leges of the College. "Such a prospect, or premium for *merit*, would prove an unceasing stimulus to the whole body of physicians, while the annual influx of talent into the fellowship would soon render it the most distinguished College in Europe." That is, in plain English, by opening such a wicket, all the licentiates would become greater adulators of the College, and more subservient to them than they are. And, as to talent, the more was its influx into the College, in its present state, the greater would be its capability of deluding the public with effect. But the period of delusion, most learned and sapient doctor! is past; and it is not in your little sophistry to revive it.

Our reviewer, in effect, seems to fancy himself past the wicket, which he has in imagination opened, and already a fellow. "No change, in *our* humble opinion, should be made in the *path* which *now leads* to the *right* of a fellowship; but the *grace* of admission should be liberal, and awarded *only* to merit." This writer seems entirely ignorant that there is no such thing as a right of fellowship, that the privilege exercised in this respect, is entirely usurped, and that therefore there can be no path which now leads to it. I would recommend to him, before he again meddles with the subject, which it is clear he either does not understant, or affects not to see in its true point of view, to consult a recent publication, entitled, "An Exposition of the State of the Medical Profession in the British Dominions; and of the Injurious Effects of the Monopoly, by Usurpation, of the Royal College of Physicians in London." It does not contain nearly as many *words* as *one* of his own quarterly numbers; but its *principles*, if carried into effect, would more essentially serve the public and the profession, than probably all the subject matter that has appeared in the whole of his numbers put together! With respect to the *grace* of admission being liberal, and awarded *only* to merit, the ideas are by far too abject and contemptible to merit even a comment.

In his last Number, the editor, I observe, recurs again and again to THE LANCET, and favours us with specimens of his *kind* feelings towards yourself, whom he means to punish, by hindering Dr. Elliotson from ever writing again in his own name in your pages! Dr. Elliotson has acted an honourable and manly part; and if, at the instigation of this would-be monopolist, he should be persuaded to recede from that path, the loss will be his own, not yours. His place will be more than supplied. But I do not auger so unfavourably of his understanding.

By the by, amongst some able letters, upon the subject of the constitution of the College of Physicians, which have recently appeared in THE LANCET, from "A Physician," "An Enemy to Injustice," *cum multis aliis*, I have, with pleasure, perused one, in Number 172, under the signature of "A Member of the Faculty of Physic," announcing also a circular of that body, but which I have not yet seen in your Journal. Will you have the goodness to inform me, in your notices to correspondents, where that document may be referred to, and through what channel the Faculty of Physic may be addressed.

A PROVINCIAL PHYSICIAN.

ROYAL INFIRMARY.

Surgical Operations, by Messrs. BALLINGAL *and* HUNTER.

THE interesting novelty of no less than half a dozen of operations within the last few days, has, in some measure, redeemed the monotonous repose of the scalpel during as many months in this establishment. Two of these cases were amputations, one of the arm, another of the leg. Nearly a similar cause, chronic disease of the elbow and ancle, terminating in erosion of the cartilages, and a collection of sero-purulent matter, rendered the removal of those joints necessary. Both operations were performed very flippantly in the flap-style by Dr. Ballingal, at the usual distances below the patella in one, and above the elbow in the other. They, of course, require no further comment, so far, than merely to observe, that, with a perverse anxiety to support the honour of the Institution, and a desperate fidelity to an exploded usage, the STITCHING was repeated in each of these instances, just as if Pilrae and Louis, and a hundred others beside, had never trimmed the midnight lamp to throw light on the pernicious effects of sutures. On one of those days, also, the excision of a carcinomatous ulcer from the lower and back part of the neck, afforded a third opportunity for the abuse of the needle; and no doubt, when the integuments were brought together by its agency, the wound looked vastly pretty and mechanical, and would have secured a verdict of approbation from any jury of glovers. But, in one short night, the beauty of the workmanship vanished, and those stitches, which only the day before had worn so promising an aspect of adhesion, were cut away on the very first dressing, having produced their usual consequences, an erysipelatous

blush around the points of insertion, and the probable prevention of union. To aspire to eminence by singularity in this manner, or to affect consistency by a perseverance in error, as was sufficiently obvious in the menacing movements of the operator on these occasions, is, perhaps, after all, but a humble virtue, as much within the attainment of the brute as of the human species, of the ass that kicks instinctively when goaded to go on right, as of lordly man; who vaunts himself on the possession of reason. Hydrocele formed the subject of the next two performances—one of them conducted by Dr. Ballingal, the other by his colleague, Dr. Hunter. The first was a case of double hydrocele, of a very large size, on the right side, comparatively less on the left, with an enlargement of the testicle, and thickening of the tunica vaginalis, as is common when the disease is of a long standing. Some doubts arising in consequence of these extraordinary phenomena, the scalpel alone, as a measure of precaution, was used instead of the trocar in opening the cyst, from which about two pints of coffee-coloured fluid were evacuated, the other side being reserved for a separate exhibition. In the second case, the production of the disease was attributed by the patient to an injury inflicted on the parts, and was tapped by Dr. Hunter. The injecting apparatus, threatening Sir James Earle, and a host of other authorities, with an immediate refutation of their principles, stood ready on the table, but the evacuation of the fluid disclosed here also an unsound state of the testicle, and the fallacy of prognosis, and of course deprived the operator of his anticipated triumph over common sense and experience. Bronchotomy, and the taking up of the humeral artery, had also their turns during this eventful week. The person on whom the former operation was performed, was affected with laryngitis, and had been for some time in the house under treatment for other diseases. On the 8th, soreness of throat, pulse 104; 9th, tonsils and uvula much inflamed; 10th, breathing difficult, larynx painful externally to the touch; bled to 40 ounces, and tartar emetic ordered, so as to keep up constant nausea; 11th, pulse 120, lividity of countenance; leeches applied by mistake to the trachea, instead of the larynx; operation performed in the morning, and died in the afternoon. The subject of the other operation came into the hospital with a wound of the hand from the fall of a broken bottle on the part. The radial artery was taken up to stop the bleeding, but repeated hæmorrhage from the original wound, and compression of the ulnar artery being found to have no effect in stopping the blood, it became necessary to tie the brachial artery, which was executed by Dr. Ballingal in the short space of twenty minutes!—Retention of urine next claimed the attention of the house in the person of James Lees, aged 51, with a notice of whose case this brief review, *de omnibus rebus*, shall be concluded for the present. He was received into the hospital between eleven and twelve o'clock in the forenoon of Jan. 9. A country surgeon had exhausted all his ingenuity in attempting to draw off the urine, but in vain. On admission, he was affected with partial retention, alleged to have been brought on in consequence of a fall on his back a few days before, and the previous existence of disease of the urethra. The catheter, enemata, and warm bath, having failed, he was bled to twenty ounces, and anodyne enemata and fomentations administered, from which he experienced some relief, and passed about one ounce of bloody urine, partly purulent. At four in the afternoon, the blood appeared highly buffed; his pulse rose to 120; the enema returned in half an hour after exhibition, but has passed no urine. At eight o'clock on the same evening, the symptoms continuing unaltered, with a purulent discharge from the urethra, and having passed a small quantity of fetid urine, the bladder was punctured through the rectum, the canula left in the opening; an anodyne draught ordered, and castor oil in the morning. 10th, Slept at intervals during the night; pulse 112; skin hot; passed some urine through the canula; eighteen leeches ordered to be applied to the pubes and perineum. 11th, No sleep during the night; some urine passed through the canula; pulse 120; pain in the hypogastric region and perineum; fomentations, a purgative enema, and eighteen leeches ordered. 12th. Slept a little during the night after the warm bath; pulse 100; intense pain in the pubic region; canula had been withdrawn yesterday evening. 13th. Scarcely any sleep; passed some urine by stool; became delirious about morning; the stricture cut down on this day, and died the following night. *Requiescat in pace.* May divinity have done more for his soul, than surgery did for his body. There was no examination publicly after death; and we must only conclude, that the omission was perhaps judicious under such circumstances.

SCOTUS.

Edinburgh, Jan. 20, 1827.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

OPERATIONS.

Removal of the Mamma.

On Tuesday, January 2, Mr. Morgan removed the breast of a female, in consequence of its being affected with cancerous disease. The patient was a healthy-looking woman, 39 years of age; the disease was of two years standing, and first made its appearance as a small hard lump in the substance of the mamma, that gradually enlarged. At the time of the operation the whole of the breast had become affected with scirrhous disease; there was a very hard, flattened tumour occupying the natural situation of the mammary gland, the nipple, which was retracted, forming the centre of the swelling. The skin immediately round the nipple was adherent to the tumour, which was irregular on its surface, and attached beneath to the pectoral muscle so strongly that it was but slightly moveable. The pain experienced was of a lancinating kind, but it was seldom felt, and by no means formed an important feature in the case; there was no distinct glandular enlargement in the axilla. The patient stated that she had never borne children, and that her menstruation during the last two years, although it had not entirely ceased, was very irregular both as regards time and quantity.

The operation consisted in making two oblique elliptical incisions through the integuments, which meeting at their points, included the diseased mass, and this was subsequently dissected out; the pectoral muscle being laid bare, and a portion of its fibres removed. Mr. Key, during the excision of the tumour, made pressure on the subclavian artery, with a view of restraining the excess of hæmorrhage anticipated from the division of the mammary arteries; it did not appear however to have much effect in restraining the flow of blood. Several arteries were secured, and the integuments were brought together in the usual manner.

The operation was performed in a manner highly creditable to Mr. Morgan.

Application of a Ligature to the Femoral Artery,

This operation was performed, a short time since, by Mr. Bransby Cooper, on a man labouring under popliteal aneurism. The particulars of the case are briefly as follow: the patient, 49 years of age, and of somewhat unhealthy appearance, had perceived a pulsatory swelling in the right ham only ten days previous to his admission into the Hospital. The leg had been swollen and œdematous for upwards of six weeks, and he had felt occasional pains in the limb when he walked to any considerable distance; still, up to the period at which he discovered the swelling, he had pursued his ordinary occupations as a carpenter. When admitted, there was a pulsatory tumour in the popliteal space of about the size of a hen's egg; the pulsation in the swelling was stayed by making pressure on the iliac or femoral artery, and quickly returned when the pressure was discontinued. The skin covering the tumour was slightly discoloured, as were also portions of the integuments of the leg; there was varicose enlargement of the veins, and the limb was œdematous.

The operation was performed two days after the man's admission. With respect to the *modus operandi*, we must observe that the incision through the integuments was made (*placed*, Mr. C. Bell has it) by far too much on the outer side of the limb—there was, consequently, some Travers-*ing*, in order to get at the artery.

A few hours after the operation there was bleeding from the wound, the blood which flowed being evidently arterial; the hæmorrhage however was restrained by the application of a compress, with pressure by the hand continued for a considerable length of time. Mr. Cooper was of opinion that the blood proceeded from a small branch of the femoral artery, given off immediately above the part at which the ligature was applied. We suppose that nearly a quart of blood was lost. From this time there was no recurrence of the hæmorrhage; the wound for many days manifested an indolent disposition, not having the least tendency to heal; to this succeeded profuse suppuration, and a consequent hectic state of system, which well nigh proved fatal to the patient.

At the date of making this report, (January 10,) he is fast improving in his general health, but the wound has not yet completely healed.

Application of a Ligature to the Radial Artery.

A few days since, Mr. Key applied a ligature round the radial artery at the wrist, in order to restrain the hæmorrhage from a deep penetrating wound between the finger and thumb. The bleeding had continued for two days, resisting pressure; and the depth of the wound precluded any attempt to take up the bleeding vessel; the operation was effectual. The ligature came away from the artery on the sixth day.