temporal artery, and the complete network of vital parts so well known in this region. If the tumour should prove cancerous, moreover, such cancerous tumours about the parotid are almost proverbial for going deep, and disorganizing the entire gland and adjacent soft tissues. Here was another difficulty. Mr. Paget, however, as we thought, with great moral courage, and no little faith in his diagnosis as being a true one, thought very little of the anatomical difficulties of the operation, and had the man placed under chloroform. The operation itself was beautifully done. An incision was first made vertically down the centre of the tumour, Mr. Paget's colleagues assisting in tying the smaller vessels as they appeared, and sponging away the blood. We mention the latter circumstance purposely, as without very skilful assistance in watching the vessels such an operation, for instance in the country, would not be advisable or perhaps possible. The anterior portion of the tumour "peeled away" very freely from the fascia of the parotid space; the middle part of the tumour was the most troublesome and most dangerous, the front of the sheath of the large vessels being at one moment exposed to view to those around and to those assisting Mr. Paget; the posterior part, seized in a forceps, was chiefly peeled away by Mr. Paget's finger and the blunt handle of the scalpel.

The tumour, on removal, proved, on a section being made, precisely as Mr. Paget had predicted—mixed glandular and cartilaginous tissue in one half, with scattered cyst formations; while the posterior part was marked out by a well-defined waving line, and appeared softer, more livid, or dark in colour, infiltrated with purulent deposit, and evidently a mass of incipient putrilage or tumour in process of rotting.

ST. GEORGE'S HOSPITAL.

IDIOPATHIC TETANUS; GALVANIC ELECTRICITY.

(Under the care of Dr. BENICE JONES and Dr. WILSON.)

A CASE of idiopathic tetanus, in this hospital, under the more immediate care of Dr. Bence Jones, has lately interested the clinical class a good deal, more particularly, perhaps, in connexion with some new views of this physician as to galvanic electricity acting as an antispasmodic in such affections. Idiopathic tetanus, we need scarcely remark, is not a frequent or a very incurable malady. Dr. Wilson says it is almost an endemic disease in South America, appearing rather as a constitutional affection, after the manner of fevers.

E. D—, aged about forty, was admitted into St. George's Hospital on the 19th of March, 1855. There is nothing very particular as to the previous history of the case, as the poor man can assign no cause whatever for the disease, but it does not appear to be traumatic, as he has not injured himself in any particular way. He is a watchmaker by trade, and the only thing he can at all recollect is, that a long time ago he broke a watch-glass in his hand, but did not cut himself. He presents all the familiar signs of lock-jaw, insomuch that a plug of soft wood has to be introduced into his mouth, to enable him to take his food. The precursory signs of this disease are so uncertain, that he does not recollect anything at all till the locked-jaw set in. Dr. Wilson cited to the class a similar case of a gentleman who gave himself a slight cut, but some days after, happening to be sitting at dinner, he felt the fatal pain and stiffness of jaw quite unexpectedly, and was dead in a few days more. It evidently pains the patient to ask him questions, so it is not done. Deglutition, according to the nurse, is very difficult, still he strives to take his medicine; the muscles of the abdomen are rigid. He was ordered, by Dr. Bence Jones, a blister to the back of the neck, to remove irritation from the base of the brain and medulla, draughts of camphor and opium, beef-tea, and milk.

March 20th.—The trismus still continues. Ordered, port wine, eight ounces, with a mustard poultice to the chest, and to go on with the medicines.

21st.—As the bowels had not acted, he was ordered a purgative enema. Electricity has been tried, or rather a specific mode of induced galvanism.

22nd.—Dr. Bence Jones, wishing to keep the system supported as much as possible, has ordered him draughts with quinine, in addition to his milk and beef-tea. He does not appear to be improving.

If the essential nature and pathological conditions of traumatic tetanus be confessedly obscure, the origin and nature of idiopathic tetanus is perhaps even more so. Dr. Wilson lays great stress on the fact, that tetanus takes a certain definite time to develop itself—a period of incubation, so to speak, like fevers; and he accordingly looks upon tetanus, more particularly in the idiopathic shape, as a fever affecting the muscles.

As in fevers so in tetanus, if the patient is supported, and survive for a certain number of days, he recovers, the supporting or strengthening treatment proving much more valuable, he thinks, than bleeding or depressing medicines. Idiopathic inflammation of nerves is very rarely found in post-mortem researches, and should be rather constant as a phenomenon, if tetanus depended on such a process. Mr. Curling, who has examined the subject more carefully, perhaps, than anyone else in London, found inflamed and healthy spots, with tumefaction and redness, propagated along the injured nerve to the spinal cord—a view corroborated by other observers in Germany.

In the present case we regret to find that the poor man sank on Saturday last, but no post-mortem change of any moment was found, except rupture of the rectus abdominis muscle, the result of spasm.

ST. MARY'S HOSPITAL.

COMMUNUTED SIMPLE FRACTURE OF THE TIBIA; USE OF INTERRUPTED SPLINTS, &c.

(Under the care of Mr. COULSON.)

A VERY useful kind of *interrupted* splint, in use at this hospital, deserves, perhaps, to be better known, and in the following case of comminuted fracture of the tibia, under the care of Mr. Coulson, proved very advantageous. At Guy's, St. Bartholomew's, and some other hospitals, we have noticed the same object gained by sand-bags carefully arranged round the fractured limb; whilst in the starch bandage plan and the plaster-of-Paris bandages, a "window" may be cut in the bandages when applied to take off pressure, if simple, or to dress the wound, if a compound fracture. A curious tendency exists, however, at present in all the hospitals to simplify the treatment of fracture; while in the London Hospital there is much gained in bad cases of fractured thigh by a peculiar fracture-bed—the invention, we believe, of Mr. Luke. With all this simplification of treatment, it is curious to hear of our army surgeons disagreeing about splints, and borrowing splints from our allies, when they are made so easily. It is open to doubt, indeed, if some of the reports by nonprofessional people can be true, though they have recently produced such a deep sensation on the public mind. The case is copied from the clinical notes taken in the hospital.

Rosetta F—, aged thirteen, the daughter of a coachman, was admitted Oct. 12th, 1854, having sustained a severe injury to the right leg. On examination, the tibia of the right leg was found fractured just above the ankle-joint, and the parts around the broken portion very much ecchymosed and contused. There was reason to believe that the fracture was comminuted, and the upper portion of the tibia very nearly projected through the skin. There was a small abrasion of the integument near the fracture, but no communication between it and the deeper injury of the bone. The account given of the manner in which the injury had been sustained was that the patient had jumped from a loft window, a height of seven or eight feet, and alighted on some stones. The weight of the body came most on the injured leg. She was taken up from the ground incapable of moving, and brought to the hospital.

The broken ends having been brought into proper coaptation, the leg was put up with side-splints and a bandage so applied as to leave the fractured part of the leg uncovered, and this portion was covered with wet lint.

Oct. 13th.—The patient does not complain of much pain. The parts about the fracture are a good deal swollen and discoloured. The cuticle is raised from the surface at two or three points, and bloody serum is seen beneath it. There is a slight oozing of blood from the small wound at the inner side.

14th.—The skin is to-day very hot; the pulse 100. There is a little pain complained of, situated in the leg. The vesication of the skin over the fracture has a little extended, and covers a surface of about two inches square. There is no bleeding from the wound. The cold-water dressing is still applied.

16th.—The apparatus for retaining the fracture in proper position was to-day changed. A simple splint was placed on the outer side of the leg, and one of the interrupted splints in use at this hospital for compound fractures adjusted at the inner side. This interrupted splint is made of two pieces of wood, united by a kind of bridge of iron; the bridge itself consisting of two pieces of iron, the one sliding over the other, and fixed together by a screw. In this way the distance between the two portions of the splint, and consequently the extent to which the fractured limb is left uncovered by the apparatus, can be regulated with great ease, and, without exercising any pressure where such pressure might produce very injurious results, the fractured bones are nevertheless kept in a state of

immobility. The wound and the inflammatory condition of the parts around the fracture rendered some such measure necessary in the present case, and its good effects were evidently shown in the sequel. Ordered to take solution of acetate of ammonia, one ounce; Dover's powder, half a grain, with tincture of hyoscyamus, fifteen minims, three times a day.

19th.—The limb is doing well, although there is great discoloration, the result of effusion of blood beneath the integument.

30th.—The patient has up to this date been going on favourably. She has had little or no pain in the limb; her appetite is good, and she sleeps well. There is to-day a little bogginess of the skin covering the fracture at the inner side; the skin is red, the redness disappearing under pressure over a surface of three inches by two. The leg at this situation is much larger than the sound one.

Nov. 15th.—The swelling and redness of the soft parts covering the fracture have disappeared, and the case is making very satisfactory progress towards a cure.

Dec. 29th.—The patient was discharged cured.

The following case is also not without interest. Mr. Coulson, with most surgeons, adopts the good rule, in "piles and prolapsus," to cut away all below the sphincter and ligature all above it—a means of cure now easy of performance under chloroform.

HÆMORRHOIDS TREATED BY LIGATURE; RECOVERY.

Emma C—, aged twenty-nine, single, a dressmaker by occupation, was admitted into St. Mary's Hospital Dec. 11th, 1854, under the care of Mr. Coulson. Her health has been very bad for many years, and she has been in an exceedingly low, weak state during that period, having suffered very much from her complaint. For the last seven years it appears that there have been frequent attacks of bleeding from the lower bowel, and the hæmorrhage has been almost constantly present for three months past, scarcely a day passing without its occurrence, often to the extent of a teacupful two or three times a day. She has a constant hacking cough, which, however, there is reason to believe does not depend on tubercular disease of the chest, as the other thoracic symptoms usually present in such cases are absent. The pulse is weak, the face indicative of suffering and anxiety, and her manner agitated and nervous. Whenever the bowels act, a mass the size of a small egg makes its appearance externally, which is pretty easily reducible. On making an examination, Mr. Coulson detected the presence of internal hæmorrhoids, three in number, situated just within the external orifice, and placed at intervals round the walls of the rectum; the largest was about the size of a nut. A small external pile was also observed; but external piles, or prolapsus, it is better perhaps to remove with the knife.

After a few days' quiet and regimen, Mr. Coulson, on the 16th of December, performed the familiar operation of ligature of the venous tumours. The fleshy-looking mass having been protruded by the efforts of the patient, and thus brought fairly into view, Mr. Coulson passed a ligature of stout thread round the base of each of the three tumours, and returned the mass into the rectum. She was ordered to take thirty drops of the tincture of opium at bedtime.

The following morning, Dec. 17th, she was unable to pass urine, though feeling a strong desire to do so. She had passed a tolerable night, and was in other respects doing well. A catheter was passed and the urine drawn off.

Dec. 18th.—Two of the ligatures were removed. Nothing remarkable subsequently occurred, and she was shortly after dismissed perfectly cured and well.

MARYLEBONE INFIRMARY.

TREATMENT OF SUPPURATING BUBO; CHRONIC ABSCESSSES, ETC.

(Under the care of Mr. HENRY THOMPSON.)

THE various cases of suppurating bubo which are presented, both in the wards and in the out-patient department of every hospital, must be familiar to every observer, both on account of their number and troublesome character. There are not many complaints, perhaps, which are more troublesome for the degree of severity which they possess, nor many less amenable in the general method of treatment to therapeutic agents. Resisting commonly all attempts to discuss it, the inguinal swelling slowly increases in size, softens, points, and, if the lancet be

not employed, breaks, and discharges its contents from a small orifice; this gradually enlarges by absorption and disintegration of its red, thin, and unhealthy-looking margins, and an unsightly gap ensues, from the irregular surface of which often thin or sanious discharge is secreted for a long period; but no sign of reparative action appears until after the lapse of time, assisted perhaps by the occasional stimulation of its surface by the application of some metallic salts, the shaping of its borders into something like form by the use of potassa fusa, contraction of the sore commences, and slowly the work of cicatrization takes place. If during this progress of cure one or two burrowing sinuses are not formed, absolutely requiring to be slit up by the knife or again attacked by potassa fusa, the patient may generally consider himself tolerably fortunate; and, under the most favourable circumstances, an irregular, puckered, and unseemly scar in the affected groin perpetuates the history and recollections of this most troublesome affection throughout the patient's life.

It is obvious, then, that a chief object in treating bubo is the prevention, not the cure, of suppuration. A swelling of this character presenting in the groin, the indication to be fulfilled is undoubtedly its discussion or dispersion. No one believes now in any evil arising to the patient from any such repulse of matter from the surface inwards. Designed by Nature to be ejected from the surface, she has, nevertheless, other means of eliminating the products of inflammatory action from the system, and the surgeon's art is exemplified in so directing her processes, so as to attain that which is the most desirable result for the patient on the whole.

Counter-irritation over the swelling, whether threatening to suppurate, or in the act of doing so, has long been employed as a means of discussing the contents of bubo. Especially of late, however, new methods of accomplishing this desirable end have been tried, with variable success. Malplaquet's mode of applying a small blister to the inflamed surface, and dressing it afterwards with a strong solution of bichloride of mercury, for two or three hours, so as to induce a thin slough, has been attended apparently with benefit in some cases. Painting with strong tincture of iodine probably acts favourably, sometimes, on a similar principle, by the extent of inflammation of the skin which is set up, and not from any special power of inducing absorption peculiar to the iodine. The employment of a strong solution of nitrate of silver seems, however, to have afforded by far the best results of any of the methods we have yet had an opportunity of observing. The first systematic trial of this agent was made, we believe, at Guy's Hospital, and with very successful results. Mr. Henry Thompson has subsequently adopted it at the Marylebone Infirmary for a very considerable number of cases, in some of which very marked results have followed its application. In several of these, where fluctuation in the bubo has been so complete and unmistakable as almost to forbid any attempt to discuss it, on the ground of its apparent hopelessness, two or three applications of the solution, at two or three day intervals, have produced diminution in the size of the swelling, increased firmness to the touch, and evident consolidation; while a continuance of the treatment during another week or two has thoroughly succeeded in averting all fear of suppuration, and in dispersing the tumour. Mr. Thompson has applied the same treatment to abscesses of other kinds, when not depending on diseased bone, or in other obviously unsuitable cases, with a very considerable amount of success. In some instances where suppuration and discharge have occurred, there has been a manifest improvement in the condition of the abscess, as an apparent result of the application, and the subsequent progress of the sore has been much more satisfactory than that which these cases commonly present.

The solution which seems to answer best is, three drachms of nitrate of silver to the ounce of distilled water, with twenty minims of strong nitric acid. It may be applied with a glass rod or stick, although the best instrument is probably a glass brush. Freely rubbed over the entire surface of the swelling, and allowed to dry, it produces a thin, black eschar, which begins to peel off in a few days, when the application should be again made, and repeated as often as may be necessary. Where, however, it is more convenient to use the solid nitrate, an application of this to the affected part, previously wetted with a little water, answers every practical purpose. The principal advantage which the solution possesses, arises from the uniform strength which is thus ensured in the application.

THE Prize of the Pupils' Physical Society of Guy's Hospital has been awarded to Mr. Benjamin Hooke for his essay "On Diseases of the Joints."