favourable for the time they continued taking them; but, as stated above, the treatment was not submitted to with sufficient regularity to follow up the cases in a completely satisfactory manner. No vomiting, eructation, or unpleasant gastric symptoms occurred in any of the cases.

From the foregoing cases, it seems clear that when this peculiar preparation is administered regularly, and that patients adhere completely to the instructions given, good results may be obtained; but it is just as plain, that without great attention to quantity, regularity, and perseverance, failures will occur as with any other medicine imperfectly taken. Several surgeons, in order to give the preparation a fair trial, have used it in private practice, where all circumstances for such a purpose are by far more favourable than with out-patients of hospitals. Very satisfactory results have thus been obtained. Among the number we may cite Mr. Gay, of the Royal Free Hospital, and Mr. Callaway, of Guy's Hospital. It would appear that the great point in the administering of copaiba is to disguise its very unpleasant taste, and to prevent, as far as possible, sickness and vomiting. Attention has thus for nearly a quarter of a century been directed to prevent, by various means, these untoward effects. Dr. Christison says on this head:—

“Among the inconveniences attending the use of copaiba, sickness and vomiting are the most frequent. This effect may sometimes be prevented by multiplying and at the same time diminishing the doses, by altering the form, especially to that of solution, by uniting an aromatic water with it, or by directing the patient to chew a piece of cinnamon or nutmeg after each dose.”

M. Jozeau's capsules are likely to preclude the necessity of having recourse to the various devices which have been proposed for facilitating the administration of copaiba, for they produce no impression on the mouth, and are well borne by the stomach. If they keep their ground, they will cause the following passage of Mr. Druitt's “Surgical Vade-Mecum” to be modified:—

“Young, irritable people, with light complexions, can seldom take these medicines (preparations of copaiba) without suffering from sickness or diarrhoea, or sometimes even from fever and a rash; and every combination of aromatic and opiate that can be devised, will not enable the stomach to tolerate them.”

We find, also, that Mr. Curling, in his work on the Rectum, despairs of making patients take the copaiba. The author says, p. 32—“In cases where there is much irritation about the rectum, great relief may be derived from the balsam of copaiba, which operates as a mild aperient at the same time that it allays irritation. It may be given in doses of half a drachm, with about fifteen minims of liquor potassæ, three times a-day, in a mixture to disguise the taste. This remedy is so nauseous to many persons that it is not desirable to press their taking it.”

It is principally in France that combinations have been tried to disguise the nauseous taste of the copaiba. There is, for instance, Choppart's mixture, composed of copaiba, alcohol, syrup of tolu, mint water, orange-flower water, and nitric æther. This is a kind of solution of the copaiba in alcohol, but as water is added in too large a proportion, the copaiba separates from it to such an extent, that the mixture must be well shaken before use. The removal of this defect has been attempted by making an emulsion, but this does not keep; and both preparations have, besides, a most unpleasant taste. Calcined magnesia has, by some, been combined with the copaiba, and the mass given in the shape of boluses, covered with wafer paste, these being sometimes mixed with opium or almond paste. The copaiba has been, finally, administered in capsules made either of gelatine (Mothes) or of gluten (Raquin). But of the latter it should be noticed, that the capsules served only to keep the taste of the copaiba from the mouth, and that the gelatine, when acted upon by the stomach, swelled to five or six times its size before the bursting of the capsules. The digestive powers, being weakened by this circumstance, had hardly any action on the drug; hence arose eructations, nausea, cramps, &c., of a more unpleasant nature than where the copaiba is taken in a simple mixture. It has also been noticed that eructations are very frequent with the gelatine capsules, as the latter cannot be completely filled with the copaiba, the bubble of air contained within them invariably reascending the œsophagus charged with the taste of the copaiba.

The sugar capsules which are mentioned above seem to be free from these defects, as sugar rather favours and strengthens the digestive vigour. As soon as they are placed in the mouth, the sugar begins to melt, which process is quickly completed in the stomach. The capsules are thus gradually diminishing in size, and reach the intestinal canal without occasioning any fatigue or distress to the stomach. To these advantages must be

added the fact, that sugar rather excites secretion of the fluids necessary for a good digestion, and that therefore neither nausea nor eructations ever occur by the use of the saccharated capsules, which may, without the slightest harm ever occurring, be taken in pretty large quantities.

LONDON HOSPITAL.

Fibrous Tumour of the Lower Jaw; Removal of the Portion of Bone involved in the Disease; Recovery.

(Under the care of Mr. ADAMS.)

OPERATIONS are now-a-days performed with such care and accuracy, the lines of incision are so well calculated, and the margins of the wounds so neatly brought together, that some of the most formidable operative proceedings, especially upon the face, hardly leave any mark or deformity. There is no doubt that great strides have, in this respect, been made within the last twenty years, and it is extremely gratifying, both to the surgeon and to ourselves, when we see patients presenting themselves several months after the operation with faintly-marked cicatrices, and freed at the same time from troublesome or dangerous tumours.

These favourable results could, however, be rendered still more satisfactory if surgeons would now and then resort, when operating upon the face, to a little contrivance which would render exact apposition of parts almost certain. This contrivance is nothing more than tracing with black pigment or nitrate of silver certain lines, which would, after the division of the soft parts and removal of morbid growths, point to the exact spot where the margins of the wound should meet. This applies to all operations on the face, not excluding hare-lip or ectropium, for in both of these cases lines or dots would considerably aid the symmetrical union of the edges of the wounds. Every one who sees many of these operations will readily acknowledge that they are in general extremely well performed without lines, dots, and marks; but this circumstance can hardly make us neglect additional precautions, especially when outward appearance is at stake. In rhinoplasty, for instance, the tracing is always done, and we presume that the practice might, with advantage, be extended to other operations upon the face. We saw, some time ago, Mr. Erichsen remove, at University College Hospital, the whole of the lower lip for cancer; and there can be no doubt that he was much assisted in the operation by the lines which were made a short time before commencing. We shall soon bring this case under the notice of our readers, with two others nearly of the same kind, by Mr. Lawrence at St. Bartholomew's Hospital, and Mr. Tatum at St. George's Hospital, in which the resources of autoplasty were beautifully illustrated.

We have indulged in these remarks because Mr. Adams's patient, from whom a pretty large portion of the lower jaw was removed, recovered with no deformity whatever, the lineal cicatrix, which will, with time, become more and more faint, being hardly perceptible. It must be confessed that much of this favourable result is owing to the care taken *not* to divide the prolabium, or red portion of the lip. In this manner the mouth retains its pristine form; and we can confidently state, after closely watching the operation, that there is ample room for the manipulations with a longitudinal incision which does not include the red part of the lip.

The tumour in this case was of the fibrous kind, and as with these recurrence is the exception, attention to the formation of a becoming appearance of the parts after cicatrization is the more incumbent upon the surgeon. Those who see much hospital practice will agree with Mr. Paget, who says, in his valuable “Lectures on Tumours,” p. 49, “The favourite seats of the fibrous tumours of bone and periosteum are about the jaws; on the other bones they are rare.” Many cases of the kind present themselves in our charitable institutions: Mr. Hancock removed a fibrous tumour from the upper jaw, at the Charing-cross Hospital, a short time ago, and we hope soon to give an account of the case. Mr. Lawrence had, some months since, at St. Bartholomew's Hospital, an extremely favourable case of the same sort; and in all the development of the tumour had taken place in either of the two ways thus described by Mr. Paget (*loc. cit.*): “As to situation and connexion, the fibrous tumours of the jaws may be found isolated and circumscribed, growing within the jaw, divorcing and expanding its walls, and capable of enucleation; but, in the large majority of these tumours, the periosteum, with or without the bone itself, is involved and included.” Let us now turn to Mr. Adams's case.

The patient, a woman, twenty-nine years of age, of a delicate constitution, pale, with great want of power, married,

and the mother of three children, came under the care of Mr. Adams, in the beginning of April, 1852, suffering from tumour connected with the right side of the lower jaw. This abnormal growth extended from the right side of the symphysis to the anterior border of the right masseter muscle. The tumour had pushed the integument of the face forward for three-quarters of an inch, and over its centre ran a greatly distended vein. The growth projected somewhat backwards into the floor of the mouth, the sublingual gland being displaced in this direction to the extent of about a quarter of an inch. Both the canine teeth on the affected side had been removed eight months before admission, as they had become loose. The incisor teeth remained, springing apparently from the upper part of the tumour, as also the bicuspid. The development of the disease had extended over a space of twelve months, but unattended with pain; and it was only the rapidity with which it had latterly grown, that led the patient to pay attention to the tumour.

It was clear, from the history and the symptoms just described, along with the hardness, immovableness, and seat of this growth, that it might be classed among the fibrous tumours which take their origin in the cancellous texture of the bone, and that discutient applications would be of no avail. Mr. Adams therefore resorted to an operation, which could of course aim at no less than the removal of that portion of the jaw in which the tumour had sprung up. The patient was accordingly put on the operating-table, with the head slightly raised, and inclined to the right side; and chloroform having been given, Mr. Adams made an incision, commencing about a quarter of an inch below the prolabium down to the lower part of the symphysis; and from the end of this incision the knife was carried horizontally backwards to a little beyond the groove for the facial artery, in a direction parallel to the border of the ramus. After ligatures had been applied to either extremity of the divided artery, the triangular flap was reflected upwards from over the tumour. The incisor teeth were then extracted, and a saw applied just to the right of the symphysis, so as to form a groove for the cutting double lever forceps, by means of which the bone was cleanly divided. Both these instruments (saw and pliers) were next applied in front of the masseter, and the portion of the maxilla involved in the disease, about one inch and a half square, was removed. After a few ligatures had been applied, numerous sutures were carefully placed along the cut edges of the soft parts, so as to bring them into accurate contact. The patient was kept narcotized until towards the end of the operation, and was very cautiously removed.

Mr. Adams afforded the pupils an immediate opportunity of examining the internal structure of the tumour, and a section of it having been made, it was found to present a rather peculiar appearance, being of a mottled, partly cream-coloured, and partly of a deep claret tint, the latter becoming of a deep red by exposure to the air. The development of the tumour had evidently been from the centre of the bone, and the part that projected inwards was invested with a thin osseous layer, whilst the portion pressing outwards was devoid of a similar covering. The bone was in the latter locality completely absorbed, a dense fibrous texture only remaining. Mr. Ward examined the growth under the microscope, and found it made up of dense fibrous tissue, intermixed with osseous structure; there was no evidence of carcinomatous degeneration.

The patient had a very favourable and speedy recovery; the parts united mostly by first intention, and in a few weeks it was hardly perceptible that any operation had been performed.

It should not remain unmentioned that chloroform is now extensively given in operations upon the face and mouth. (We saw Mr. Erichsen, at University College Hospital, a few days ago, remove a portion of the tongue whilst the patient was under the influence of the anæsthetic agent.) By nice management, and keeping a sponge impregnated with chloroform steadily under the nose, the unconscious state may be kept up for a long period. We were glad to see Mr. Adams make a deep groove with the saw before attempting to cut the jaw with the pliers; for endeavours to divide that bone, without this preliminary groove, are almost always foiled, or the jaw cut in a very uneven and splintered manner.

The Senatus of University and King's College, Aberdeen, have appointed Robert Jamieson, M.D., to the Lectureship on Practice of Medicine, and to the Examinership for Medical Degrees, vacant by the resignation of Dr. Harvey.

Reviews and Notices of Books.

A System of Practical Surgery. By WILLIAM FERGUSON, F.R.S., Professor of Surgery, in King's College, London; Surgeon to H.R.H. Prince Albert, &c. Third Edition, Foolscape octavo, pp. 846. London, 1852.

THE large additions which have been made, of late years, to all that pertains to surgical science, lead us to regard each new edition of a sound work on this department of practice as a great boon to the profession; always of course supposing that the new edition is not a mere reprint, but that endeavours have been made to keep pace with the times, and to bring the book up to the requirements of the day. Mr. Fergusson's *System of Practical Surgery* is so well known, and its merits have been so frequently extolled, that it would be a work of supererogation to say more than that the present edition is larger by nearly two hundred pages than its predecessor, that in it the conditions are fulfilled which we have indicated as necessary to give merit to a republication, and that we regard it as calculated to confer increased fame upon its talented author. We are of course quite unable, in the limited space allotted to us, to give anything like a critical analysis of this work; we shall therefore merely attempt to put our readers in possession of some of the many new points brought forward by Mr. Fergusson.

The first subject which thus comes under our notice is that of anæsthesia, the means of causing insensibility to pain during the performance of surgical operations having been discovered towards the end of the year 1846. We need only here mention, however, that it is our author's opinion "that in whatever case a surgeon may consider an operation justifiable, the use of chloroform (this is named as the agent in most common use) is equally justifiable."—p. 24. This assertion is subsequently modified, as regards its use during the extraction of cataract, as well as in staphylocoraphy, in which cases it is deemed inadmissible. The opinion of Ricord and others, that tracheotomy may be advantageously resorted to when the anæsthetic agent produces dangerous symptoms, is corroborated. In speaking of the diseases of blood-vessels, Mr. Fergusson alludes to the chronic thickening, to the steatomatous and atheromatous deposits, and also to the inflammation and its results, to which the tunics of arteries and veins are liable; although, as he remarks, many of these changes and alterations of structure are more interesting to the pathologist than to the practitioner of surgery. Passing onwards, we find an excellent chapter devoted to the general consideration of diseases of bone, and a second to the diseases of joints, in which latter are many admirable remarks, deserving serious attention. In a section too long for quotation, we have the history of the serious disease of a joint drawn from its commencement to its termination in ulceration of the cartilages, caries of the articular extremities of the bones, and disease of the synovial membrane, complications which may go far to exclude a hope of cure without excision or amputation.

"Much skill and judgment," says this surgeon, "may be displayed in the decision as to what may be best under the circumstances. The state of the patient's health should go far to decide this question. If it keep up against such continued irritation, there is no urgent call for active interference; it is often a matter of astonishment to witness the favourable issue of some of these cases in the progress of time. It has fallen to my lot to see many instances of joints condemned to excision or amputation getting well under time. In such cases the friends have usually refused to follow the surgeon's advice."—p. 189.

In a careful perusal of the pages devoted to the mode of performing operations, &c., we have been much pleased with Mr. Fergusson's evident love for conservative surgery. He seems to regard each amputation of an extremity as the last resource of his art; and he consequently recommends that the most strenuous efforts be made to save a limb. We should be the last to quarrel with this gentleman for such excellent advice generally; but we cannot shut our eyes to the fact that a limb may be saved at the expense of life. As regards the upper extremity, there can be no doubt