloroform and pulleys.

GUY'S HOSPITAL.

FRACTURE OF THE BASE OF THE SKULL.

(Under the care of Mr. HILTON.)

ONE of those cases for which so little can be done—"the mere despair of surgery," but which are so fertile in pathological hints—was brought into Guy's Hospital about a week ago: it was that of a poor young woman who fell from nearly the top of a house when cleaning windows, and was precipitated a distance of forty or fifty feet on her forehead. She lived from Saturday to Monday; but had no evident symptoms of paralysis or compression. Her breathing was very laboured, and she was tossing about; but there was nothing to induce the surgeon who first saw her, or Mr. Hilton, to have recourse to the trephine. At the post-mortem this week, attended by Mr. Hilton and Dr. Addison, and conducted by Dr. Wilks, we were particularly struck by the fearful amount of fracture at the base of the skull, as anticipated by Mr. Hilton. The roof of the left orbit was not much injured; but across the right orbital plate of the frontal bone, and running through the sella turcica, the shock of the fall seemed to expend itself, with consequent hæmorrhage, rupture of vessels, and fracture of the other bones of the base. It was not a little remarkable, with the extensive injury of these parts about the clinoid processes of the sphenoid, containing the carotids, the pituitary gland, and circular sinus, how little disturbance of the general muscular system appeared before death. This might be explained by the medulla oblongata, or corpus striatum, at first escaping, and the earlier symptoms being those of irritation. There was fracture also, or separation, of the coronal suture on the surface, and extensive infiltration of blood, as described by Mr. Prescott Hewitt, under the scalp; a large amount of hæmorrhage also between the dura mater and the bone. The chief and most striking result of the fall—that, indeed, to which all the other phenomena were traceable—was the *contre coup*, or reactive influence expended on the base of the skull, not always perhaps fatal, but always out of the reach of the surgeon.

The symptoms of paralysis were not as marked as those in a somewhat similar disease of the brain which we examined at University College, not long since, with Dr. Parkes, where a

clot of blood in the corpus striatum produced entire paralysis of one side of the body. The most remarkable fact, however, was the fracture of the base of the skull, as if the arch of a bridge resisted the crush of a great weight, merely yielding at the abutments, all within the arch (the brain) remaining comparatively uninjured.

KING'S COLLEGE HOSPITAL.

CYSTIC DISEASE OF THE INFERIOR MAXILLARY BONE; OPERATION OF EXCISION, ETC.

(Under the care of Mr. FERGUSSON.)

DISEASES of the jaw-bone are becoming more frequent in hospital practice than formerly. Some new pathological conditions seem stirred up, and whether the transmutation of tertiary syphilis into scrofula, the conveyance of the latter disease by imperfect infant vaccination, or a very general use of phosphorus in the arts, may induce such forms of disease, with consequent excision of the bone, (one of the most dreadful operations in surgery,) are all questions of considerable hygienic interest.

As Mr. Fergusson observed to his class on Saturday last, this operation is at once formidable and tedious: formidable, from the very large quantity of blood likely to be lost, so near the seat of sensation and volition—the brain; and tedious, as the surgeon has to delay, at each step almost of the operation, to secure the bleeding vessels, then to draw forward the tongue, and afterwards to allow this organ to adapt itself to its new condition. We do not now speak of the mutilation of the face, and the irreparable loss it must be to the poor patient to lose half of his mouth, but such considerations of this operation, without the aid gained by an artificial silver substitute, would almost place it outside the pale of surgery.

We dwell upon this operation, as it is one not often seen in hospitals, and rather avoided; there is more hazard, perhaps, attending it than any other operation on the mouth; there is a danger, it is said, at least without proper surgical assistance, of the tongue falling back at the moment of the division of the genio-glossi muscle; and cases have been given where the patient has fallen senseless on the ground, the glottis becoming closed by the "glosso-pharyngei" muscles drawing the tongue forcibly back. Here the tongue should be pulled out at once with forceps, or, if necessary, tracheotomy practised. In the present case of Mr. Fergusson's, the tongue was carefully held by Mr. H. Lee, while Mr. Bowman assisted, and placed the ligatures on the arteries.

There are several varieties of this operation for excision of the lower jaw. In the present instance, the young man, with an imperfect history of the case, presented himself with a large tumour, engaging the front of the chin and all the middle of the bone. He stated that he had come up to town, after being under treatment in the country, to have it removed or remedied by Mr. Fergusson, to whom it seemed a case of cyst-like growth, which would be very likely to degenerate into malignant disease. The patient himself seemed anxious to have it removed. The young man did not appear at all cachectic. On first seeing him, and previous to recommending such a terrible operation, Mr. Fergusson made an exploratory puncture of the tumour, but a glairy, sero-glutinous fluid was found to make its escape; the plate of bone itself thinned almost like parchment. Cancer of the lip, extending to the body of the inferior maxillary bone, is an analogous case where this operation is sometimes practised now, under the influence of chloroform, but where formerly, perhaps, both patient and surgeon were unwilling to have recourse to such means; but if the absorbent glands of the neck, under the jaw, as is too often the case, have already taken up the disease, any operation like the present would only aggravate matters. There are several other diseases, however, where it may prove useful, and effect a cure. Mr. Fergusson sometimes finds that a very bad form of epulis, involving the alveoli and bone, will necessitate a similar operation. Tumours, also, of an indurated, fungous character, with a tendency to bleed, or certain fibrous tumours, a form of disease of all the others most frequent in this situation, beginning in the cancellous structure of the bone, and growing to an enormous size; or again, as in the present instance, we may have malignant medullary or cystic growths, which it is best, as a general rule, to remove.

Varieties of opinion will be found, perhaps, in hospitals, as to the propriety of removing cancer or medullary sarcoma; but if one surgeon refuses to operate, another will very often think, perhaps, he is justified in so doing. All these tumours, too, merge so much one into another, that a morbid growth which one year might be let alone, in another is best removed. One