above the injury of the vein, and tie the artery there, provided there should appear sufficient room between the wound and the deep artery of the thigh, to justify its application; if not, to go the same distance, or more, below. If the aneurism is in a state which admits of the necessary delay, it becomes an inquiry, whether it might not be better practice to allow the wound entirely to heal before the artery is exposed a second time. The only recommendation this course appears to present is, the entire cessation of inflammatory action it would admit of in the vein, before the possibility of fresh disturbance could arise from the ligature. On the other hand, we must bear in mind the effect of a failure and second operation on the patient. These are circumstances, however, which each individual case and operation must determine. Future experience, he says, may decide whether the safest plan would be to pursue the treatment about to be mentioned; but at present, he is not prepared to give it unqualified recommendation. In a case of operation on this artery, at which he was present, and where the femoral vein was wounded, he urged that the ligature on the artery should only be allowed to remain a sufficient time to give the artery a fair chance of being obliterated, and then to remove it. His advice was adopted; and in a fortnight the wound was quite healed, and the patient in perfect health. It would be difficult, he says, perhaps impossible, to collect from a single instance, stronger support for the position he has assumed, than this case.—*L. & E. Monthly Journ. of Med. Sci. from Lond. Med. Gaz.*, April 9, 1841.

52. *Polypi of the Rectum in Children*.—Prof. Stolz has published in the *Gazette Médicale* of Strasbourg, a pamphlet on polypi of the rectum in children. This disease, he says, occurs from time to time, and has almost never been taken notice of by any of those authors who have written on diseases of children, having been taken for a prolapsus of the gut. The case which first occurred to him was in a boy five years old, and presented the following symptoms:—For eighteen months he had had frequent desire to go to stool; and for a year, at each time that he went, he had passed a red and bloody tumour, which is about five or ten minutes returned of itself. His parents, and several medical men who were consulted, believed that he laboured under a prolapsus of the rectum. Professor Stolz at first was of the same opinion, and various injections were accordingly ordered. After several weeks, upon examining him minutely, he discovered, that it was not a prolapsus, but a tumour of the size of a small nut, and covered with a bloody mucus, which was protruded. It was attached not very high up the gut, by a pedicle of about the thickness of two millimetres, to the mucous membranes of the rectum. A ligature of silk was accordingly put round it and tied. In three days it came away; no bad symptoms followed, and the child, who had been in bad health previously, from loss of blood, soon recovered his strength. Two other cases have occurred to the Professor since; and he has heard from his colleagues of several more. In one of the cases which he had, he removed the tumour by means of scissors. No blood followed at the time; but in about two hours after there was copious hemorrhage, which put his patient's life in danger. The bleeding was arrested by compresses dipped in cold water, and by cold injections. The child soon made a good recovery, and soon regained his strength.

This last case is another example of the danger of making any incision in the rectum, or even in its neighbourhood, without carefully plugging the wound afterwards.—*L. & E. Monthly Journ. Med. Sci.* February, 1842.

53. *Cases of double Hare-lip—period of life most suitable for operating for this deformity*.—Mr. Houston communicated to the Surgical Society of Ireland two cases of hare-lip operated on by him at an early age, and made some interesting observations on the most suitable time of life for operation.

CASE I. Mary Fox, two years and a half old, the fourth child of a robust healthy mother, was admitted into the City of Dublin Hospital, June, 1841, for double hare-lip, and double fissure of the palate. The first child of this woman had been born with the same deformity; the second and third were well formed

at birth. The central piece of lip was large, a little inclined to the left side, and nearly the whole depth of the lip. The sides of the lateral fissures were continued, inferiorly, nearly into each corner of the mouth, leaving very little inferior red border; superiorly, that of the right side was continuous in the nose with the fissure in the palate: that of the left did not enter into the nostril, although it approached within a line of it. The central piece of bone under the nose was very prominent, and contained two deformed incisors, one of which projected forwards, the other to the right side over the fissure between the bones. The nose was broad and flat; and the whole exhibited, especially when the child laughed or cried, a great and ugly gap—deformities which were observed by the mother to be growing more hideous every day. The infant had never been able to suck; and the act of swallowing had been always slow and imperfect. It was, nevertheless, healthy and fat, and in every other respect well shaped. Mr. Houston then went on to say that, on the 7th of June, the operation was proceeded with, in the presence of his colleagues, Professors Benson, Hargrave, and Williams, and Mr. Orr; the child being rolled up in a sheet to keep its arms and legs quiet, and placed sitting on the knee of an assistant. The lips of the fissure were first freely detached from the bones by an incision, with a scalpel, through the mucous membrane. The outer lamina of the projecting bone, together with the protruding teeth, was then sliced off with nippers, so as to be rendered quite flat, and to afford a level support to the lip afterwards, but was not cut through in any part. Scissors were used to the lips, the angles being held by a tenaculum. The sides of the central piece were trimmed first, so as to leave it nearly the full breadth, and about two lines deep. The lateral borders were then excised, care being taken to cut well to the corners of the mouth, so as thereby to remove completely the rounded angles, which are always present in such cases, at the junction between the vertical fissure and the natural, free red border. The needles used by Mr. Houston were two long, fine, wollen or darning needles, on which triangular points had been ground for the occasion. The lower, which was introduced first, brought the lateral pieces together with every exactitude, close above the free border; the upper one took in the central piece in its passage across from the one side to the other, and by its proximity to the nose, closed at the same time, completely, the fissure into the right nostril. The needles entered with much readiness, and, as one advantage resulting from their length, it was found unnecessary to pass a ligature on either until the fitting place and direction for both had been fully approved of. The cheeks being now well pushed forward by an assistant, the incised surfaces, including those of the central piece, fell accurately together, and a very moderate pressure with a ligature, applied in the figure of 8 shape, was found effectual in keeping them so.

The projecting ends of the needles were then nipped off, and their stumps covered with little rolls of adhesive plaster. The application of strips of plaster to support the cheek, and take off all drag from the needles, completed the operation. After the operation, the child fell asleep. During the succeeding days, there was slight feverishness, indicated by hot skin, restlessness, and loss of flesh; but the little patient continued throughout to take soft food, and nothing occurred to create any apprehension as to the completion of the union. In 72 hours the dressings and needles were removed; and, in order to render this operation the more easy, a light poultice had been laid over the whole, for about six hours previously. The union between the divided surfaces was found to be complete in every part, even so as to give a perfectly straight edge to the red border below; and superiorly, to close the left fissure a little way inside the nostril. The central piece lay on the same level with the lateral pieces, and had become united to them to its very point, from which down to the edge of the lip, there remained sufficient breadth of surface for firm adhesion of the lateral pieces at that place.

Simple dressing was applied; and the newly established union carefully protected against all lateral dragging of the cheeks by the use of adhesive plaster. The child partook abundantly of food, and, in less than a fortnight, left hospital

—the incisions, the needle marks, and even the wounded gums inside being all most satisfactorily healed. The disfiguring breadth of the nose was also much reduced; and the mother had the great gratification of observing that solids, and even fluids, were swallowed without the least regurgitation through the nose.

CASE II., of which portraits were shown, was that of Maria Byrne, three months old, the first offspring of young and healthy parents, admitted into the City of Dublin Hospital, December, 1841. The fissure in the lip was in the left side and single, but so deep and wide that it entered the nostril at the top, and inferiorly ran to both angles of the mouth, leaving very little, free, red border to the lip. The palate bones were doubly cleft, and, in front, the right maxilla projected much over the left.

The operation was performed by Mr. Houston, assisted by his colleagues, and Dr. Beatty. As the central piece of bone projected so far that the lips, even in their natural state, could not be drawn over it, its outer layer, together with the pulps of the teeth, were removed as in the former case, making a flat, even surface for the support of the future lip. The remaining steps were completed with the same scissors and needles, as above recommended, and the employment of them was found so far to facilitate the execution of the operation that all was finished in less than five minutes. The lower needle passed in such a situation and direction, that its point, in crossing from one incision to the other, filled up the open mouths of the coronary artery, and thereby stopped all bleeding from it. The upper took its hold so near the nose as to close the fissure in the nostril and secure adhesion in that direction. The crossing of the ends of the figure of 8 ligatures held the central parts in proper and equable apposition. The infant appeared to suffer but little from the operation—a slight feverishness, such as occurred in the former case, was the only disturbance which followed.

The needles were withdrawn at the expiration of sixty hours, and came away easily, having been loosened by suppuration. The adhesion was firm and accurately correct in every part. There was not a single point where freshly-cut surfaces had been brought into apposition, at which complete union had not taken place. On the very day on which the needles were removed, the infant was seized with acute bronchitis, which lasted for three days, to the imminent risk of its life; nevertheless, the union held its ground, and after the subsidence of the attack, a healing action came over the needle holes, when all got rapidly well.

Mr. Houston, in his observation on these cases, remarked that there was much difference of opinion regarding the most safe and befitting periods for undertaking such operations. Some think that the early months of life should not be selected, on account of the self-willedness of the infant—the softness of its tender flesh—its habitude of pressing the tongue against the lips as in the act of sucking—its want of power to bear a few days privation of food, and the unimportance to a young infant of the unsightliness of such a deformity:—such persons are still further of opinion, that at the expiration of three or four years, shame, and a feeling of its own infirmity would produce a desire on the part of the child to submit to operation; that, at this age, the tissues would have become sufficiently firm to bear needles or sutures; and that starvation for a few days would not so much endanger success. On the other hand, there are those who advocate an early operation on the following grounds:—That a grown-up child is more unmanageable than an infant; that its conduct is more influenced by fear of pain than by hopes of good from the operation; that the healing powers, so far from being more feeble, are more vigorous in the infant, than at a more advanced age; that the parts grow more naturally when early put-to-rights, than when permitted for a time to become mis-shapen; that the nose ceases to be so much spread out; that the fissure in the palate, if such exist, closes greatly if supported by a firm and perfect lip; that bad habits of speaking, such as nasal utterance, which, if once established becomes irremediable, are prevented; and, lastly, that the feelings of parents are especially gratified by having such deformity repaired before their infant has gone abroad into the world. But, although the balance of advantages is thus evidently in favour of an early operation, we have, nevertheless, so high authority as that of Sir Astley Cooper in

favour of a delay, until the child has reached the age of two years. He fears convulsions at an earlier age. Velpeau selects the first six months of life; or, if that be passed, prefers waiting until the 10th or 15th year. Dupuytren's favourite period was the third month. Mr. Houston observed, that from the successful issue in the case of Byrne, at the age of three months, and from others to which he adverted as having been equally fortunate in his hands at the same age, he considered that to be the age at which, not only the greatest benefit may be done by operation, but that, also, at which there is as much exemption from fatality as at any other. The operation may, no doubt, be undertaken either earlier in life or later, if circumstances require it, and with more or less of benefit; but he regarded the third month as the most eligible period—particularly in cases where, as in the above, the infant cannot, from deficiency in the palate, take milk at the breast. Respecting the comparative advantages of the scissors or bistoury in such cases, the authorities for both are nearly balanced.

Severinus and Louis among the ancients, with Liston among the moderns, recommend the knife; Desault, Dubois, and others are advocates for the scissors, whilst Le Dran, and B. Bell have recourse, indifferently, to one or other of these instruments.

The advocates of the bistoury maintain that it produces less pain, and makes a neater wound, and one less disposed to suppurate; that the division of the flesh by scissors, being made more by a pressing than by a sawing motion, the latter consequence is the more likely to follow. Experience, however, does not verify the soundness of these views. Wishing to put the matter to the test, Bell operated on one side with scissors, on the other side with a bistoury, without giving notice of the difference. The patient, when asked in which side he felt most pain, hesitated at first, and ended by saying that he felt most in that to which the bistoury had been applied. Mr. Houston stated that he has used both instruments, and gives the preference to the scissors. They require no support, but that given to the lip by stretching it from the angle: they remove in an instant, the precise amount required; their operation is not more painful than that of the knife; and, when sufficiently sharp and strong, they make a wound equally capable and certain, of union by the first intention. Regarding the amount of lip to be removed, the more usual error committed, is that on the side of deficiency. The rounded corners at the bottom of the fissure must be completely cleared away, as otherwise, no matter how perfect be the subsequent union, a depression will ever after remain to tell of the original malformation; nor need there be any apprehension about the danger of removing too much, for it is singular how yielding the lip is, and how much it grows in accommodation to its new condition. The drawings exhibited illustrated this point very satisfactorily,—the free edge of the upper lip being, in both, straight, and admitting equally of perfect apposition with those of the lower lip. Mr. Houston observed that of the many hare-lips which, having at some former time been operated upon, met the eye in the streets, the upward dimple leaving a tooth or two exposed, was that which particularly attracted attention.

The treatment to which the central piece in double hare-lip is to be subjected, must vary with its size and form. The plan adopted in the child Fox—a modification of that recommended by M. Gensoul, as opposed to that of Louis and Heister, who operated only on one side at a time—succeeded perfectly, and with a smaller number of needles than are usually employed. A single needle was found sufficient to hold the central piece in its place; although Velpeau and others are in the habit of inserting, in addition to the large needles several smaller ones, called insect needles, or even of pinning the central tubercle to the bone underneath for the sake of greater security. But Mr. Houston is of opinion that all such extra needles are not only unnecessary, but prejudicial, as being calculated to irritate and inflame the already too tender flesh. The projecting piece of maxillary bone was treated as above described, viz., by paring off the outer lamina, and removing the teeth, because the deformity which, in both cases, it presented was such as could not be remedied by Desault's method of pushing it into place by a graduated pressure continued for some days or weeks. On the

subject of needles, Mr. Houston considered that the ordinary woollen needle possessed every requisite quality, more especially if pointed like the glover's needle. It may be had of any degree of fineness, and is of sufficient length after being deprived of its point and edge, to present a small polished surface to the flesh in which it is to lie. During the operation, too, it is particularly manageable, as when once introduced there is little danger of its slipping out again, even though left untied, while the other steps of the operation are in progress; and that the presence of such is not a source of much irritation is shown by the length of time during which they lay comparatively harmlessly in the lip, viz.: seventy-two hours in the child of two and a half years, and sixty hours in that of three months—a duration which, by the way, may be perhaps as a general rule unnecessarily long, but which was permitted in the above cases for security sake, encouraged by the absence of all symptoms of inordinate irritation from their presence.

Mr. Houston concluded by observing, that after all such operations, where great nicety and perfection is aimed at, the strictest precautions should be taken to guard against every source of inordinate feverish excitement; as under fever, the lymph thrown out is not organized, and failure must necessarily be the consequence. He considered that, had the bronchitis and fever which came on, on the day of the removal of the needles in Byrne's case, showed itself a day earlier, the operation would have been unsuccessful: and it is under the influence of such conviction that he is always desirous, especially in hospital practice, and when the patient is fresh from the country, of operating soon after admission, in order to have the wounds healed before there be time for any derangement of health from change of air, or other sources of insalubrity.

Dr. Dawson, of Dungannon, has successfully operated for hare-lip upon a child four days old. The operation was performed on the 25th of January, and on the 12th of March the cicatrix was scarcely perceptible, and the sides of the fissures in the hard palate had become so much approximated together, that Dr. D. thinks by making raw the edges that he can cause adhesion between them.

Mr. John Peebles reported a case operated on when the child was three weeks old. He "cut the edges with a sharp scissors, and united the cut surfaces with two long and fine worsted needles in the usual manner, and covered and supported the parts with adhesive plaster: no bandage was required. In thirty-six hours I removed the upper needle, and on the third day the lower, as it was causing ulceration by its pressure, when I found the edges of the incision united. Cold cream spread upon lint and retained by two strips of adhesive plaster, extending from ear to ear, completed the cure in a few days, which, in fact, was only delayed by the ulceration caused by the second needle."

"The satisfactory termination of this case proves the advantage of an early operation. Very little blood flowed into the mouth; none was swallowed; the child only required four days spoon-feeding after the last needle was removed, or seven from the day of operation, and at the end of this time it took the breast freely."

Mr. Porter has operated on a child ten days, Mr. Smyly one fourteen days old.

In operating at an early age, it is important to guard against the little sufferer being allowed to suck after the operation, as a considerable amount of blood might thus be swallowed.—*Dublin Medical Press*, March 2, 23, and 30, and May 4th, 1842.

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54. *Amputation during Pregnancy*.—MR. TARLETON, of Birmingham, relates in the *London Medical Gazette*, Dec. 17, 1841, the case of a female 27 years of age, labouring under necrosis of the tibia, and whose leg was amputated when four months advanced in pregnancy. No unpleasant symptom occurred, the wound healed, and she was in due time delivered of a fine boy.