

nine cases of operation. One of them proved fatal, as I before remarked, not in consequence of the operation, but on account of ill-timed exertion afterwards. Including it, however, we have one fatal and eight successful cases. The inversion was partial in all but one of the cases—that of Dr. Giddings, in which “the incision passed through the walls of the vagina.”

FOUR MONTHS IN EUROPE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Having recently returned from a four months' tour through parts of France, Italy, Austria, Prussia, Germany, Holland, England, and Scotland, which I was induced to take, with a view to improve my somewhat impaired health, by relaxation, for a while, from active and laborious professional life, and for general observation and improvement in the practical department of our profession, I cannot but feel that I made one discovery worthy of being recorded and made public.

Rapid as I made a journey of over 11,580 miles, in but a few days over four months, yet I made it my business to visit most of the Medical Institutions, Hospitals and Museums of all the important places through which I passed.

My particular department led me to make the acquaintance of the most distinguished surgeons of the several countries above named, and especially to renew the acquaintance of some whom it had been my pleasure to meet for the first time in 1841, and again in 1848. Among those of the former class, in England and Scotland, were Mr. Hey, late of Leeds, but now surgeon of York Hospital, and grandson of the celebrated ophthalmic surgeon of olden times, and of the former place; also at Edinburgh, the grandson of the surgical author, Sir Benjamin Bell, whose given name, if not title, has descended to the third generation. Through my old and much-esteemed friend, Prof. Handyside, I was introduced to the world-renowned Prof. Simpson, the discoverer of chloroform as an anæsthetic, and equally celebrated for his treatment of female diseases.

When it was not convenient to obtain an introduction to surgeons in any other way, whose acquaintance I desired to make, my practice was to present my card, and in this way, in true Yankee style, introduce myself. On one of my visits to the Royal Infirmary of Edinburgh, I inquired for, and presented my card to, Prof. Syme; when I took occasion to remind him that I had been introduced to him some years since, both in that place and in London. In the same Hospital and in the same operating theatre we were about to enter, I reminded him of my being present, and having witnessed his performance of two surgical operations in 1841—that the late Sir Chas. Bell was also present, by whose side I had the

honor to sit, and who remarked, as Mr. Syme was about to commence an operation (on observing that he was provided with dark long cuffs drawn over his coat sleeves, and closely buttoned to his wrists), that "That was the greatest improvement which had been made in practical surgery for the last quarter of a century." Before I had time to repeat the above quotation, it was on the tongue of Mr. Syme, who remembered the circumstance very distinctly.

If Sir Charles could have been present to witness the amputation of a leg below the knee, by Mr. Syme, in July last, as I did, without his having on the extra cuffs or sleeves—having on a handsome dress coat, with only the borders of the cuffs turned over, and beneath them, clean shirt wristbands, extending down to the back of his hands; and yet, so dexterously and neatly was the operation done, that not a drop of blood reached any of his garments—perhaps he would have been induced to say that Mr. Syme had made still further improvements in the art of *operative surgery*.

I was quite anxious to visit Dr. Chas. Clay, of Manchester, the celebrated ovariectomy surgeon. I introduced myself with my visiting card. He received me with the utmost frankness and cordiality, and, in a few moments, we seemed to be as intimate as old and familiar friends.

He practises general surgery—but has much of his time employed in the treatment of female diseases. His forte, or specialty, if you please so to call it, is the operation for the removal of ovarian tumors. This was the subject of our conversation—and in a few minutes he invited me to visit with him a patient upon whom he operated six days before for the removal of a large ovarian tumor. In my presence he removed most of the remaining sutures of an extensive abdominal wound, which had all united "by the first intention," except at the lower point occupied by the ligature placed around the vessels of the broad ligament and Fallopian tube. The patient was cheerful, and in good condition, and in every respect the appearances indicated a speedy and perfect recovery. This was his seventy-sixth case; and he informed me that he had on hand another, a lady from Liverpool, upon whom he should operate the next week. He politely invited me to remain in the place, and be present at the operation. My return passage was taken in the steamer Atlantic, which compelled me to forego the pleasure of such a surgical treat, and to make my way to Liverpool.

Dr. Clay proffered me a letter of introduction to Mr. Beckerstith, of Liverpool, who sent to Mr. C. the patient upon whom he was about to operate. In the absence of the senior Mr. Beckerstith, to whom the introductory note was addressed, I was received by his son, a young surgeon of much promise, and who invited me to witness an operation for lithotomy which he was to perform on the day of the sailing of the Steamer—at an hour, however, too late to permit me to have embraced it.

Here, in justice to my own feelings, I cannot but express my high appreciation of the kind and friendly attentions I received at

the hands of the Edinburgh and Glasgow surgeons, as well as those of the Provincial surgeons of England. I am especially indebted to the politeness of Prof. Simpson and Dr. Handyside; and I am constrained to add, that I should feel still further gratified if I could say the same of some of the surgeons of the great metropolis of England. But I find I have wandered from my subject, and I fear have laid myself open to the charge of "advertising myself!"

I have said that I made one discovery worthy of being made known, even to the American medical profession. While in London I visited St. Paul's Cathedral; not particularly, however, with a view to examine its immensely magnificent structure, as I had done so years before, but with a view to see the monument that had been erected, since my last visit, to commemorate the name and fame of Sir Astley Cooper, one of the most noble and skilful surgeons of his or any other age. I am no "man-worshipper," but if I ever looked upon and venerated any man as being worthy of all confidence in the art and science of surgery, it was Sir Astley Cooper. While living, I had an intense desire to see the man of such world-wide reputation as a surgeon; but in this wish I was never gratified. He died but a short time before my first visit to London in the spring of 1841. But how shall I express my surprise at seeing chiselled in the marble, intended to represent his noble and majestic figure, that he died in 1842! On making this discovery, I directed to it the attention of the sexton, or person having charge of the building; who, of course, was unable to explain the error, or to throw any light upon the subject. I left London shortly after this visit to St. Paul's—and it was not till I had visited Scotland, and on my return, had reached Liverpool, that I could refer to the published date of the death of Mr. Cooper. On mentioning the subject to surgeon Beckerstith, he immediately repaired to his library, which was very extensive, took down a volume of Sir Astley Cooper's Biography, and soon turned to the point, where it stated that he died "six minutes past one, P. M., on the 12th of February, 1841, in the 73d year of his age." Lest I might have been mistaken in my impression as to the inscription on the monument, I wrote back from Liverpool to an old friend in London, requesting him to visit the monument, and to report to me in writing. Since my return to America, and within the last few days, I have received a letter from him, in which the mistake is confirmed.

So far as the fame and good name of Sir Astley Cooper is concerned, it matters but little whether the inscription on the monument be correct or not, as to the precise time of his death. No matter, even, if no monument at all had been erected to perpetuate his memory, so long as that memory shall be cherished in the hearts of the profession, and among the people at large; and while his published works on surgical subjects remain the monuments of his industry, of his skill, and of his benevolence, it matters little whether an error, inscribed, even on marble, exist now or not.

But when we reflect, that generation after generation, for centuries and for centuries, may pass away; when we consider the perishable and combustible material of records in manuscript and in books, it would seem proper that the marble, safely deposited as it is in a structure that has stood the test of time and the influence of the elements for many centuries, should be made a faithful record of the earthly end of Sir A. Cooper.

The Londoners may think we are meddling with that which does not concern us, on this side the Atlantic, and that we have no right to suggest a correction of so gross an error. Although Sir Astley Cooper was an Englishman, and lived and died in London, yet his professional reputation belonged to no nation, but to the world,—and I will assure our transatlantic friends, that, as Americans, we cherish his memory.

Albany, N. Y., Sept. 11th, 1856.

ALDEN MARCH.

OPERATIONS FOR THE CURE OF NATURAL FISSURE OF THE SOFT PALATE.

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From my experience in two cases, and from the attention I have given to the subject, I have drawn the following inferences in regard to it. 1. Considering the important object to be gained by the operation, it is neglected in by far too many instances. 2. That the difficulties attending it, though considerable, are seldom insurmountable, and that they are too generally overrated.

In my first case, that of Miss Matthews, of West Springfield, the fissure extended entirely through the soft palate, and, when the parts were at rest, was about an inch in width. The operation was performed on the 23d of March, 1855, as follows, without any previous preparation of the patient. The left depending portion of the bifid uvula being seized with the forceps, the left margin of the cleft was pared off from below upwards. Then the opposite margin was served in the same way. At the commencement of this first step in the operation, an assistant was desired to hold down the tongue with a spatula; but finding this to obstruct rather than facilitate the operation, it was early dispensed with. Waiting for the hemorrhage to cease and the patient to become composed, three double sutures were passed through the left side from before backwards, by means of short slightly curved needles held in the grasp of a French torsion forceps. Then, introducing three single ligatures through the opposite side in the same manner, and passing their inner ends through the loops of the double ones, and withdrawing the latter, of course brought the single ligatures through the left side also. The fissure was then closed by the tightening and knotting of the ligatures, which was easily effected by running up the knots with the forefingers of each hand. In this case, the edges of the fissure came into contact with but little strain. The difficulties to be over-