out adopting Billroth's preliminary step of securing the lingual arteries. Any operation, to be satisfactory, should provide against the admission of blood into the air-passages, and also prevent the frequent drainage below the jaw, and my own experience leads me to believe that these desiderata can be most surely attained by an operation which includes division of the lower jaw whenever the entire organ is to be removed.

EXCISION OF THE ENTIRE TONGUE BY WHITEHEAD'S METHOD.

By ANDREW MARSHALL, M.D.

A few months ago a brief report was published in the columns of The Lancet of a case of excision of the entire tongue performed by me according to Mr. Walter Whitehead's method, in which there was an entire absence of the difficulties and dangers which some surgeons have experienced in the course of this operation. The process was found to be easy and expeditious, the amount of blood lost quite insignificant, and the result satisfactory. Another similar case has lately occurred in my practice which has tended to confirm in my mind the favourable opinion of the operation which I formerly expressed.

W. D., aged forty-eight, by occupation a wheel-smith, living in Preston, and suffering from cancer of the tongue, was first seen by me on July 22d, in consultation with Dr. Lightbourne. The disease at that time involved nearly the whole tongue, excepting the anterior third. It was worst on the left side, where there were much enlargement, irritation, and ulceration. There also the tongue was partly bound down by infiltration of the subjacent tissues; and on the left side, where there was much enlargement, induration, and ulceration. There was not much specialty noteworthy in the after-treatment. There was no history of cancer in the family so far as could be ascertained. The patient had been a temperate man, was not a smoker, and said he never had syphilis. There was no pain of hand.

Dr. Lightbourne had previously given him the same medicine and inhalations were used. Great relief was made, but of course the benefit is only temporary, a cure is impossible. Under the circumstances being impossible. A difference of opinion still exists amongst surgeons as to the real extent of this danger, and to discover, if possible, the true explanation of the "conflicting statements" which have been put forward with regard to this subject.

Preston.

ON TWO CASES OF HEPATIC ABSCESS; RECOVERY.

By F. C. BARKER, M.D., F.R.C.S.I., DOMINAL MEDICAL SERVICE.

CASE I.—D. S., aged about twenty-five years. Admitted to Surat Civil Hospital August 13th, 1877. Liver enlarged to about a handbreadth below costal margins, and upwards to an inch below nipple. Tenderness and loss of appetite. Abdominal enlargement and pain from different sources, in order to determine the real extent of this danger, and to discover, if possible, the true explanation of the "conflicting statements" which have been put forward with regard to this subject.

Pressure 100°. Chloriform given and an incision made close to puncture of 19th, about an inch and a half long, passing through the rectus, which was torn through with a director, down to its posterior sheath. Dry lint was introduced, and carbolic oiled lint pad applied. Abdomen and lower part of chest firmly bandaged. Ordered eg., mixture.—20th: Pulse 97; temperature normal. Given twenty-five grains of ipecacuanha. No emesis followed.—Aug. 14th: Severe hepatic pain. Slight fever in the night with "cold" (rigor?) reported. Tongue slightly furrowed. Given a calomel and jalap purge.—19th: A distinct fluctuation in right hypochondrium, with fulness here and in the chest above, and obliteration of the intercostal depressions with great tenderness. Tapped in hypochondrium with aspirator and No. 2 needle; twelve ounces of reddish-brown fluid, abounding in hepatic cells, drawn off from a cavity evidently large, flowing from the free movements of the needle without encountering the opposite walls. Allowed two ounces of country spirit daily as he was reported an habitual drinker. Ordered thirty grains of chloride of ammonium three times a day.—22nd: Partial relief to symptoms since tapping, but swelling returning. Temperature 100°. Chloriform given and an incision made close to puncture of 19th, about an inch and a half long, passing through the rectus, which was torn through with a director, down to its posterior sheath. Dry lint was introduced, and carbolic oiled lint pad applied. Abdomen and lower part of chest firmly bandaged. Ordered eg., mixture.—20th: Pulse 97; temperature normal.—23th: Pulse 97. Abdomen admitted a probe five inches backwards. Discia ge loss. Pressure steadily kept up on abdomen during dressing. Skin generally becoming drier and looser.—29th: A great failing in of abdomen has occurred from pressure of the bandages. Discharge in great measure bilious.—30th: Pulse 100. Discharge still bilious.—31st: Sym. Abdominal bandages slackened. Castoreum.

On Sept. 2nd: Stools free and well tinged with bile, contrasting strongly with their previous clayey colour; while apparently diverted from abscess to bowel. Its reappearance in the motions and disappearance from the abscess is hailed with relief. There was no pain of hand.

A different view exists amongst surgeons as to the relative merits of Mr. Whitehead's operation, but this difference refers principally, or perhaps solely, to the danger from hemmorhage, Mr. Whitehead having always emphasised that "if the question of probable bleeding be put aside the operation was nearly always successful." Some surgeons, however, have found it to be so, however, for cases have been recorded in which the hemmorhage was "very profuse" and "even terrible." It does seem desirable therefore to obtain an "accumulation of experience" from different sources, in order to determine the real extent of this danger, and to discover, if possible, the true explanation of the "conflicting statements" which have been put forward with regard to this subject.

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