the kind, quiet care of Mr. Cock at Guy's, and Mr. Stanley at St. Bartholomew's, who has lately, by the way, repeated his resection operation on the wrist, exhibited at Mr. Guthrie's lecture: tedious cases, also, under the care of Mr. Adams and Mr. Curling at the London Hospital, Mr. Solly at St. Thomas's, Mr. Coulson and Mr. Ure at St. Mary's; we have, in a word, quite as tedious cases in London, as Edinburgh; yet with the triumphs of this modern improvement, even with all its disadvantages and tediousness, as shown us by Mr. Hancock at Charing-cross Hospital, Mr. Fergusson, Mr. Erichsen, Mr. Jones of Jersey, and some others, a candid observance of the subject must lead us to prefer it to amputation, a difference of opinion exists. Mr. Jones of Jersey, who has paid most attention to the subject, not at all agreeing with the views expressed by some writers, while the older surgeons perhaps remain at the opposite extreme.

The operation, either at the knee or elbow, is not an inviting one, there is so much cutting as it were of two stumps in place of one; the older surgeons, Mr. Jones seems to think, are accustomed to dwell too much, perhaps, on this subject. Happening to be present with this gentleman at two amputations above the knee one day not long since, at St. George's Hospital, though Mr. Caesar Hawkins, Mr. Prescott Hewitt, and the other surgeons, acted perhaps, in consultation, on the safe side of the question, preferring amputation of the thigh, Mr. Jones did not hesitate to say that at Jersey he would have certainly saved one of the knees, and he had his doubts about the second operation; sea air, quietude, gentle stimulants, with generous diet and large airy wards, however, he admitted, were half the means of cure. If we leave out these hygienic conditions, as observed by Mr. Fergusson, figures or statistics may be brought to prove almost anything. Lithotomy and lithotomy, Mr. Cock (at Guy's) believes, and we are inclined to go with him, are not at all *parallel* operations, so that all figures based on this subject are clinically incorrect. We should take care that resection and amputation at the knee are not in somewhat of a similar position. We strive to do a great deal more for the patient under resection than amputation, for which some patients will run any risk, while amputation is inevitably attended with consequent mutilation, the remarkable success attending Mr. Syme's twenty operations rather takes them out of the category of both classes. It is also remarked, in operating-theatres in London, that in the operations on the knee, (the only operations, be it observed, respecting which there is any difference of opinion,) the smaller experience of our northern hospital, as observed by Dr. Snow, as to deaths from chloroform, and the old-standing nature of the cases sent to Edinburgh, may have led to a less hopeful conclusion there than in London, almost everything depending on operating *early*. It is true, as remarked by Mr. Syme, that resection is only practised in selected cases, "while the results of amputation are collected from all sorts, no matter how unfavourable," but we must confess that in Mr. Fergusson's cases, we have observed him select very bad ones indeed, and that amputations like those Mr. Jones remarked on at St. George's are not always the most unfavourable. Some extended remarks occur so recently in *THE LANCET*, (*Mirror*, *ante*, January 21, 1854,) that we do not feel it necessary to follow up the subject at present.

Were we inclined to put very much faith in mere statistics of operations so dissimilar as amputation and resection, equals added to unequals, we might give twenty-six interesting cases of resection of wounded in French ambulances; eleven immediate resections or cutting out of bullets with bones from joints, ten cured and one death; fifteen secondary resections—eight deaths from pyæmia, only three recoveries, and four surviving with fistulous openings, requiring amputation; M. Baudens, the successor of Larrey, concluding this to be "un magnifique résultat obtenu si on le comparé à l'amputation du bras en totalité." As to operations on the elbow and wrist, as remarked by Mr. Fergusson in the present case, there can be little doubt at all of the propriety of the operation, the only practical difficulty being in large joints like the knee, hip, or shoulder. With regard to the last joint, the French surgeon just quoted gives four operations of bullets cut out with the head of the humerus, and three recoveries.

ST. MARY'S HOSPITAL.

CASES OF FRACTURE OF THE LOWER JAW; RECOVERY.

(Under the care of Mr. COULSON.)

THE two following cases of fracture of the lower maxilla present some features of practical interest; not that this disease is undescribed or not very well known, but that the cases are

instructive as showing how this accident generally occurs, and under what circumstances the surgeon should look for it, when suddenly called in emergencies of a like kind. In the second case chloroform was required before the dislocated parts could be reduced, whilst in the first the recovery was very remarkable and quicker than might have been expected.

CASE 1.—*Fracture of the Lower Jaw in three places.*—Victor I—, aged twenty-five, cook at the Great Western Hotel, was admitted into St. Mary's Hospital Nov. 22nd, 1854, under Mr. Coulson, for a severe fracture of the lower jaw. The manner in which the accident happened was as follows:—He was passing up the lift-ward in carrying heavy articles from the lower part of the hotel to the upper, when he incautiously put his head out at the side. The lower jaw was caught by some projection, and the head squeezed forcibly between two hard surfaces. On admission, it was found that the lower maxilla was fractured in three places. There were two fractures of the ramus on the left side, one of which was compound, and one of the ramus on the right side. The upper and back part of the scalp was much injured.

A pasteboard apparatus was with some degree of difficulty applied so as to retain the pieces of the broken jaw-bone in proper apposition. The edges of the scalp-wounds were brought together by means of strapping. The scalp-wounds made a rapid progress towards cure, and in five days were nearly healed.

Dec. 2nd.—The process of union seems now fairly set up. Ordered to take dilute nitro-muriatic acid, with decoction of bark, three times a day.

29th.—The patient finds himself sufficiently recovered to wish to leave the hospital and go to his friends in Paris. The fracture is now consolidated, and very firmly so, all things considered.

CASE 2.—Peter G—, aged fifteen, was admitted March 7th, 1855, under the care of Mr. Coulson. He is employed with horses on the Great Western Railway, and on the day of his admission into the hospital he received from one of them a kick on the lower jaw.

On examining the jaw, there was seen to be a wound of trifling extent to the right side of the chin. On opening the mouth, the line of the teeth on the right side of the lower jaw was found to be not uniform. There was fracture of the lower jaw, the fracture passing vertically through the ramus, between the right canine tooth and the lateral incisor. Posteriorly to this point the jaw-bone was drawn inwards, the remainder of the teeth pointing upwards and inwards, and the canine tooth being immediately behind the lateral incisor instead of to its external side. Mr. Coulson pointed out to the class the nature of the injury, the distinctive characters of the fracture, and the consequent displacement of the posterior fragment by the action of the muscles, and proceeded to reduce the fracture. This was easily effected by placing the end of a towel on the incisors of the lower jaw and drawing it forwards, at the same time that the posterior detached portion was pushed outwards into its proper position. When this had been accomplished, the line of teeth was quite uniform. The jaw was maintained in its position by means of the four-tailed bandage, and the patient ordered to bed. Chloroform was administered before the reduction was attempted. Ordered to wash the mouth out frequently with a lotion containing a few drops of the solution of chloride of lime mixed with water.

March 12th.—The patient uses the right side of the mouth much more than at last report. The tongue is foul, and he had some slight shivering last night.

28th.—Since the last report there has been nothing unfavourable in the condition of the patient. The redness about the nose has quite disappeared, and he feels quite well.

THE MEDICAL FORCE IN THE EAST.—From a return made by Dr. Andrew Smith, it appears that the total number of practitioners sent to Turkey, including civil surgeons, apothecaries, dispensers, and dressers, is 529. Three or four civilians are on duty with the army, engaged under the sanction of Lord Raglan.

The total numbers of medical men who have died or been invalided: Died, 29; Invalided, 38, of which number, 7 have rejoined.

The total number, including apothecaries, dispensers, and dressers, at present with the army, up to the latest date, is 469. From another return we discover that of this number 297 are under thirty years of age, and 191 are under twenty-five years.