more detrimental to the free use of the arm than the mode of union which nature has adopted. I am inclined to believe that the capsular ligament of the joint is not torn, or, at least, not extensively, but this must be a matter of conjecture.—*Lancet*, Dec. 23, 1837.

49. *VELPEAU'S Treatment of Fractures.*—The fracture being reduced, which M. Velpeau thinks should always be immediately effected, he surrounds the limb, from the roots of the fingers or toes, up to its proximal extremity, with a slightly compressing bandage, so as to maintain the fractured pieces in a convenient position; and instead of using splints and compresses, he makes the envelope itself, which the bandage forms, stiff. He at first thought of using for this purpose the solidifying liquid of M. Larrey (albumen), but afterwards he found it preferable for the purpose to make use of starch, prepared after the method used by washerwomen, in imitation of the example of M. Sentin, of Brussels. This latter surgeon, however, uses a different apparatus, viz: a double Scultetus' bandage, and splints of double layers of card-board.

The dressing of the whole apparatus is effected in from two to four days. When this has once taken place, the limb and the bandage are so exactly moulded to one another, that displacement is impossible. The compression being everywhere equal and moderate, supports the tissues, and does not produce any inconvenience. The patients can turn themselves and move about in their beds as if they had only a simple contusion of the leg. They are not obliged to remain confined and immovable for six weeks or two months; but may, without inconvenience, sit up on rather a high seat (for they may slightly flex the leg,) and may walk about with the assistance of crutches, and supporting the foot in a great stirrup tied round the neck.—*Gazette Médicale*, Oct. 7, 1836.

50. *Case of Rupture of an Aneurism of the Common Carotid and Ligature of that Artery near its origin from the Innominata.* By T. ANGYLL ROBERTSON, M. D., of Edinburgh.—The following instance of aneurism, besides being interesting in several points, appears more particularly worthy of being placed upon record, as being one of the few cases in which a ligature has been applied to one of the larger arteries of the body, nearest to their common origin from the heart, with perfect ultimate success.

Major —, the subject of the case, is now in his fifty-second year. In April, 1836, while hunting, his horse, when at full speed, put its foot into a rabbit-hole, by which both it and its rider were brought to the ground with great violence. Major — received a severe wound over the left parietal bone, which bled profusely, and he remained for a short time stunned, and in a state of insensibility. From that period he suffered from stiffness and pain in the right side of the neck, resembling what is usually termed a crick, accompanied by shooting pains over the whole right side of the head; occasional attacks of giddiness, slight strabismus, and double vision followed, the last to so great a degree that he was forced to give up his favourite amusement of hunting, every gate, fence, &c. appearing to him double. The sight was particularly confused when looking straight forward, and still more so to the right. He likewise lost all idea of distances. On shutting either eye vision again became distinct. The motions of the iris in each eye were perfectly natural. The appetite was good, and bowels regular. Pulse rather full, but in other respects natural. In addition to the above symptoms, in December, 1836, he began to suffer occasionally from a feeling of numbness and coldness of the left arm and leg. At this period he placed himself under the care of Professor Alison and myself. Looking upon the symptoms as indicating a tendency to an apoplectic attack, we placed him upon a regulated diet, his bowels were kept open, leeches were ordered every second or third day to the temples, or behind the ears; he had cupping-glasses applied upon two or three occasions. The head was shaved and sponged several times a day with cold water, and he was desired to take regular but moderate exercise, and to reside quietly at his seat in the country. Under this treatment his health was much improved, and his vision was almost perfectly restored.

About the middle of January last he first discovered a swelling on the right side of the neck, accompanied by enlarged tonsils, slight sore throat, and some difficulty in swallowing. The swelling in the neck was supposed to be simply an en-

larged gland, and did not attract particular notice. Leeches were ordered to be applied from time to time, more especially if it should inflame or become painful.

On the 20th of March, without any premonitory symptoms, at 10 o'clock, P. M., a sudden gush of blood took place from the mouth; it was discharged in gulps or mouthfuls in rapid succession; it ceased spontaneously after half an ordinary washhand basinful of blood had been lost; he retired to bed, and slept very soundly during the whole night.

The following morning he rose at eight o'clock, but had scarcely reached his dressing-room, when the hemorrhage returned, and, to use his own expression, the blood literally poured from his mouth; he soon fainted and fell upon the floor, breaking a foot-pail in the fall; about fifty ounces of blood were at this time discharged by the mouth, and a considerable quantity must have passed into the stomach, as the stools afterwards consisted almost entirely of conglobated and grumous blood. By the two hemorrhages he must have lost upwards of one hundred ounces of blood. The bleeding now ceased, and he rallied a little and procured assistance. He remembers distinctly that at this time he shook very much, and felt excessively cold. Having taken a laxative the previous night, he had now an urgent call to stool, and was carried by his servant to the water-closet, when he had a copious alvine evacuation, after which he again fainted. On recovering he still shook very much, and felt very cold; he was put to bed and warm bottles were applied to the feet.

On arriving at the patient's residence, I found him perfectly composed and tranquil; with the pulse scarcely perceptible at the wrist, and continuing to beat about forty-five strokes in the minute. On examining the neck I found a tumour extending from near the angle of the jaw to *within one inch* of the sternum, and projecting laterally to about three inches. Its surface was smooth, equal, and rounded, and a very obscure pulsation could be detected. Judging from the state of the circulation, and from there not having been the slightest return of the bleeding since 8 A. M., that there was not immediate danger, I thought proper to postpone attempting to secure the carotid below the seat of the aneurismal swelling (evidently the only surgical resource that was left me), in order that I might have the benefit of daylight for the operation; and I sent off to Stirling for Mr. Forrest, that we might have the advantage of his advice and assistance in so important a case.

In consequence of the aneurism being seated so low down in the neck, the external incision was limited to little more than an inch, following the course of the sterno-mastoid, from the sternum upwards. On dividing transversely the sterno-thyroid and a few fibres of the sterno-hyoid muscles, a narrow projection of the aneurismal tumour, passing between the artery and trachea, was brought into view; so narrow that I at first supposed it to be the artery somewhat dilated, and passed the aneurism-needle round it. It was, however, about double the size of the artery, and its coats were thinner than natural. On examining the parts more minutely, I discovered the carotid displaced laterally by this prolongation of the sac. The pulsations were feeble, though perfectly distinct; the situation at which it was exposed was within a finger's breadth of its origin from the innominate, and when the finger was applied to this point the carotid was felt pulsating on its palmar,—the innominate on its lateral surface. Immediately above this point the vessel swelled out into the aneurismal tumour. The ligature was therefore applied *within half an inch of the origin* of the artery. During the performance of the operation neither vein nor nerves were seen. The operation itself was necessarily tedious and difficult, in consequence of the limited extent of the external incision, the deep situation and unnatural displacement of the artery, and the importance of the organs by which it is surrounded. At one time I thought it would have been necessary to have divided the sternal attachment of the sterno-mastoid, but this was avoided by relaxing the muscle and drawing it outwards. The vessel was no further separated from its attachments than was necessary for the simple passage of the aneurism-needle. On tightening the ligature all pulsation ceased in the tumour, and it was reduced nearly a third in bulk. No peculiar sensations were experienced by the patient, who bore the operation with the greatest possible fortitude. He was placed in bed, with the head considerably elevated to relax the parts, the lips of the wound having been previously brought together by suture, and supported by a strip of

adhesive plaster. Strict antiphlogistic regimen and perfect rest were enjoined. The bowels were regulated by enemata, to avoid any risk of sickness, vomiting, or hypercatharsis from the exhibition of cathartics. The wound healed by granulation; at first the discharge was thin and slightly tinged with blood, but gradually it assumed the characters of healthy pus.

On the seventeenth day the ligature separated, and the wound speedily healed. The aneurismal tumour rapidly disappeared, and now no trace of it whatever can be discovered. From the period at which the ligature was applied up to the completion of the cure not an untoward symptom appeared. On the second day after the operation the pulsation in the branches of the external carotid was distinct. During the third week a few drops of blood were discharged from the right nostril, accompanied by a little irritation giving rise to a great desire to sneeze, probably depending on the new arrangement of the circulation.

At the present time, 28th September, six months from the date of the operation, Major — is in the enjoyment of the most perfect health.—*Dublin Journal of Medical Science*, &c., January, 1838.

51. *Lateral operation of Lithotomy.*—In the fulfilment of our duty to lay before our readers every novelty, we must notice a paper by Joux Crichton, Esq., of Dundee, published in the *Edinburgh Medical and Surgical Journal*, for July last, which appears to us at least to have claims to that character. We were taught to regard lithotomy as a very serious operation. Serious, because it often involves the life of the patient, terminating fatally, even when most skillfully performed, in one-fifth, sixth, or, at least, one-tenth of the cases;* serious, too, from its extreme painfulness.

It would appear, however, from the paper of Mr. Crichton, that we have been entertaining very erroneous notions on this subject; and that there is little risk of life, and little suffering attendant upon the operation. Of forty-five cases in which this surgeon has operated, all "recovered rapidly and perfectly," excepting in the case of one man, who died suddenly and unexpectedly from what appeared to be some affection of the heart, but which was no way connected with the operation, and in two or three others, where the constitution had been previously completely broken down, and the urinary organs, from the kidneys downwards, were a mass of disease, and who submitted to the operation, not with any expectation of prolonging life, but merely to alleviate suffering during the term of their existence."

Mr. C. gives the following summary of thirteen cases, in which the operation was performed; and in which union by the first intention was accomplished:—

"1. Mrs. Low, aged about 30, from Tealing. After labouring under symptoms of calculus vesicæ upwards of twelve months, on the 26th September, 1828, the urethra was slit up, and a large rough stone extracted in the course of a few seconds. The urine was retained and passed in full stream from the first, and she went home quite well eight days afterwards.

"I may here remark, that the generally received opinion of lithotomy in females being followed by incontinence of urine, does not hold true so far as my experience goes. In this, as in every other case in which I have operated, the ability to retain the urine has remained unimpaired.

"2. John Chalmers, aged three, from Claverhouse. Affected from his birth with symptoms of calculus, which for some months have been extremely urgent, accompanied by tenesmus and protrusion of the inner coat of the rectum to a great extent, often to the size of a child's head.

"On the 1st July, 1829, a rough stone, weighing ten drachms, was readily enough extracted, although the gaining access to the bladder was rendered somewhat difficult by the great protrusion of the rectum, which was no sooner replaced than it again immediately protruded.

"For some days he was quite well, diverting himself as if nothing had happened; but on the sixth day he became affected with severe pain and tension of the abdomen, in consequence of some stoppage to the passing the urine by the urethra.

* That more favourable results have been obtained, we are aware; but we must regard such, until more fully explained, as exceptions to a general rule, and as in no way affecting the accuracy of the opinions we have imbibed.