a living child, during a violent convulsion, raving, and in a state of perfect unconsciousness of the event. The placenta was favourably expelled in about ten minutes; not more than six ounces of blood passed at the time, and the uterus contracted naturally. The convulsive spasms continued for half an hour after the birth of the child. I gave half a grain of acetate of morphia, and applied an ice bladder to the head. About an hour from the time of delivery she was attacked with another violent convulsion. I bled her again, from an orifice in each arm, to twenty-five ounces. Upon a remission of the convulsion syncope supervened, recovering from which, she slept soundly until seven o'clock p.m., when she awoke in convulsion, and continued so for half an hour. I expected her to die every moment. She again fell into a comatose state, with continued heavy stertor. I applied sinapisms along the course of the spine, to the calves of the legs and to the feet; with ice to the head. Convulsion again aroused her from this state, at half-past nine. I never left her one moment. The pulse, which had been depressed by the previous depletion, became fuller; great heat of scalp, if the ice was remitted a few minutes; flushed cheek, and dilated pupil; quite unconscious. Mr. Betts took seventeen ounces of blood from the temples, by cupping, which operation was interrupted, in consequence of the recurrence of convulsion. I injected another turpentine enema, emptied the bladder, by catheter, and almost gave up the case in despair, believing effusion to have taken place. She again fell into the same state of coma, with stertorous breathing, which gradually subsided, merging in a tranquil sleep for four hours and a half, when she awoke, in a state of semi-consciousness, capable of being impressed by some questions. About two o'clock a.m., half an hour after she awoke, she complained of great pain in the head, and desired the candle to be removed; she rolled her head backwards and forwards upon her pillow, in that semi-rotatory manner observable in acute hydrocephalus; the countenance expressed much disquiet; the cheeks were highly flushed, and the eyes bright and glaring; the pulse 105, and by no means indicating feeble action of the heart. I abstracted twelve ounces of blood; she fainted, but soon recovered; was much more conscious; said she knew me, and those around her; that her head was free from pain; at this moment she became sick, and vomited, and had an involuntary evacuation per anum; she fainted, and was for more than an hour in a most perilous state, but at length recovered, by the aid of powerful external stimulants; she fell asleep, without stertor, or restless agitations, and slept until six o'clock a.m., when I left her, still composedly sleeping; I saw her again at half-past nine a.m., found she had slept until seven o'clock, when she awoke, and, for the first time, adverted to the birth of the child; said she knew nothing about it, nor of my having been with her, nor of having been bled; said she felt very well; expressed a wish to see her child, which was imprudently given to her, when she became much agitated, and, as the nurse informed me, had a slight convulsion, which passing away she again fell asleep, in which state I found her; in a short time she awoke, quite rational, spoke audibly and coherently. I desired she might be freely supplied with warm milk-and-water, with bread. I saw her again at half-past two o'clock p.m., going on quite as I could wish; in short, she progressed as favourably to convalescence as could be desired, in one week having left her bed, and not manifesting so much debility as the generality of persons do at that period after parturition.

The child lived to be four months old, when it died, after three days' illness, from cerebral disease, terminating in effusion. To what cause but the abstraction of 129 ounces of blood, collected, besides a considerable quantity otherwise lost, can the favourable termination of this case be attributed? Sceptici respondeant!

Southampton-street, Fitzroy-square, 1850.

EXCISION OF THE ELBOW-JOINT.

By WILLIAM COWAN, Esq.

HOUSE-SURGEON TO THE GREENOCK INFIRMARY.

HAVING observed, in one of your issues for February, some account of two cases of excision of the elbow-joint, at the Charing-cross and St. Bartholomew's hospitals, about which a good deal seemed to be made, as though it were of rare occurrence, I beg leave to state, that the operation is now quite common in the Edinburgh and Glasgow Infirmarys, and that even in this small provincial town, in the west of Scotland, we have had occasion to imitate the example of a

Syme; but as the constitution of the patient upon whom we last operated here (a most interesting and instructive case, and under treatment at the time your London cases appeared) was of a very strumous nature, and the arm took a long time to get strong, I thought it best to wait the issue of the case before attempting to give it publicity, on seeing the London cases brought so prominently forward.

Thomas L—, aged seventeen, engineer's apprentice on the Caledonian Railway, was an out-door patient of the Greenock Infirmary for about nine months, suffering from synovitis of the left elbow-joint; all the usual remedies had been tried in vain, and on the 24th of August, 1849, there were signs of fluctuation in the joint, indicating that mischief to a considerable extent was going on. He was then made an in-door patient, and the abscess was opened over the external condyle of the humerus, and a quantity of pus discharged from the wound, which relieved the intense pain he suffered. A probe was afterwards introduced, which penetrated the joint, and the ends of the humerus, radius, and ulna, were found all more or less in a carious state.

While an out-door patient, he had been for a good while taking cod-liver oil, and his constitution being in a favourable state for an operation, a consultation was held three days after his admission, when it was decided to perform Syme's operation of re-section, which was done by Dr. J. R. Spiers in the usual way, by making a longitudinal incision on each side of the posterior aspect of the joint, and joining these in the centre by a cross one, thus forming the letter H. The soft parts were dissected back, taking care not to wound the attachments of the biceps, brachialis anticus, &c., and the diseased ends of the bones having been sawn out, the parts were brought together by suture.

He continued in the infirmary till the 27th of December, exactly four months from the date of the operation, the arm having made very little progress for some time, towards healing, owing to the constitution of the patient. At the date of his discharge, however, cartilaginous structure had been so freely thrown out by the ends of the bones as to have completely filled up the gap made by the section; the wound had healed up; mobility of the joint in flexion; extension and rotation was hardly, if in any degree impaired, and it would have puzzled almost any stranger to fix upon the joint that had been the subject of operation.

Since that time he has been an out-door patient again, and his general health has gradually improved under proper regimen and medicine; he is now quite strong; can flex the arm freely and by constant trials is gradually getting the use of it again; so much so, indeed, that he is now able to lift a weight of fifty-six pounds with ease, or without in the least straining the arm. Although performed under the most unfavourable circumstances, the operation has been very successful, and the surgical world, and the community generally, owe a debt of gratitude to Mr. Syme, of Edinburgh, who set the first example as a successful operator in such a valuable case of conservative surgery.

Two years ago, ay, even less than that, the arm of this young man would have been lopped off as useless; now, however, he at least has reason to thank Professor Syme and the advancement of modern surgery for saving him a useful limb.

Greenock, 1850.

CASES OF PLEURISY, WITH EFFUSION INTO THE LEFT SIDE OF THE CHEST AND DISPLACEMENT OF THE HEART.

By C. J. B. ALDIS, M.D.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, AND LECTURER ON MEDICINE AT THE HUNTERIAN SCHOOL.

A Case of Latent Pleurisy.

I FIRST saw the gentleman, Mr. P. H—, with Mr. Scatliff, of Sloane-square, on Wednesday, March 7th, 1849, when the pulse was 120, compressible; the patient lying on his back, but can lie on either side, indifferently; no orthopnea; slight cough; no expectoration; the heart beating to the right of the sternum as far as the right nipple; left side of the thorax immovable; breathes only with the right lung; intercostal spaces of the left side of chest effaced; dullness on percussion over the whole of the same side; respiration inaudible; no ægophony. Suffered from hæmoptysis to the extent of a pint about three weeks previously, when he was in the country: at that period he consulted a medical practitioner, and came to town, having travelled by night in a second-class carriage for