all the symptoms it can afford coexist,—it is characterised by the following features:—

(a) *On the side of the lesion in the spinal cord:*

- 1st. Paralysis of voluntary movement.
- 2nd. Loss of the muscular sense.
- 3rd. Hyperæsthesia to touch, to pain, to tickling, and to heat and cold.
- 4th. Perfect knowledge of the place on which is made an impression.
- 5th. Vaso-motor paralysis and elevation of temperature.
- 6th. Existence of anæsthesia in some parts, or in a small zone, between the upper limit of hyperæsthesia, and the healthy parts of the body.

(b) *On the side opposite to that of the lesion:*

- 1st. Conservation of voluntary movement, and of the muscular sense.
- 2nd. Anæsthesia to touch, tickling, pain, and heat and cold.

MINOR SURGERY.

By W. WHITELAW, M.D.

FOREIGN BODY IN EAR.

It has been often remarked that the reputation of a surgeon may depend on his success in small operations. It is well, therefore, that the simplest way of successfully performing his ordinary duties should be known. As an instance, the removal of a foreign body from the ear of a child, often troublesome to the surgeon, may be mentioned. Having heard six months ago of Mr. Lister's ear-hook, made by Mr. Hilliard, Glasgow, I procured one, and an opportunity for using it was had on 11th November last. A child, four years old, had a small piece of slate lodged in its right ear, and, from the history of the case, seemed to have been there for two months. It could not be seen, but was detected by a probe. Syringing the ear having failed to remove it, Mr. Lister's hook was inserted, and, after a half-turn, withdrawn, bringing with it the foreign body. Three drops of blood followed. A little cotton, saturated with glycerine and tincture of digitalis, was then put into the ear, and the child has felt no uneasiness since.

HARELIP.

Having successfully closed, with two interrupted silver-wire sutures, the upper lip of a man who received his harelip in a drunken row, the same plan commended itself in a congenital case; and further encouragement was afforded by news from a Glasgow student (Mr. J. H. Arbuckle) that Mr. Lister prefers this to all other methods.

On 23rd November last, the infant being sixteen days old, after disengaging part of the lip from the gum, with the assistance of Mr. Arbuckle I caught in succession the lower corners of the fissure with artery forceps, pared the edges from above downwards, and brought them together with three interrupted sutures. A bit of moist lint was kept over the lip, which united beautifully. The stitches were left in for ten days, a better plan than taking them out early, and no adhesive plaster was used.

To those who may try this plan, the recommendation is here repeated that the lowest stitch be the first inserted, but the last to be twisted; as its two ends, if handed to an assistant, will draw the edges of the wound into nice apposition for the remaining stitches. Chloroform should be given till the child is under its influence, and is as safe as with an adult if the respiration be closely observed. A bit of sponge on the end of a stick to remove blood from the patient's mouth, will be found of great use; and compression of the lip between thumb and forefinger for a short time arrests any oozing afterwards.

Kirkintilloch, Dec. 13th, 1869.

P.S. Since writing the above, Dr. Hugh Arbuckle, of Thorne, says in a note:—"While I was in Scotland I operated on a boy two years old for single harelip, presenting a large gap. I put the little patient under chloroform, and, after paring the edges of the fissure, brought them together with silver wire, with excellent results."

CASE OF RUPTURE OF THE WOMB;

RECOVERY.

By JAMES FERRIER CLARKE, L.K.Q.C.P.I.

At six o'clock on the morning of Aug. 30th last I was called to attend Mrs. S—, aged thirty-four, in labour with her fourth child. I attended her fifteen months ago; and on that occasion had some difficulty in delivering her with the forceps. I found she had been about two hours in labour; the head presented, and the pains were strong and frequent. Everything went on well till about seven o'clock, when, during a very strong pain, which I thought would have brought the child, she screamed out that something had broken, and fainted. I administered stimulants; and, suspecting the nature of the accident from the entire cessation of the pains and the recession of the child's head, sent for my instruments, and requested Dr. Eames to see the case with me. On his arrival I delivered her with the forceps of a dead male child. I then introduced my hand, and gently removed the placenta; in doing which I felt the bowels protruding through a large rent, extending from about two inches above the os, upwards and backwards. Dr. Eames then endeavoured to return the bowels through the opening, in which he succeeded. There was no hæmorrhage; and in a few hours reaction set in, and she felt comfortable. Pulse 90. Ordered twenty drops of tincture of opium every three hours, beef-tea, and ice *ad libitum*.

Aug. 31st.—Has not slept much. Pulse 116, weak; skin moist; tongue clean; discharge scanty; abdomen tympanitic; not much pain. Drew off a pint of water, and ordered the medicine &c. to be continued.

Sept. 1st.—Slept a little. Pulse 106. Has vomited once. Hiccough troublesome; but little pain. Abdomen enormously distended.

2nd.—Saw her with Dr. Eames. Pulse 105; tongue clean; vomiting ceased; great thirst; abdomen tender. Ordered half-grain doses of opium in pill every three hours. The vagina to be syringed with carbolic-acid lotion (half a drachm to a pound); turpentine stupes to the abdomen; and a drachm of mercurial ointment to be rubbed into the inside of the thighs, night and morning.

3rd.—11 A.M.: Much the same as yesterday. Pulse 106.—7 P.M.: Pulse 110. Brown watery discharge.

4th.—Slept very well. Says she is much better. Pulse 116. Some milk in the breasts.

5th.—Bad night. Complains of great pain and much tenderness all over the abdomen. Hiccough; pulse 120. Ordered an enema of castor oil in gruel, without much effect.

6th.—Not so much pain. Has had a rigor. Pulse 135. Ordered three drachms of castor oil and a drachm of turpentine to an ounce of cinnamon water. This produced three copious stools, which gave much relief. The right leg is swollen and painful on the outside.

7th.—A good night, but purged rather often. Pulse 125. Ordered an astringent mixture. From this day the pulse gradually fell.

11th.—Pulse 104. She can pass water herself, takes her food well, and complains of little but thirst, for which I gave her the following:—Bicarbonate of potash, three drachms; solution of acetate of ammonia, one ounce; infusion of cascarrilla to eight ounces: an ounce every four hours in lemon-juice.

20th.—Doing very well. Pulse 100. Complains only of weakness. Ordered a liberal diet, with wine; also, sulphate of quinine, twelve grains; tincture of the muriate of iron, chloric ether, of each two drachms; water to eight ounces.

28th.—Sits up every day, and is gaining strength.

This case is remarkable for the small amount of inflammation and constitutional disturbance, considering the serious nature of the accident. There has been very little discharge from the uterus, and that just what one might have expected from a lacerated wound of any external soft part. I found the employment of ice most serviceable and grateful to the patient. She fell, about three weeks before her confinement, and hurt the left side of her abdomen. No doubt this fall bruised the uterus, causing a weak spot, which gave way in the hour of trial.

Farnworth, near Bolton, December, 1869.