

seems gorged with blood after the hæmorrhage has ceased, one or two scarifications should be made, to remove the sanguineous congestion; which we have already explained is very prejudicial to the success of the reparative process.

M. Phillips thus points out some of the anatomical conditions of the flap taken from the forehead in a rhino-plastic operation, on which its success very materially depends.

"It is indispensable that it should contain one artery at least. Hence the importance of prolonging the incisions to the angle of the eye, so that the pedicle of the flap contains the internal angular artery to supply it with blood. And then again, it is equally necessary that the blood, which is conveyed to it by the arteries, should be returned by veins, else the new nose will perish from congestive asphyxia. Indeed it is wonderful that this does not occur oftener than it really does, when we consider that not only are almost all the direct communicating branches between the arteries and the veins cut across, but that the blood in the divided arteries is prevented, in a great measure, from escaping, in consequence of the compression of the edges of the flap by the numerous sutures used to retain it in position."

"The destruction of the flap may arise from three different causes—from defective circulation, from excessive or superabundant circulation, and from supuration.

"If the pedicle be twisted too firmly, the vessels must necessarily be compressed, and the circulation through them be consequently more or less interrupted; the flap in consequence becomes pale, loses its heat, and speedily mortifies. But this does not occur so frequently as the mortification from accumulation or congestion of blood in consequence of its obstructed return through the veins. Under such circumstances, the mortification usually takes place in that part of the flap which is furthest distant from the pedicle.

"After the asphyxia now described, suppuration is the most formidable evil to be dreaded in the management of rhino-plastic operations. The destruction commences at the edges, which swell, puff out, and separate from each other. This calamity is more apt to occur when the twisted suture has been used."*—*Med. Chirurg. Rev.* July, 1840, from *Bulletin Méd. Belge*.

49. *Therapeutic Considerations on Obliterations of the Veins in the Treatment of Varix and Varicose Ulcers.*—M. JOBERT relates in the *Bulletin Gén. de Thérap.* for May, 1840, six cases, and he says that he could describe twelve others, in all of which the treatment of varicose veins by producing the obliterations of their trunks by needles and twisted sutures, or other means, though at first it seemed promising, had ultimately proved completely unsuccessful. In all the patients who were thus treated the varicose ulcers returned a short time after they left the hospital, as it was believed perfectly cured; and the return took place in these cases more rapidly than in all probability it would if only the ordinary treatment by rest, poultices, and bandages had been pursued.—*Brit. and For. Med. Rev.* Oct. 1840.

50. M. GUERIN on *Subcutaneous Wounds*.—Every one has heard of the proposal, or rather now the practice, of M. Guerin of Paris, in the treatment of lateral curvatures of the spine—the subcutaneous division of several of the muscles of the back.

From what he recently stated to the Royal Academy, he has met with extraordinary success. "I have, in nearly fifty cases, divided more or less completely most of the muscles of the back and spine—viz: the trapezius, the

* If the destruction from this cause be considerable, it may be necessary to perform a second operation, and re transplant a fresh portion of healthy integument. But if it be only at one angle, we may succeed by the repeated application of the tincture of cantharides, in exciting the granulating process sufficiently to fill up the ulcerated space.