in the Regent's Park, every morning, (excepting as below,) from seven until ten o'clock.

The lectures on the systematic part of the course will be delivered there every morning throughout the course, at half-past seven o'clock, (except on Sundays, on those days on which the lectures will be delivered at the house of the Society, 17, Bloomsbury-square, and on the days of the public exhibitions in the garden.)

ST. MARYLEBONE INFIRMARY,

New Road.

Physicians—Dr. Clendinning, F.R.S.; and Dr. Mayo, F.R.S.

Physician-Accoucheur—Dr. Robert Lee, F.R.S.

Surgeon—Mr. R. A. Stafford.

Resident-Physician—Dr. Allen.

Resident-Surgeons—Mr. R. S. Finch; Mr. C. W. Jenner; Mr. Fred. Hetley.

* * This infirmary, which is attached to the workhouse of St. Marylebone, presenting one of the best fields for clinical instruction, in London, does not now receive fees from medical pupils, but is visited by many honorary students, who, by the kindness of the medical officers, obtain the advantage of the *entrée*.

PRIVATE TEACHERS.

MR. TUSON, F.R.S., will commence a Course of Instruction on Anatomy, Physiology, and Practical Surgery, on Monday, October 2nd, at his residence, No. 15, Harley-street, Cavendish-square. Candidates for the diploma or fellowship of the College of Surgeons can attend a Private Course of Instruction, and perform the various operations on the subject.

MR. LEACH continues to give Instruction in Medical and General Classics privately, or in classes, to gentlemen preparing for examination at Apothecaries' Hall, for matriculation at any of the Universities, or for the diploma of the Royal College of Physicians, at his residence, No. 34, Great Queen-street, Lincoln's-inn-fields.

MR. E. E. BARRON gives Courses of Medical and Surgical Tuition at 16, St. Thomas's-street East, Borough.

MR. A. C. LEE, residing at No. 6, Three Crown-square, Southwark, nearly opposite the end of St. Thomas's-street, gives Instruction in Medical Latin as usual.

Hospital Reports.

ROYAL FREE HOSPITAL.

CASES IN SURGERY TREATED AT THIS HOSPITAL BY MR. T. WAKLEY.

Reported by THOMAS CARR JACKSON, Esq., M.R.C.S.E.,
Resident Surgeon.

Case of Extensive Necrosis of the Lower Jaw; Operation; Recovery.

Timothy P—, labourer, aged twenty-four, a man of irregular habits, was admitted into the Royal Free Hospital, under the care of Mr. T. Wakley, June 1st, 1848, suffering from necrosis of the lower jaw, on the right side. The history which he gives of the disease is, that last July he suffered severely from toothach, and after some days went to a dentist, who extracted the painful tooth, one of the lower molars, but with considerable violence. About a fortnight after, while eating his dinner, he felt something crack near the place where the tooth had been extracted. The opening left by the extracted tooth never healed. Soon after the period of feeling the crack a discharge came on, at times in considerable quantity, and very foetid. He applied to Mr. Whidbourne, surgeon, of Gower-street, who considering the jaw-bone diseased, advised him to apply to Mr. Wakley at this hospital.

Present Appearances.

June 1st.—There is a rounded, oblong, bony tumour on the right side, extending along the horizontal ramus of the lower jaw, from its angle to within an inch of the symphysis; it projects outwards, and there is a good deal of irregular swelling and thickening of the soft parts in connexion with the vertical ramus. The bony growth is limited to the external surface of the jaw, the internal being free from deposit or other alteration from its healthy character. There are several openings within the mouth communicating with the diseased structure, and a probe passed into any one of them strikes against

compact, bare bone; a portion of bone also—seemingly a large piece—can be felt, loose, surrounded by new bone. An operation was proposed to the patient, to remove the necrosed portion, to which he at once consented. Having been duly prepared, Mr. Wakley proceeded to perform the operation, (on June 12th,) assisted by Mr. Gay and Mr. Erasmus Wilson.

The patient being first put under the influence of chloroform by Mr. Robinson, Mr. Wakley commenced the operation by making a free incision through the integuments, with a large bistoury, from a little above the angle of the jaw, and carrying it forwards along the lower border of the horizontal ramus to within an inch of the symphysis: the upper portion was then quickly dissected up, as a flap, by detaching it with a few touches of the knife from its connexion with the bone. In the course of this dissection the facial artery was cut across; this was immediately tied, as were also two other smaller vessels. The condensed tissues on the surface of the bony tumour being cleared away, the shell of new bone forming the projecting tumour was readily exposed to view, and an opening being made into it with the cutting forceps, the necrosed portion of bone, about two inches in length, was removed by a pair of strong dentist's forceps. The finger passed into the cavity left by its extraction could not detect any other diseased portion; the wound was therefore carefully sponged, and all bleeding having ceased, it was accurately closed by eight points of suture, and lint, dipped in cold water, applied. To take, at bed-time, the following draught: tincture of opium, half a drachm; camphor mixture, one ounce.

June 13th.—Has passed a very good night; no bleeding. The ligatures from the vessels came away on the 21st of June, the wound being nearly healed throughout, not having had a bad symptom since the operation. Discharged cured June 26th.

August 1st.—The swelling and disfigurement on the side of the face are rapidly subsiding, and the patient is perfectly free from the disgusting fætor and discharge which made him have recourse to the operation. There is slight paralysis of the muscles of expression, from the division of some branches of the facial nerve, but to a slight extent only.

Extensive Incised and Lacerated Injury to the left Forearm, Wrist-joint, and Palmar Surface of the Hand, caused by a Circular Saw; Recovery.

Alfred C—, coachmaker, in the employ of Messrs. Wright, aged twenty-four, a stout, muscular man, was admitted, May 17th, with an extensive injury of the wrist-joint and hand. The accident was occasioned by his carelessly approaching a circular saw when in motion, which was worked by steam power, and it inflicted the following mischief:—There is a jagged wound on the dorsal surface of the forearm, curving around the end of the radius, and extending into the palm of the hand. The styloid process of the radius is cut through, and the wrist-joint laid open. The palmar fascia is ripped up, and the tendons supplying the fore and middle fingers are torn across. The forefinger is comminuted. All the metacarpal bones are uninjured. The radial artery and the median nerve are divided. The ulnar side of the forearm, the ring and little fingers, are not injured. The man has not lost much blood, but is sick and faint from the accident.

Mr. Wakley saw the patient about half an hour after admission; and having attentively examined the wounds, and taking into consideration the man's age, habits, and previous good health, and also the circumstance of one side of the forearm and three fingers being entire, he came to the determination of attempting to save the hand. Mr. Wakley removed the comminuted forefinger at the metacarpo-phalangeal articulation; and the ends of the divided radial artery being secured, the limb was placed in an easy position, and water dressing applied. A draught consisting of tincture of opium, thirty minims; camphor mixture, one ounce; to be taken at bed-time.

May 18th.—Complains of very little pain in the limb; did not rest well. Continue water dressing, and repeat the anodyne at bed-time. Low diet.

19th.—There is very little constitutional disturbance; slept better last night; bowels have not been relieved since the accident. Ordered to take two ounces of house medicine immediately. Repeat the composing draught at bed-time.

20th.—Bowels freely relieved by the house medicine; wound discharging; the wound in the palm of the hand is filling with granulations, which look healthy; pulse 87; tongue clean. Meat diet, and pint of porter daily.

25th.—The wound is discharging freely and healthily. The arm was placed on a well-padded splint, covered with oiled silk, and confined in such a manner that it can be dressed without any movement of the wounded wrist-joint; bowels not relieved since the evening of the 24th; complains of being feverish and restless. House medicine, two ounces.

27th.—Pyrexia subsided on the bowels being freely relieved.

29th.—The whole of the extensive wound is filled up with granulations, which discharge freely; appetite good; tongue clean; bowels require some house medicine occasionally.

June 3rd.—The man complains this morning of considerable pain up the inside of the right thigh, in the course of the femoral vein, the skin covering which is slightly reddened, swelled, and painful on pressure; has also slight pain in the calf of the opposite limb; is thirsty, hot, and restless, and has lost his relish for food; the wound of the hand is healthy, and the granulations prominent. To have low diet, and one grain of morphia at bedtime; some saline medicine every four hours; and Mr. Wakley at the same time ordered nitrate of silver to be freely rubbed over the painful parts in the thigh.

6th.—The nitrate of silver relieved the pain in the course of the vein considerably, the swelling is now limited to one spot, over which an obscure fluctuation can be felt—bowels require relief by house medicine. The thigh to be wrapped up in spongio-piline, moist with warm water. Has taken the anodyne nightly at bed-time, which procures him sleep.

12th.—The tumefaction in the thigh has subsided, and a circumscribed hardness can be felt where fluctuation was evident a few days ago. The wound of the arm is rapidly healing; the granulations being exuberant, the nitrate of silver is applied daily, and the wound strapped. To resume meat and porter daily.

15th.—Mr. Wakley removed several spiculæ of bone, which were projecting under the granulations. Thigh much better.

23rd.—Wound nearly healed.

26th.—Discharged; cured.

Case of Compound Fracture of the Skull and Fracture of the Forearm produced by a fall; Recovery.

Henry T—, aged ten years, was brought into the Royal Free Hospital, and admitted under Mr. Wakley, June 14th, 1848, about five p.m., having fallen from a window to the ground, a distance of fifteen feet; he was picked up insensible, and was conveyed here. There is an irregular contused wound immediately above the right orbit, which has bled profusely, the scalp in the neighbourhood being puffy and infiltrated, and the orbital ridge is driven inwards. The boy is insensible, and cannot be roused; pulse 100; limbs relaxed; countenance pale and lips blanched; surface of body cold; pupils dilated; has vomited some coagula twice since admission.

The right forearm is also fractured (both bones) about its middle; this was reduced and placed in splints. His head was shaved, and no further injury could be found on careful examination. He was put to bed. Lint dipped in cold water applied to the wound.

15th.—Has been very restless during the night, but has not spoken since admission, and cannot be roused. Pulse 100; skin warm. To have one ounce of house medicine.

16th.—Bowels were relieved freely by the house medicine, but the motions were passed in the bed unconsciously; pulse 100; skin warm; is very restless.

19th.—Is more sensible, and can be easily roused; wound on the forehead dry and glossy. Ordered a poultice to it, and a blister to the nape of the neck, and a dose of house medicine.

20th.—Blister has risen well; bowels freely relieved yesterday—still passes his motions in bed; rested well during the night; does not answer when spoken to, but seems partly aware of what is passing around. Apply another blister.

23rd.—Is much better; answers when spoken to; bowels relieved freely by house medicine; pulse 80; rests well; does not pass his motions in bed. Ordered a more generous diet.

26th.—Is gradually recovering, and is perfectly conscious of what is passing around him, and recognises his relatives. Wound on the forehead healing. Allowed the meat diet. Discharged, cured, July 6th, 1848.

Fracture of the lower third of the Fibula; dislocation of the Foot backwards, with consecutive Fracture of the inner Malleolus and Dislocation of the Tibia forwards; subsequent formation of matter in the ankle-joint, and sloughing; Amputation; Death.

WM. D—, a water-carrier, aged sixty, was admitted under Mr. Wakley on the 17th of June. He was driving his water-

cart down a hill, when the horse fell, and he was thrown violently from his seat. The cart being propelled forwards over the leg, he was able to extricate himself from his position, when, on attempting to rise, (to use his own expression,) his foot dropped backwards. He was brought into the hospital about eight p.m. On examination, the tibia and fibula are found to be fractured; the fibula, about two inches above the malleolus and the inner malleolus, is torn off; the foot is dislocated backwards, (tibia forwards,) which was easily reduced; the upper and inner edge of the lower fragment can be felt pressing upon the integuments, and cannot be made to alter its position; it feels like a detached portion of bone between the two fragments. The fracture was reduced, and the limb placed in a splint on its posterior surface, in a nearly extended position.

June 18th.—A considerable number of vesications have formed, especially on the anterior and lateral aspects of the limb; has not much pain, but complains of occasional attacks of cramp, which he states he is much subject to. One grain of morphia at bedtime.

19th.—The vesications have increased on the anterior portion of the leg, which is much swollen; has slept well, but complains now of great pain in the limb from the attacks of cramp. The limb was removed from its apparatus, and laid on its outside with the knee bent. Bowels open; tongue clean; pulse 90.

22nd.—There is very little constitutional disturbance; tongue clean; bowels open; no pain in the limb; expresses a desire for better diet. To have meat diet, and a pint of porter daily.

July 2nd.—There has not been any particular feature since the last report until this day. The nurse states that he had a severe rigor about three a.m., which lasted half an hour. On examining the limb, the skin under one of the vesications at the inner side of the fracture, was found to be sloughy, and fluctuation was evident around the joint. Lint, dipped in warm water, to be applied to the part. To take thirty minims of tincture of opium at bed-time.

3rd.—Has absorbent inflammation up the thigh; has not had any more rigors; does not complain of pain; passed a good night; bowels open; tongue dry, and brown in the centre.

4th.—The red lines up the thigh have disappeared; there is a good deal of redness at the upper part of the thigh, but no pain; limb easy; bowels open; pulse 94, weak, and easily compressible. Ordered to take sesquicarbonate of ammonia, two scruples; tincture of opium, one drachm; infusion of serpentaria, eight ounces; a fourth part every four hours.

6th.—Expresses himself as feeling easier; tongue moist, and has lost its brown centre; has not any pain in the limb; sleeps well; the integuments over the fracture are sloughy and unhealthy, and there is considerable fluctuation. Mr. Wakley made an opening over the anterior edge of the malleolus, giving exit to three or four ounces of very foetid pus mingled with synovia; an incision was also made through a boggy sloughy spot on the anterior surface of the limb. A composing draught on going to bed. Repeat the mixture.

7th.—There is a great discharge from the wound, of pus and synovia; expresses himself much relieved from the opening made yesterday; slept during the night; bowels relieved by house medicine; tongue dry and brown; takes all his nourishment. Continue medicine. To have two ounces of brandy, with an egg; a tablespoonful occasionally. Beef-tea and arrowroot. A yeast poultice to the slough.

8th.—There are two other openings now discharging, besides those made with the knife on the inner side, and there is also an opening into the joint from a slough on the external aspect; the discharge is very profuse; the nurse states that he was at times delirious during the night. Mr. Wakley and Mr. Gay saw him, and considered the propriety of amputating the limb, when it was resolved to wait in order to see if his general condition would improve.

12th.—The man being considered in a better state for the last three days, advantage was taken of it, and the limb removed by Mr. Wakley, below the knee, by the circular method, the patient being placed under the influence of ether by Mr. Robinson. Some blood was lost during the operation, chiefly venous. The man felt comfortable on being removed to bed. Forty minims of tincture of opium to be taken immediately.

13th.—Has rambled much during the night, but is better this morning; tongue moist; pulse 98, firm and regular. Ordered, mutton chop, pint of porter, four ounces of brandy, and two eggs. A composing draught on going to bed.

15th.—Has been very restless at night; bowels require castor oil for relief; the upper angle of the stump is cold and discoloured. To have a yeast poultice applied, and to continue his stimulus and diet.

18th.—The stump is sloughy and unhealthy; the man is very restless; has twitching of the fingers; does not sleep; tongue dry and brown in centre; he takes all his nourishment and stimulus.

19th.—Convulsive twitchings of the whole body; has wandered much during the night.

20th.—The ligatures from the vessels came away this morning, and also a large slough of cellular tissue; discharge from the stump unhealthy and foetid; no union at any part.

The man's condition did not improve; the convulsive twitchings increased; he became incapable of taking any nourishment, and died on the 24th.

On examining the amputated limb, the fibula was found to be fractured in two places, within three inches of the malleolus, and the inner malleolus torn off; both malleoli were left attached to the foot by their respective ligaments. The joint was in process of destruction, the cartilage being absorbed in some parts, and easily removable in others. The whole of the soft tissues of the limb were sloughy and disorganized.

Scirrhus Tumour of the Lower Jaw; Operation; Recovery.

Ann H—, aged thirty-three, housewife, admitted under the care of Mr. Wakley, September 16th. An unhealthy-looking woman, mother of three children. She says that about six months ago she observed a slight swelling on the side of the face, situated on the inferior maxilla. This gradually increased, causing a slight dull pain over the part. She applied to a medical practitioner, who ordered a lotion, but it did not arrest the advance of the swelling. It now presented a very considerable tumour, attached by its lower and inner part to the horizontal portion of the lower jaw and mucous membrane of the mouth. The integument over the tumour is vascular, and thin from pressure. Mr. Wakley, on examination, at once declared it to be of a scirrhus nature, and advised its immediate removal. To this the patient agreed, and the woman was immediately placed on a proper regimen preparatory to the operation.

Operation.

Sept. 18th.—The woman having been brought under the influence of chloroform by Mr. Robinson, Mr. Wakley proceeded with the operation in the following manner, assisted by Mr. Gay and Mr. Wilson:—An incision was rapidly made along the inferior border of the inferior maxilla from the symphysis to within an inch of the angle of the jaw. Another incision met this from the angle of the mouth. These flaps were now dissected back, discovering the tumour lying upon the lower jaw and mucous lining of the mouth. It was now carefully dissected from the parts around, excepting the mucous membrane, which it was thought advisable to take away with the tumour, as the latter was adherent to the bone at its lower part. This portion of the bone was attentively examined at the part where the tumour was found adherent. A branch of the facial artery was secured. The parts were now sponged, washed, and the flaps brought together by six well-unioned sutures. A portion of the lip was also found affected, and this was carefully excised. The patient was removed from the operating-table, not having been aware that the operation had even been commenced. Water-dressing was ordered to be applied.—Nine p.m.: Not suffering much pain. No hæmorrhage. Pulse 100. If the patient is not inclined to sleep, a grain of morphia to be administered.

19th.—Wound healthy; slight swelling on the cheek. Bowels moved this morning; pulse 90.

20th.—Sutures removed; parts healthy; union by first intention almost perfect. A few strips of plaster to be applied.

24th.—The parts all but completely well; the ligature has come away; her general health much improved; walking about the ward. Upon examining the tumour it was found to be of the true scirrhus nature.

This case is interesting on account of the rapidity of its assuming the true scirrhus character, and also on account of the immediate healing of the parts after the dissection of the tumour. We are justified in looking forward to a perfect and permanent cure, from the short time during which the disease was allowed to remain on the part of the patient.

Necrosis of the Tarsal and Metatarsal Bones, with Abscesses; Amputation, on a New Plan, at the Central Tarsal Articulation; Recovery.

William B—, aged 19 years, admitted August 20th, 1848, from Twickenham, Middlesex, of which place he is a native. His habits have been very temperate; he is of a happy disposition; and up to the period when his foot began to annoy him, enjoyed good health; his appearance denotes a decidedly scrofulous taint in his constitution. He states that about four years ago he was playing at leap-frog, with some other boys, and on alighting on his feet, after a bound, he twisted his right foot, and felt a sharp pain in the limb, which, however, soon ceased. He thought no more of the accident until some weeks afterwards, when a constant dull pain again reminded him of his previous misfortune and suffering. He obtained able surgical advice, applied poultices and lotions, but to no purpose; the foot gradually became more swollen, and the pain increased in intensity, and he "felt ill all over." About two years afterwards, an abscess burst on the inner side of his foot, and discharged thin ichorous matter. From that time to the present period, there has been a constant discharge from different openings, and the foot has ceased to grow, in length, during the last four years. The general health of the patient has very materially suffered, and he is now unable to put his foot to the ground. Under these circumstances, he applied to Mr. Litchfield, surgeon, of Twickenham, who, upon examination, detected extensive disease of some of the tarsal bones, and advised him to apply to Mr. T. WAKLEY, at this hospital.

Aug. 20th.—Present appearances. The right foot much shorter than the left; very much swollen, assuming a rounded form; livid and unhealthy; there are two openings on its anterior aspect, immediately over the cuneiform bones, and another opening at the posterior and inner side of the foot. These openings constantly discharge an ichorous fluid, mixed with a pale, ill-formed pus, and lead, by three distinct sinuses, to a cavity situated between the cuneiform and scaphoid bones. The probe is easily passed to this point, and at several places touches diseased bone. The smaller tarsal and metatarsal bones seem swollen; the astragalus and os calcis were found to be perfectly healthy. The right leg has dwindled to one half of the size of the left. He suffered considerable pain from the examination, and the parts bled freely. He states that he cannot sleep, in consequence of the excruciating pain. He has night sweats, loss of appetite, and entire prostration of strength, and the special symptoms indicating the approach of hectic fever.

After the examination, Mr. Wakley proposed to the patient to amputate the foot at the central tarsal articulation. To this proposition the sufferer gladly assented, and the operation was appointed for the following Monday. Ordered a mild aperient, and twenty minims of henbane, at night; wine and generous diet.

The Operation.

Aug. 28th.—On being taken to the operating-table he appeared to be in good spirits. The patient having been put by Mr. Robinson under the influence of chloroform, Mr. Wakley proceeded with the operation as follows:—

An incision was commenced just beyond the tuberosity of the scaphoid bone, and carried in a semicircular direction over the tarsal and metatarsal articulation, below the external malleolus. This flap was now dissected back, from the tendons and ligaments, to over the central tarsal articulation. A flap was then formed below, meeting the external and internal points of the anterior flap. This was also dissected back to the above-named articulation on the plantar surface, leaving only one layer of the muscles of the sole of the foot. The bistoury was now rapidly carried through the articulation between the scaphoid and astragalus, and calcaneum and cuboid bones, the knife tracing the course of the half of a figure of 8. Some little difficulty was experienced in securing the external plantar artery, which, it will be remembered, lies deeply embedded in muscular structure, as it passes outwards from the inner side of the os calcis. The anterior tibial artery was also secured. Torsion arrested the hæmorrhage from the smaller vessels. The plantar nerves and flexor tendons were separated from the inferior flap, and were snipped off. The articular ends of the astragalus and calcaneum were now carefully examined, and found to be quite free from disease. Mr. Wakley, however, deemed it to be prudent to saw off the projecting parts of those bones, and thus facilitate the healing process, by forming an even-surfaced and useful stump. The flaps were brought together by eight interrupted sutures, and water dressing applied, with a

few turns of bandage. The patient was now removed from the operating-table, not having experienced the slightest pain during the operation.—Six P.M.: Slight oozing of blood; complaints of pain in the stump.—Eleven P.M.: Oozing of blood continues. Ordered one grain of morphia, to be taken directly.

Aug. 29th.—Doing extremely well; slept for three hours in the night; no bleeding; pain less severe.—Eight P.M.: Repeat the morphia.

30th.—Slept well last night; nearly free from pain. Moderate diet; house medicine; repeat the morphia.

31st.—Stump dressed; flaps have united in three parts; there is slight discharge; edges red. To be washed with a solution of chloride of lime, and strapped and bandaged; parts to be kept wet with water; his bowels have acted freely; no pain; patient in excellent spirits; expresses much gratitude for the relief he has obtained. Repeat the morphia.

Sept. 1st.—The sutures were this day cut away; the flaps retain their correct positions; union rapidly advancing. To be strapped again; care to be taken not to allow any bagging under the plantar flap; no morphia to-night; his secretions healthy. Ordered meat diet.

2nd.—Going on extremely well.

4th.—Ligatures came away; no hæmorrhage; granulations rather high on the innerside; to be touched with nitrate of silver.

10th.—Has been out to-day; the stump has nearly healed; slight discharge from one part; no puffiness about the inferior flap; great care was taken to use sufficient pressure on the inferior aspect of the stump, to prevent the collection of any matter by gravitation at that part; his health has very much improved.

20th.—He has been up and out every day since last report; is convalescent.

On making an examination of the amputated portion of the foot, a large cavity filled with ill-conditioned pus was discovered between the cuneiform, scaphoid, and cuboid bones, with sinuses leading to the metatarsal articulation, and affecting the ends of the bones; parts of the bones were denuded and very much diseased, especially the middle cuneiform bone and the anterior aspect of the cuboid. The probe passed quite through the foot. The bones were enlarged, and soft in texture, and infiltrated with scrofulous matter. This examination proved the accuracy of the diagnosis, and the consequent absolute necessity for the operation. In noticing this case,

Mr. WAKLEY observed, that "it offered to the operator in surgery several points of much scientific and practical interest. Amputation of the foot at the central tarsal articulation was first performed by M. Chopart, a French army surgeon. Until his time, amputation of the leg had been practised for the purpose of removing a diseased foot; but since that period the operation of amputation at the central tarsal articulation had been performed several times according to Chopart's plan. But it had been noticed, on a variety of occasions, that the healing process of the stump had been very tardy, that sinuous openings had existed for a long time, and that before the healing process had been completed a very extended period had often elapsed. It therefore became a question whether amputation at the central tarsal articulation might not be executed with some advantage in a manner very different from the mode recommended by Chopart. That operator, after having made a slight semilunar incision through the integuments on the dorsum of the foot, just anterior to the central articulation, directed his knife through that articulation, and concluded his incision by turning the edge of the knife forwards, and forming a flap, consisting of the muscles and integument of the plantar portion of the foot. This method appeared to be objectionable for many reasons. In the first place, the exposed portions of the retained tarsal bones formed an irregular surface, and thus presented obstacles to the healing process, which ought not to be allowed to exist. In the next place, the construction of the inferior flap, formed according to the plan of M. Chopart, was objectionable, inasmuch as it consisted of a large body of flexor muscles and of the integuments, which had to be turned high up at an acute angle. Thus gravitating matter was likely to lodge at the angular part, and give rise to sinuous openings, which would prove exceedingly troublesome during the after treatment. Again, when the powerful antagonism of the gastrocnemii muscles was considered, and the constant tendency of the parts to resume their original position, and thus lead to a separation of the adjusted edges of the integuments, the flaps so formed, and the stump so constituted, must necessarily arouse many valid objections in the mind of the operator. It had been found, in

fact, under M. Chopart's plan, that it was next to impossible to keep the integuments in a state of approximation; and under such circumstances it was not difficult to conceive that the healing process had been considerably protracted, that numerous sinuses had existed, and that surgeons had had under their care exceedingly troublesome stumps, caused by forming the flap entirely of the muscles and integuments of the sole of the foot. It could not be doubted that such a mode rather favoured the retention of matter than facilitated its early discharge. By the plan of operating which was adopted in this case, the objections already enumerated were shown to have been completely obviated. Instead of forming the flap entirely of integument from the sole, a large superior flap was formed from the integument of the dorsum of the foot: thus the flaps met a little below the median line of the stump. By this method the flaps were brought together with such little difficulty that they might have remained adjusted without sutures, so completely had the antagonism of the gastrocnemii muscles been obviated. Again, by sawing off the projecting ends of the exposed bones, all the parts admitted of being closely approximated, and thus the most favourable conditions were established for promoting union by the first intention, and for rendering almost impossible the retention of matter in sinuous cavities. It was also particularly objectionable to leave any of the exposed flexor tendons attached to the flap, and they ought to be cut away."

The result which has been witnessed in this case appears to justify fully the views which led to the performance of the operation in the manner described. There was almost complete union by the first intention—no sinuses—no collection of matter—the muscular influence was completely controlled; and the stump became well so rapidly, that the patient was convalescent in the short period of fourteen days, after having submitted to so severe an operation.

* * The subject of this interesting operation is still (Sept. 28th) in the hospital.—SUB-ED. L.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, SEPTEMBER 25, 1848.—MR. HANCOCK, PRESIDENT.

THIS was the first meeting of the session; the library was crowded with fellows and visitors.

THE PRESIDENT made some remarks on the age and prosperity of the Society. He then related the following case of

DISEASE OF THE APPENDIX CÆCI CURED BY OPERATION;

as it appeared to be of value, from its presenting a mode of treatment which might be advantageously pursued in certain stages and forms of mischief resulting from the presence of impacted fæces or foreign substances, either in the cæcum or its appendix, which have hitherto for the most part, if not invariably, proved fatal. He said that abscesses of the abdomen connected with the cæcum or large intestines, and attended with fluctuation, had, from time to time, been opened; but he was not acquainted with any instance in which an operation had been attempted under the circumstances detailed in the following case, and where the result had been so entirely satisfactory. In the cases recorded, the presence of fluctuation has proved the existence of matter, but the following detail will show that we should not always wait for this unequivocal sign. Patients do not always live until the disease has progressed thus far; they frequently sink and die without any further symptoms than those of inflammation of the part; and it is to these class of cases that the treatment here related appears to me most applicable. I was requested, on Saturday, 15th April, 1848, to see a lady, aged thirty, in consultation with Dr. Chowne and Mr. Diamond. She was of delicate constitution, having been a seven-months' twin. She, about twelve years since, received an injury to the spine whilst playing at cricket with her brothers, which confined her to her bed for about nine months. Eventually the only bad symptoms remaining, were partial paralysis of the lower intestines, so that the bowels were never effectually relieved without the aid of an enema, and severe occasional attacks of pain, for which she took large doses of laudanum. She married about five years after the receipt of the injury, and her pregnancies have always been attended throughout with violent sickness and ill health. In April, 1848, she was pregnant with her fifth child; the sickness had been most violent and distressing during the whole time, opium, hydrocyanic acid, and the usual remedies failing to give her any relief. On the