yet can expand itself only by general views." To study the different parts of a complex machine in detail, surely cannot be sufficient for those whose duty it is to restore its regular actions when deranged, and the due performance of which duty pre-supposes a correct knowledge of the general principles on which it is constructed, and the relations which its parts severally bear one to the other. In a work such as the present, written professedly on descriptive and practical anatomy, general principles could only be introduced with a view to elucidate its main design. Hence the summaries which are given of the general anatomy of the osseous system, of the articulations, of the circulation in the adult and in the fœtus, must necessarily have been very much abridged; but it is hoped they will be found sufficient to place before the reader correct *coup-d'œil* views of these important topics.

There is one consideration which cannot be too strongly impressed on the mind of every individual about to enter on the study of anatomy; it is the indispensable necessity of acquiring, at the outset, a correct and thorough knowledge of the osseous and muscular systems, as reference is constantly made to them during the description of every other part of the body. If this be neglected in the first instance, the deficiency will seldom be supplied at a subsequent period; and at every step of the student's progress he will feel the want of certain portions of knowledge, which reminds him that an important link in the chain of demonstration is lost. As well might a person hope to acquire clear notions of the demonstrations in Euclid's Elements, without a knowledge of the definitions and axioms to which reference is made in every problem, whether it be simple or complex, as hope to prosecute anatomy with success without an accurate knowledge of those parts which form the basis of all the others, and to which allusion is made in every subsequent step of his progress."

As we have allowed Mr. Quain to give his own account of the objects he had in view in the composition of his work, and the advantages of the method of study he has recommended, he must permit us to remark, that in no instance has he lost sight of the former, nor has he, in any one respect, overrated the importance of the latter. The excellence of the author's plan, is equalled only by the extreme fidelity of its execution; the work, indeed, is a splendid performance; the anatomical descrip-

tions are written in a style, at once forcible, vivid, and elegant, and the observations on surgery, are evidently based on a thorough knowledge of morbid anatomy.

This book must prove invaluable to students engaged in dissection, and of scarcely less value to the established practitioner.—Mr. Quain, if we mistake not, will reach the summit of his profession.

MR. LIZAR'S METHOD OF AMPUTATION.

IN amputation of the thigh, arm, and forearm, Mr. Lizars makes two flaps, cutting from without inwards, with a knife the same length as the longest used by Lisfranc, with this difference, however, that it has only one cutting edge. In amputation of the thigh, he makes the outer flap first, cutting nearly transversely to the bone, the incision pointing a little obliquely upwards towards the trunk; he then carries it along the outer edge of the bone, four or five inches, in the same direction, according to the muscularity of the limb. The inner flap is made to correspond precisely with the outer; the assistant instantly grasping the inner flap, and thus completely commanding the artery; so that, if the operator chooses, he may with safety perform the operation without a tourniquet.

The superiority of this mode of amputation over that of transfixion, is said to be, that the surgeon can lengthen his flaps as much as he pleases, even in the middle of the operation, if he considers them too short to cover the bone; besides, he cuts in the same line of direction; whereas, in transfixion, he cuts first from, and then towards himself. In this mode also the flaps are much fuller and thicker; and no lower third flap can possibly remain, as in transfixion.

CASE OF TRAUMATIC TETANUS, SUCCESSFULLY TREATED.

By JOHN SANG, Esq., Surgeon, Bishop Auckland.

THE subject of the disease was a spare man, 23 years of age. The symptoms made their appearance three weeks after the receipt of a severe bruise of the fore-finger, and the patient was seen by Mr. Sang on the 12th of February, two days after the attack. At this time the pulse was *hard and quick*, the jaw nearly closed, the abdominal muscles, and also those of the lower extremities, very rigid. Severe pain was felt at the pit of the stomach—the bowels much

constipated. Ordered six grains of calomel and two of opium, in a powder; a strong purgative mixture (a dose to be given every two hours), and soap liniment, with laudanum, to be rubbed over the abdomen. In the evening the powder was repeated.

On the 13th, the symptoms were unrelieved; the bowels had been slightly evacuated. Two grains of calomel, and one of opium, were directed every two hours, and the purgatives continued. On the 14th, friction, with mercurial ointment, was had recourse to—the calomel and opium, at the same time, were continued; and, on the 15th, the man was decidedly better. The symptoms, on the 16th, were much aggravated—the whole body seemed to be in one universal spasm. On the 17th, the patient was much relieved. The powders and mercurial inunction were steadily continued—the bowels had been freely evacuated during the preceding night. From this time the tetanic symptoms gradually subsided. On the 20th, profuse pyralism was excited, and the calomel and opium were in consequence discontinued. On the following day, the mercurial ointment was omitted; and, on the 22nd, the patient was able to open his mouth as well as usual, only complaining of slight stiffness about the jaw.

The disease, in this case, Mr. Sang observes, appeared to be at its crisis on the sixth day; from which time there was a progressive amendment. We congratulate him on the successful issue of a case, in which, looking to the experience of the past, there was but too much reason to expect little could be done.

CASE OF DELIRIUM TREMENS.

*Treated By MATTHEW JACKSON, Esq.,
Surgeon, Masham, Yorkshire.*

M. H., ætat. 53, a spare man, of intemperate habits, was first visited on the 26th of May, at which time he was, and had been for some days past, labouring under mental alienation: the illusions were of a varied nature. A saline draught, containing 6 drops of laudanum, was directed to be taken every hour, and a cathartic was given in the evening. Throughout the two following days, there was a decided amendment; the æperient acted freely, and the patient was directed to take weak brandy and water, as a common beverage. A relapse took place on the afternoon of the 29th, when the pulse was very rapid and incompressible, with great throbbing of the temporal arteries, and pain in the head. Fourteen ounces of blood were taken from the arm, and 50 drops of laudanum given; no impression was produced on the disease by these means; on the contrary, the patient was worse. Small doses of laudanum, as at first, with the liq.

ammon. acet. were now given, with marked benefit. On the 30th, the bowels being much constipated, one drop of croton oil was prescribed; this acted freely, and the patient was in every respect better. In the evening of the 31st, a draught was given containing a *quarter of a grain of acetate of morphine*, and this, after a lapse of a few hours, was repeated. The effect produced was several hours' sound sleep, and the patient awoke much better: he continued to improve until the 3rd, when there was some return of mental aberration, and the morphine was again administered with success. From this time, nothing important transpired.

LARGE POLYPUS UTERI SUCCESSFULLY TREATED BY LIGATURES.

*By C. SMITH, Esq., Surgeon, Highworth,
Wilts.*

IN June, 1823, I was requested to attend Mrs. K—, ætat 40, whom I found in a very exhausted state, complaining of pain in her loins and abdomen, shooting down the thighs, with great bearing down, and a constant discharge of bloody sanies. On making the slightest exertion, she frequently lost a pint of blood, or more; her bowels were generally constipated; she had frequent desire to make water, which was scanty and tinged; she had been ill for three years, and confined to her bed about eighteen months. She was the mother of one child, now six years old, and there was nothing remarkable occurred in her labour. The pulse was exceedingly weak and quick; the skin clammy; tongue white; the woman was indeed literally blanched by the successive discharges of blood.

The finger could only be introduced a little way, as the vagina was found to be distended to the full size of the pelvis, with a firm fleshy substance, which bled profusely. I found it impossible to reach the root of this substance, or to ascertain what kind of origin it had; but as the patient was so far reduced, that death must soon have taken place, I resolved to extract it, if possible; and with the double canulas, I succeeded in applying a well-twisted cord around its root; but to effect this, I was obliged to place the patient on her hands and knees, a position I recommend in cases of large polypi. After uniting the canulas, and pulling the cord, the hæmorrhage was immediately suppressed, and the patient complaining of but little pain, convinced me that I had not included any improper part. I tightened the ligature every second day, and on the sixth day it became detached; and how to extract the substance became the next consideration. I first secured it by midwifery forceps, but