TELLO for some time with enlarged prostate, and had been subjected to the use of the scarificator mentioned in our report of this Society a few evenings since. It appears that the patient had contracted gonorrhoea two years since; he took medicines under the advice of a surgeon for five months; which having no effect on the discharge, he applied to another medical man, who gave him a powerful injection, which completely stopped the discharge in the space of twenty-four hours. At the end of two days he began to experience pain in the region of the pubis, extending also down the outer side of the right thigh: these pains continued getting worse and worse for the space of a year and a half. A bougie had been introduced into the bladder, which produced considerable irritation about the prostate. There had been heat and fulness of the part, with great desire to make water very frequently. There was constipation of the bowels, and in consequence of the enlarged prostate pressing upon the rectum the faeces were much flattened. He had passed blood with his urine only once or twice. With these symptoms he placed himself under the care of Mr. Costello; the process of scarification had been gone through five times, with the effect of considerably mitigating all the symptoms. He had not now the feeling of pressure on the rectum which he had experienced, the faeces were now much more natural in conformation, and he was able to retain his urine for a considerable length of time. The quantity of blood he had lost in the various operations had differed in amount from thirty drops to two tablespoonsful; the only inconvenience attending the operation consisted in the scarified part smarting when the urine passed over it. This symptom lasts three or four days; the blood continues to ooze from the urethra for a day or two after the operation.

Mr. COSTELLO stated, that on the patient first consulting him the prostate was very much enlarged. He expected in this case to complete the cure. The patient was also taking purgatives and iodine. Mr. C. now proceeded to demonstrate the operation to the members. The patient having laid himself on his back on the floor, the operator, placing himself on his right, dexterously introduced the instrument into the bladder, which was easily ascertained to be the case by the flow of urine. He then withdrew the instrument for the space of an inch and a half, fixed the screw, and pushed the scarificator into the prostatic membrane.

PERICARDITIS.—The subject of pericarditis was introduced afterwards, by Mr. THURNAM relating a case which had recently occurred in the *Westminster Hospital*. He dwelt for some time on the auscultatory signs of this affection, then those diagnostic of the presence of endo-carditis, referring, in

his remarks, to the works of Stokes, Watson, and various other writers on the subject. In the treatment of pericarditis, he thought moderate bleeding, purgation, with the administration of calomel and opium to the production of ptyalism, were the means chiefly to be depended on.

Dr. JOHNSON said, that pericarditis might exist, to a great extent, without any suspicion of its presence being excited. He had lately been at the post-mortem examination of a young lady, who had been ill for five weeks, and died of this affection. Two physicians, one of them considered a good auscultator, had attended this patient, and the presence of pericarditis was not suspected. There were no febrile symptoms, the pulse for a considerable time was scarcely perceptible, the most prominent symptoms being great debility, dyspnoea on ascending the stairs, and troublesome cough. The lungs were supposed to be at fault. On examination after death, the lungs were found perfectly healthy. The pericardium contained five pints of serous fluid, and its internal surface displayed, over a great extent, a very fine reticulated structure, formed of adventitious membrane. This case was one showing the fallacy of all diagnostic marks in some instances. Regarding the treatment of pericarditis, in addition to calomel and opium, depletion to faintness in the standing position, and purgatives would be proper; as the disease was frequently the sequence of rheumatism, colchicum and tartarized antimony, might be beneficially employed, the one producing a specific effect, the antimony arresting the whole powers of life, particularly that of the heart, and thus saving the necessity of carrying blood-letting to an undue extent. He did not agree with Bouillaud, that rheumatism of the joints was always followed, or accompanied, by diseased heart, though scarcely a case of pericarditis occurred, in which rheumatism had not preceded. In the case, however, which he had mentioned, the patient had never suffered from rheumatism.

Dr. ADDISON afterwards spoke at considerable length, chiefly on the discrepancies existing between the theory of auscultation, as expounded in books, and its actual application at the bed-side.

NORTH LONDON HOSPITAL.

TUMOUR OF THE SUPERIOR MAXILLA. REMOVAL OF THE DISEASED GROWTH. ERYSIPELAS, AND ITS TREATMENT BY ACONITE.

SARAH THOMAS, aged 30. On arriving in town she presented the following letter to Mr. Morris, one of the pupils of the hospi-

tal, and was admitted, March 31st, under the care of Mr. Liston :—

“ Dear Sir—The bearer, Mrs. Thomas, is the person of whom I wrote to you. Having seen the other case, in which the tumour of the jaw was removed by Mr. Liston,* I can hardly doubt of the success of an operation in this. I saw Mary Griffiths yesterday, and found her remarkably well, quite free from pain, and without any unpleasant indication. I give Mr. Liston, as do all the professional men who have seen the girl, the greatest credit for the treatment of the case. It would seem that a new era in surgery had opened itself since the beginning of my career in practice. When I speak of the well-doing of this girl, I must not forget to mention the unceasing expressions of gratitude which she constantly makes to Mr. Liston, yourself, and those who had anything to do with her case. * * * I remain, dear Sir, yours very truly,
“ CHRIS. LOMAX.”

“ Weobly, Herefordshire, March 28, 1837.”

She always enjoyed good health until the commencement of the tumour, a little more than four years ago. About that time she had a decayed tooth extracted from the upper jaw on the right side. The tooth had one fang, and she states that a little fleshy substance was attached to the fang of it. About three or four months after, a small fleshy kind of swelling presented itself from the socket, resembling the tip of the little finger; it felt hard and smooth, and was accompanied by a nearly constant dull-aching pain. This has gradually increased in size up to the present time, maintaining its hardness, and assuming a *lobulated* appearance. At the commencement, and during the first six months, its direction was downwards, between the other teeth, and it was attached by a narrow base. Eight months after its origin, she is inclined to think, it suppurated and discharged matter, the pain having been excessively severe, until one night when she went to-bed, and in the morning the pain was relieved, and the tumour much smaller in size. Soon afterwards she began to perceive a disagreeable smell and taste, ever since which period the surface of the tumour, nearest the tongue, has been ulcerated. Within the last two years caustics have been applied to the tumour, with the effect of increasing its rapidity of growth. Four months since she had the jaundice, which has left the countenance discoloured. She has miscarried twice since the disease commenced, the last time two months since. Has had seven children. Menstruation regular, appetite good, bowels rather constipated.

On looking at the face the right cheek is a little prominent. During articulation a small portion of the tumour may be observed between the teeth. On opening the mouth a reddish, elastic, firm, tumour, is perceived, filling the right half of it on the outer side, projecting so as to cause the deformity in the cheek. It has extended on the inner side, around the alveolar process in the middle of the jaw, beyond the middle of the palatine process, and nearly to the alveolar process of the opposite side. Posteriorly, it extends to opposite the last molar tooth. Inferiorly, it projects about half an inch below the level of the teeth of the lower jaw, and is marked along its whole length by a fossa which receives the teeth. Nearly all the teeth on the upper side are decayed, only their stumps remaining. The tumour begins to materially interfere with articulation and mastication. The patient says that she had a brother, who, when a child, had a tumour which grew from the orbit, and caused considerable protrusion of the eye. It was supposed to be a cancer, and eventually destroyed the patient.

April 2nd.—Mr. LISTON removed the whole of the decayed teeth on the left side of the upper jaw, with a common lever, and she was ordered a dose of purgative pills and a draught, and these were repeated on the 4th.

The operation was performed on the 5th. The patient, seated in a chair, was secured. Mr. LISTON first extracted an incisor tooth from the affected side. He then made his first incision, commencing it a little below the angle of the eye, and carrying it round the right nostril to the mesial line of the upper lip. Then taking the bistoury in the left hand, he introduced the point of it upon the prominence of the cheek, nearly opposite the centre of the malar bone, and divided the soft parts down to the angle of the mouth; guiding the incision and stretching the cheek, by means of the fore, middle, and ring fingers of the right hand placed in the mouth. The flap thus formed was dissected upwards to the orbital process of the superior maxilla. The parts within the orbit, were now separated from the orbital surface of that bone, an assistant afterwards supported the eye by means of a curved spatula. The malar bone was now partly separated from the maxillary by Hey's saw, the cutting pliers completing the separation. The nasal process of the superior maxilla, and the union of the bone with its fellow, were successively divided by the same instrument. The tumour, with the bone, was now easily removed. It was found necessary to secure two vessels; the flap was then brought down, and secured by two points of interrupted, and five of convoluted suture. The patient was then put to bed rather faint,

* Mary Ann Griffiths. See LANCET, Nov. 5, 1836, page 237.

having lost a considerable quantity of blood. She soon rallied, under the influence of small doses of wine, and the application of warmth to the feet. In the evening, she felt very comfortable, pulse 105, rather weak. Inclined to sleep.

April 6.—*Mane*. Feels much refreshed, having slept four or five hours during the night. Slight tumefaction of the affected side. Edges of the incisions in nice apposition. Pulse 110, rather fuller. As bowels are confined, to have a purgative.

7th.—Tumefaction somewhat increased. Bowels open. Isinglass plaster having been applied between the pins, they were removed. In the evening the parts were a little more swollen; the lower eyelid is rather puffed, and a slight blush of redness is observed round the incisions. She complains of slight pain and noise in the head. Rather restless. Pulse 125, small and weak. Tongue thickly coated with a white fur; she is thirsty. An effervescing draught, with small doses of tartarized antimony, every second hour.

8th.—Passed a pretty good night; swelling not increased. Does not now complain of the pain and noise in the head. Pulse 130; tongue still coated. The lint removed from the cavity of the mouth, it was covered with healthy-looking pus. A smaller piece of lint, dipped in warm water, was then inserted, and ordered to be changed three or four times daily. To have a saline draught, with small doses of tartarized antimony every hour.

Vespere.—Swelling and redness considerably increased, involving the left side of the face. Pulse 140, weak. Pain and noise in the head increased. Is more restless. To have a purgative.

9th.—Feels better; but has been rather restless during the night. The purgative has operated. Swelling and redness extending to the scalp and down the neck. Left eyelids much swollen. Pulse 130. Tongue still coated. To have an enema, and at noon, half a grain of the extract of aconite. *Nocte*.—The enema produced a copious evacuation; the tumefaction and redness continue, but have decreased on the right side. Another dose of the aconite was administered. To repeat the purgative dose.

10th.—Considerably better. Swelling and redness greatly decreased. Pulse 110, fuller. Tongue cleaner. Less restlessness; less pain and noise in the head. Bowels opened by the draught. *Nocte*.—Quite free from pain; swelling diminishing; tongue cleaner. Pulse 108.

11th.—She has not slept very well during the night, but feels much more comfortable; is less restless, and there is now no wandering of the mind. The pulse is 120, and not quite so weak as at 2 A.M. She complains of no pain or noise in the head, but

of slight pain in the region of the bladder. She feels an inclination to void urine, but is unable. There is little or no distension, and she has passed the urine twice since 2 A.M.

11. Worse again than she was; the redness and swelling are extending over the scalp, and down the back part of the neck; she complains of pain and noise in the head, and is very restless; the pulse is 130, and very feeble; the tongue is dry, and covered with a fur of a brownish colour; the bowels have been pretty freely opened, and the fæces were of a dark colour, slimy, and very offensive; she has passed her urine pretty freely. Continue the beef tea, wine, arrow-root, &c. Take one ounce of the decoction of bark every two hours.

12. 9, A.M. Somewhat better; the scalp is puffy, and very tender on pressure; the swelling and redness have diminished a little in the face; the bowels not opened since yesterday; the tongue still dry, and coated with a brown fur, and she is very thirsty.

8, P.M. Dr. Thomson saw her at four o'clock, and directed her head to be shaved, and six grains of calomel to be given to her directly, followed, in an hour, by a black draught.

13. 9, A.M. Better; the redness and swelling have considerably diminished, and there is some desquamation of the cuticle over the right side of the face; pulse 116, and a little stronger; she is not so restless; the bowels have been freely opened by the pill and draught; the fæces still dark-coloured, and offensive; tongue rather dry, and less furred than yesterday.

8, P.M. Gradually improving. Continue the decoction of bark, and the wine, in diminished quantity, and take one grain doses of calomel every morning and night.

14. 9, A.M. Rested exceedingly well during the night, and is much better; the cuticle is desquamating over the whole of the face; pulse 104, and stronger; tongue not so dry, and furred; bowels open, and the fæces of a more natural colour.

15. 1, P.M. Continues to improve rapidly; there is no swelling or redness of the face; pulse 96, and of moderate strength; tongue moist and clean, but slightly thirsty; bowels open; feels stronger. Continue the medicaments.

16. Complains of nothing but a soreness of the gums; and the tongue is slightly swollen, sharp, and indented at its edges. Very well in every other respect. The pills to be discontinued. Continue the bark every other hour. Wine in much smaller quantity now.

17. Proceeding very favourably; no redness and swelling, and very little deformity on the side of the face from which the tumour was removed. The line of incision is scarcely visible; she articulates very in-

telligibly; the opening in the mouth has materially diminished; and she is now only labouring under the debilitating effects of the attack of erysipelas.

18. Continues to improve; appetite and strength increasing daily; bowels quite regular.

EXTRACTION OF TOBACCO-PIPE FROM BELOW THE ANGLE OF THE JAW.

IN one of the upper male wards, said Professor COOPER, in a late clinical lecture, there is now a man, whose name I do not remember, who came to this Hospital, a few weeks ago, with inflammation and swelling on the right side of the neck, caused, as he stated, by a tobacco-pipe being forced under his tongue by the accidental movement of another person's arm against the pipe whilst it was in the mouth. The pipe was repeatedly declared by the man not to have been at all broken. I suppose this led the surgeon who first saw the case, not to have any idea of a foreign body being lodged. The wound under the tongue soon healed; but the swelling at the side of the neck continued to be very painful, especially when the head was moved. Abscesses formed, and were opened, and even counter-openings practised. At length the patient got well enough to be made an out-patient; but, about ten days ago, he returned, in consequence of the fistulous opening not closing, and his suffering a good deal of pain in the course of the sterno-mastoid muscle. I now asked him again if he was sure that the pipe was whole when it was withdrawn, and he answered in the affirmative. I asked if he saw it himself, and he replied that he did not. I therefore determined on probing the swelling, and on doing so, very carefully, detected a foreign substance. By means of suitable incisions through the integuments below the angle of the jaw, a piece of pipe was soon removed from the neck, nearly three inches long. This case proves how little dependence can be placed on the history given, by many patients, of their own accidents.

THE first number of a CYCLOPEDIA OF PRACTICAL SURGERY, edited by Doctor COSTELLO, has just been published. Time has not yet afforded us an opportunity of carefully examining its contents, but in the course of the week we will endeavour to estimate them. Few of the subjects, we observe, have been regarded by the compilers as sufficiently perfected by previous writers to allow the articles to come forth free from the annunciation of their own individual opinions and experience. This would be a fault, were it not a necessity. The number is got up with great editorial care.

THE cheap and beautiful NATURALIST'S LIBRARY, published in London by Mr. Highley, continues to preserve its claims on the public. Our intention to notice the last issued volumes is this week defeated by want of space.

Dr. G. F. COLLIER has issued a translation of the new Pharmacopœia, with this address to the Censors of the College of Physicians. "Gentlemen, behold the Book! and now resist, recant, or retreat, with what silent dignity you may." The original and the only three announced translations being now before us, we shall shortly pass an opinion on the batch.

Among other "Curiosities of Literature" which we have received, is a little brochure of 16 pages, entitled "The Three-halfpenny English Grammar for the People." By GEORGE EDMONDS, published by Onwhyn, Catherine-street, Strand. As the author professes in it to teach "the art of writing without blundering," we may recommend him to send copies to Dr. James Johnson for distribution amongst the writers in his quarterly journal.

TO CORRESPONDENTS.

WE are compelled to postpone for a week a report of the meeting of *Guy's Hospital* students and teachers, at the close of the late revengeful prosecution of some of the pupils of the hospital by the authorities of St. Thomas's.

We cannot let *Mr. J. L.* know, through our pages, what one of our correspondents has written respecting him, but the caution will not be forgotten.

Lacon.—We see no point in the quotation, which, also, is incorrectly given.

The facts from the Warminster Union shall not be overlooked.

A Constant Reader.—No verbal message will suffice; nor does any form of certificate exist, but a magistrate's warrant may compel attendance. For information on the other points mentioned, see page 409 of the last vol. of this Journal.

W.—The case was not mislaid. It will be inserted. The MS. from *Mr. Coward* need not be preserved, as the statement has been published. The letters of *Mr. W. Watson*, *Pips*, *Dr. Brown*, and *E. L.*, shall be published.

†—The "*Clinic*," from our Leeds reporter, is unavoidably delayed. We shall append to it a few remarks.

A Subscriber.—Anybody seems to be eligible, but to practise as an apothecary on persons who are not paupers, on the list of the Board of Guardians, is illegal.

S. W. T.—The point is so doubtful, that we decline expressing an opinion on it.

Several communications have been received, which cannot be inserted from want of space.