pletely cut through with the instrument) is not one jot more efficacious than a common strong blister.

Vewing the other method, my practice in firing of horses has convinced me, that the *success of the operation, if performed for the removal of lameness*, where the ordinary means have failed, whether situate in a joint or a sinew, depends solely on making each separate line or incision, from end to end, completely *through the skin* or common integuments, *cutis* as well as cuticle, and boldly exposing the cellular tissue, forming the immediate covering of ligaments, tendons, periosteum, &c.; with all due caution, of course, not to pass the instrument so near as to wound or sear these important structures. When the part operated on happens to be the inside of the hock, a case of spavin, for instance, all the dexterity, tact, talent, and *nerve* of the experienced practitioner will be in requisition; for while he strenuously exerts himself amid the struggles of his patient, he revolves in his mind the absolute necessity of his instrument reaching the surface of the disease itself; and yet, on the other hand, he has to consider the paramount necessity of avoiding a puncture of the capsule of the joint.

With respect to the rationale of this method of firing, the kind of instrument as to shape, size, &c., the great variety of cases for which it is applicable, together with the fore-and-after treatment of the patient, I have as much to remark as would fill a volume, and which I purpose, ere long, to submit to the public. But I deem it necessary to state, that although my brother, Mr. Thomas Turner, Veterinary Surgeon, of Croydon, and myself, have practised these deep cautery incisions successfully for a series of years, we have never allowed that success in a single instance to entice us off our guard, by venturing to perform this operation so far from home as to preclude the possibility or convenience of almost daily watching our patient, and therefore, by never having allowed that sturdy opponent, "inordinate inflammation," to have gained a day's march on us, we can defy the world to say, that a single mishap has occurred to us from the severity of the operation, such as an opened joint, or a fatal termination from excessive irritation or constitutional disturbance.

I fear, Mr. Editor, your patience is exhausted; but I have now only just arrived at the burden of my story, therefore I will come to the point by asking you, whether it is your opinion that this *deep* method of firing, as above detailed, may some day or other become admissible in the surgical treatment of human beings for many of those intractable scrofulous inflammations of the synovial membranes of joints, commonly

called white swellings of the knee, hip-joint cases, &c.?

Of course I cannot pretend to any knowledge whatever in such matters, only that I have been led to think on them from having carefully perused those splendid yet plain lectures by Mr. Lawrence. In the treatment of ulceration of the cartilages of joints, Mr. Lawrence remarks, page 485 of Vol. II. of *THE LANCET*, that your "great reliance must be on counter-irritation," and that in the days of Hippocrates, the same principle was employed by the application of the actual cautery, and that Professor Rust, of Berlin, considers the hot iron as more efficacious than other means of employing this principle.

Now, Sir, I humbly suggest, that if such desperate cases have derived benefit from the days of Hippocrates down to Professor Rut's time, by only cauterizing or searing the *surface* of the skin, how much more may be expected by making numerous crucial incisions *through* the skin with the actual cautery, occupying a surface of integuments by these lesions, somewhat more extensive than the disease is supposed to occupy within the joint, thereby creating artificially a counter disease truly formidable, but yet controllable.

If had recourse to in the *earliest* stage of the disease, I entertain an idea that the patient would experience instant relief by the *bold and free incisions releasing the capsular ligament from the pressure of the integuments*, the bare circumstance of putting the patient out of pain by removing tension during the period of the acute stage, might ward off the chronic form of the complaint, in more *suddenly* arresting its progress, than the operations of leeching, purging, fomenting, &c.

I will not presume any further on the subject, but as I am reasoning from analogy only, I must beg to add that I have also practised these *cautery lesions* upon hounds, for a disease which huntsmen call the stifle joint lameness, usually with success, and never with the supervention of any disastrous circumstances.

Horse Infirmary, 311, Regent
Street, Aug. 14th, 1830.

CASES OF LIGATURES TO LEECH-BITES.

By GEO. YEATES HUNTER, Esq.

THE subject of troublesome bleeding from leech-bites, has been often referred to in your valuable Journal; the several methods of restraining it have been mentioned, and at least one case of fatal hæmorrhage has been recorded. I confess that I smiled at these accounts, because in a tolerably extensive

practice I had never failed to suppress the bleeding, however violent, by pressure over a piece of dry lint, twisted to a hard point, and inserted between the lips of the bite; but on Thursday, the 16th ult., I found this mode for the first time unsuccessful in the case of an infant, to whose neck I had ordered leeches to be applied for an attack of laryngitis; the nurse of this infant ineffectually endeavoured to stop the bleeding, and at the end of six hours I was sent for, when I still found a copious flow of blood from one of the bites, and after careful and persevering pressure for nearly two hours, it remained unabated. I therefore seized the bleeding orifice with the thumb and fore finger of the right hand, the nails of which were an excellent substitute for forceps, and extending the integument, I directed the nurse to apply a silk ligature around them, and when this was sufficiently tightened, the bleeding of course immediately ceased; the portion of skin combined was in size as much as a large pin's head, and the following morning the ligature came away, when the little patient was well.

This morning, about three o'clock, I was called to a child to whose abdomen leeches had been applied late the preceding night, for diarrhoea, attended, as I believe, with inflammation of the mucous membrane of the intestines; and in this case considerable bleeding had continued up to the time of my arrival; a ligature was therefore applied as in the first case, with a similar successful result. As I am not aware that this method has been described before, and as it is more simple and quite as *élegant* as any which has been suggested, you will perhaps think it proper to give this hastily-written letter a corner in your widely-circulated hebdomadal publication.

Margate, July 26th, 1830.

EXCISION OF A CONGENITAL TUBERCULOUS
TUMOUR OCCURRING IN AN INFANT.

Reply of Mr. Tripe to Mr. J. Williams.

To the Editor of THE LANCET.

SIR,—If Mr. John Williams and his medical friends, and the gentleman associated with me in the operation performed upon Mr. A.'s child, were as well known to all your readers as we are in this town and neighbourhood, I should not deem it necessary to notice the letter of that person, inserted in *THE LANCET* for July 10, page 583, commenting upon my communication which appeared in your number of the 23rd of January, page 375. It is unfortunate for Mr. Williams, that, after six months of un-

wearied industry, he could not induce either of the gentlemen to whom he alludes, to become instruments for the gratification of his malice; and it is rather hard upon him that he should therefore be compelled to change the character of a *convert* (his habitual mode of warfare), for that of an open assailant, particularly as, from his own account, it appears that he *never* saw the case, nor had any *personal knowledge* of the matter on which he writes; but ventures to arraign it upon the statements and opinions, which he *says* he has received from others. He does it too, he declares, in direct opposition to his wishes, to keep alive the popular excitement; and very logically offers, as a proof of his sincerity, that he has refrained from heaping on the inflammable and combustible materials contained in his letter, until time had nearly smothered the imagined flame.

When I first saw the infant which forms the subject of the case, it was under the charge of Dr. Glasson and Mr. Watson, who had applied a tight roller over the tumour, with a view to its absorption; and, had that failed, they contemplated other treatment; and hinted at puncturing it. Mr. Lower, who saw the case immediately after this, designated the tumour a tuberculous sarcoma; and reasoned upon the danger of puncturing it—dwelt upon the malignant nature of such growths; and, for a confirmation of his reasonings, quoted a case from Mr. Abernethy's *Surgical Essays* which had terminated fatally after such treatment. Your readers will find that case recorded at page 94. The facts of it were these:—A tumour of a tuberculous kind was excised from over the lower part of the pectoral muscle, which operation, by excision, was cured *without difficulty*; but two tubercles having subsequently formed in the site of the former disease, and Mr. A. being unwilling to subject his patient to the pain and inconvenience of a second operation by excision, punctured the superior tubercle; this treatment was *immediately* followed by inflammation, and extensive ulceration, and the case terminated fatally in about a week.*

* Dr. Isbell and Mr. Watson were present when Mr. Lower expressed his opinion as above stated; Mr. Watson also was present at the consultation, when these, as well as all the other material points in my statement, were referred to; it being deemed right that all the opinions, &c., which had preceded, should be introduced, for the candid and perfect consideration of the case. Mr. Watson did not, on that occasion, take a single objection to any thing which was so introduced; but was in perfect accordance upon every point submitted for decision, with one exception only, hereafter referred to. The consultations collectively, and indi-