"It may be said that the large and repeated doses of hemp and chloroform, with the ice to the spine, may have been the causes of the curvature; no doubt they were to a certain extent, but I have treated many less severe cases with them, with little other effect than that of promoting euthanasia."

27. *Subcutaneous Section of Carbuncle.*—In June, 1852, Mr. French, surgeon to the St. James's Infirmary, brought before the Medical and Chirurgical Society a plan of treating carbuncle which he had pursued with great success for many years. It consists in the subcutaneous section of the indurated tissue by a tenotomy knife, which is introduced a little beyond the edge of the induration; and, the forefinger of the left hand serving as a guide upon the surface, the tumour is divided just as a tendon would be cut through. The skin itself is left uninjured. If the carbuncle is large, this process is repeated in different positions, so that the mass is crucially divided subcutaneously. We have seen a large number of cases treated by this method. The immediate relief obtained, and the rapid recovery which follows, are very striking. Every surgeon who has practised the old operation of crucial incision knows that it is necessary to cut deeply enough to divide the hardened base of the carbuncle. Mere division of the skin is useless; more than this, it is mischievous, for a widely gaping wound is formed, which is often most troublesome to heal, and leaves eventually a very ugly cicatrix. This is entirely avoided by Mr. French's process.

The following is a case of carbuncle in which Mr. HEATH pursued this plan with the highly satisfactory result recorded:—

Henry W., aged forty-six years, was admitted July 3d, 1865, with a large carbuncle on the back, measuring six inches in diameter each way. This had been coming for ten days, and two days before admission the skin in the centre had given way, exposing a slough, but the surrounding tissue was greatly swollen and inflamed, and he was suffering great agony.

July 4. The patient having been placed under chloroform, Mr. Heath made a crucial subcutaneous section of the carbuncle with a narrow bistoury. The knife was entered at the margin of the inflamed skin, carried well beneath the carbuncle, and the point brought up to the central opening, when the whole thickness of the subcutaneous tissues were divided crucially, the knife being entered four times on account of the large diameter of the carbuncle. The hemorrhage was very free, and was checked by a pad and broad bandage. Low diet; beef-tea, two pints; wine, ten ounces. Aromatic spirit of ammonia, half a drachm; liquor of cinchona, fifteen minims; water, one ounce: three times a day.

5th. Passed a good night, the pain being greatly relieved by the incisions. Pad removed. The inflammation has considerably subsided, and a small quantity of pus exudes from each puncture. Poultice.

12th. Patient's recovery has been uninterrupted. The inflammation has entirely subsided; the hole in the centre has not increased, and a slough of cellular tissue is now separating.

14th. Water-dressing to wound, which is quite clean. Full diet. Dilute nitro-hydrochloric acid, twenty minims; liquor of cinchona, fifteen minims; water, one ounce: three times a day.

21st. Convalescent, and on the 25th he was discharged cured.

The same principle has been lately adopted by Mr. Shaw, at the Middlesex Hospital, in some cases of large and exceedingly painful syphilitic nodes upon the tibia. These swellings are sometimes so hard as to give the idea of osseous growths, but they will generally be found to consist of thickened periosteum, rendered extremely tense by a semi-liquid effusion under it. The pain experienced is intimately connected with this tension. The section of the swelling by a tenotomy knife, introduced under the skin and made to cut downwards towards the bone, produces very rapid relief to the suffering, and the disease itself is not rendered thereby less amenable to the curative influence of iodide of potassium, which generally acts so favourably in such cases.—*Lancet*, Oct. 21, 1865.

28. *Enlarged Spleen Removed by Excision.*—Mr. SPENCER WELLS exhibited to the Pathological Society (Nov. 21, 1865) an enlarged spleen removed by

excision the day before the meeting. The patient was going on tolerably well when Mr. Wells saw her (thirty hours after operation) on his way to the meeting.¹ When removed it weighed six lbs. five ounces, but as nine ounces of blood had drained from its vessels, it now weighed five lbs. twelve ounces. It was eleven inches long, eight broad, and three to four thick. It appeared to be simply hypertrophied, though some spots on the surface appeared like commencing amyloid or lardaceous change. It was not cut into, however, as, being the first case in which the operation had been done in this country, it was to be sent to the museum of the College of Surgeons. Mr. Wells added, that when Mr. Nunn showed a large spleen in that room two or three years ago, and he (Mr. Wells) had suggested that the patient's life might possibly have been saved if the spleen had been removed, Dr. Wilks had approved of the suggestion, and he (Mr. Wells) determined to try what could be done if he met with a suitable case. Soon afterwards he attended a lady, with Dr. Jenner, who had a very large spleen; but there was such extreme lenkhamia coexisting that operation was never seriously thought of. The lady died near Bristol, and Mr. Clarke, of Clifton, who examined the body, was specially requested to do so with reference to the removal of the spleen. He informed Mr. Wells that it was done quite easily, and that, in his opinion, all the bloodvessels might have been easily secured. Mr. Wells afterwards saw cases of enlarged spleen with Dr. Budd, Dr. Boulton, of Horncastle, and Dr. Gill, of Bow; but in these cases they were the result of intermittent fever, and not in a state of health to render a hazardous operation necessary or justifiable. At length the patient whose spleen was before the society consulted him six weeks ago. She was married, 34 years of age, and the mother of two children. She had only been ill about a year, and the tumour had only been discovered six months. Its growth had been slow at first, but very rapid lately. Mr. Wells prescribed bromide of potassium and quinine. This proving useless, iron was given; and this being equally useless, excision was proposed, and Dr. Jenner consulted, who said she was dying, that medicine could do no good, while an operation did offer the "*shadow of a chance*" of success. Upon this the patient and her husband desired that the trial should be made. Mr. Wells found the operation quite easy. An incision, seven inches long, was carried along the outer border of the left rectus abdominis, and the spleen was turned out very easily. The vessels were secured by silk ligatures, which were cut off short and returned. There was very little bleeding. The patient had recovered from the shock, there were as yet no signs of peritonitis; and, if she should recover from the operation, all that we know of removal of the healthy spleen in dogs, and in man accidentally by wounds, led to the hope that the absence of the spleen might be tolerated and a good state of health regained.

Dr. CRISP said the case was a very interesting one, but he did not think it was parallel with cases of removal of spleen from dogs. He had, he said, never seen a healthy liver with such a spleen. He thought the liver had more to do with blood formation than the spleen had.—*Med. Times and Gaz.*, Dec. 2, 1865.

29. *Entire Tongue Successfully Removed during Life.*—MR. NUNNELEY exhibited to the Pathological Society (Nov. 21, 1865) a specimen of the entire tongue which had been removed nineteen days before, from a man aged 35, by a submental opening. He never had a bad symptom, and is now quite well. The disease, which had existed sixteen or eighteen months, became worse two months before the operation, and from the pain and difficulty of speaking, the impossibility of mastication, and difficulty of deglutition, was fast wearing the patient out. He has already recovered strength and flesh; indeed, he says that he is as well as he ever was. Talks with great distinctness and swallows with facility.—*Med. Times and Gaz.*, Dec. 2, 1865.

30. *Congenital Luxation of the Patella.*—MR. WILLIAM STOKES, brought under notice of the Dublin Pathological Society (Dec. 17, 1864), a case of congenital luxation of the right patella. This deformity occurred in a boy aged

¹ We have since heard that she lived a week, and died of pyæmia, with effusion into both pleural cavities and pericardium, but no hemorrhage nor peritonitis.