

naculum Hunteri obducentes, quæ augentur et amplificantur.* After giving a minute and accurate description of the cremaster in the rat and other of the rodentia, and of the descent of the testis in these animals during the season of sexual excitement, this intelligent author asks, "Si vero in his animalibus talem exercent functionem, cur illis non similem, in embryonibus humanis concedamus actionem, ubi similem invenimus structuram?" I might quote many other passages full of interest and information, but enough has been adduced to call attention to the labours of these neglected authors. Meckel, a more recent writer, whose manual of anatomy has always maintained a high reputation, described the gubernaculum as commencing at the upper part of the scrotum, and receiving fibres from the internal oblique and transversalis, which becoming everted in the descent of the testis from the cremaster muscle. He appeared to be unaware of, or not to admit the connection of the gubernaculum to the pubis, and the process extending to the bottom of the scrotum; and he consequently came to the same conclusion as Mr. Hunter, that the muscular fibres are insufficient to bring the testis lower down than the abdominal ring, and complete the descent; the cause of which he regarded as unknown.

I have been chiefly induced to bring forward the foregoing observations, in order to correct the wrong impression in respect to the cremaster, which it appears has been made in this country by the work of a French anatomist of considerable reputation, M. Jules Cloquet (*Recherches Anatomiques sur les Hernies de l'Abdomen*), I have no hesitation in declaring that the views of this writer on the formation of the cremaster as quoted above, which have evidently been adopted by many British anatomists† without due examination, are erroneous and inaccurate; and, moreover, inconsistent not only with the original and exact observations

of Mr. Hunter, but also with the subsequent investigations of Brugnoli, Seiler, and other continental anatomists, and, I may add, with my own inquiries as detailed in this paper.

1, Mount-place, London Hospital,
March 25, 1841.

HÆMORRHAGE FOLLOWING UPON THE EXTRACTION OF TEETH.

To the Editor of THE LANCET.

SIR:—Among your correspondence of last week, Mr. Ray called attention to the occurrence of hæmorrhage from local causes; and he explains the method which he has found most successful for its suppression. He suggests the utility of recording cases of this nature, together with the means found most effective in stopping the bleeding.

Without entering into speculations on the causes of hæmorrhage, which can best be done by the general practitioner, from his more extended means of observation, I would state that, in the course of an extensive practice as a dentist, I have found the tendency in both sexes in plethoric and spare habit, independently of hereditary causes, and dependent upon them.

From among many cases which have occurred in my practice, I select the following, as showing its independence of sex or habit:—

CASE I.—In the autumn of 1838, I was sent for to extract a second molar tooth from the lower jaw, for Miss W., a young lady, age about twenty, full habit, lymphatic sanguine temperament. Owing to the carious state of the tooth, I used the key-instrument for its removal, placing the fulcrum on the outside of the maxilla: the extraction was completed with great ease. At seven, P.M., (the operation was performed at noon,) I was called for, in haste, to stop the bleeding, which had been incessant since the operation. Having removed a small clot, from under which the blood oozed, I cleared the socket, as much as possible, with a dossil of lint, saturated with diluted vinegar. I then took up a little levigated alum, on a piece of cotton, large enough to fill the socket (cotton is more adaptable than lint in plugging a cavity), and plugged it tightly in, leaving the upper part of the filling above the edges of the wound. On this I placed a piece of lint, folded to such a thickness that, when the jaw was raised, there was sufficient contact of the upper teeth to induce considerable pressure. I then desired my patient to close her mouth so, and remained with her half an hour, when the bleeding had quite ceased. She removed the pledget about 11 o'clock the same night, preserving the cotton plugging till the morning following; when that also was removed, leaving

* Opuscit. p. 27.

† Mr. Harrison, in speaking of the cremaster, observes, "This muscle is probably formed incidentally, the testis in its descent to the scrotum carrying before it the lower border of the internal oblique."—*Dublin Dissector*, 5th edit., 1838, p. 143. Dr. Quain's account of the cremaster strictly agrees with that of M. Cloquet. He believes that it does not exist before birth, and describes the gubernaculum merely as a fibro-cellulous cord, which extends down through the inguinal canal to the external surface of the pubic symphysis.—*Elements of Anatomy*, 4th edit., 1837, pp. 381, 877. Mr. Morton, in a useful work just published (*The Surgical Anatomy of Inguinal Herniæ, the Testis and its Coverings*), quotes Cloquet's description of the cremaster, and fully adopts his view of its formation.—Pp. 231, 269.

only a little soreness in the part, which soon recovered.

CASE 2.—The father of this young lady, age at the time sixty, spare habit, sanguine-nervous temperament, some years previously, had a tooth extracted by my father, and hæmorrhage ensued then. The tooth (a lower dens sapientiæ) having been thrown away, a piece of cork was fitted to the socket, leaving sufficient length for effecting pressure by the upper teeth, as before: the result was quite satisfactory. The hæmorrhage, in this case, had been kept up from the middle of the afternoon to the morning following.

I would remark, that when the form of the tooth admits, it forms a most perfect plug, with the addition of a double thickness of lint, laid on the masticating surface, in order to procure more perfect pressure. The teeth best adapted are the bicuspidæ, upper and lower; and, most generally, the dentes sapientiæ.

CASE 3.—On Dec. 28, 1839, a mechanic, age 35, nervous-sanguine temperament, applied to me, stating, that on the Christmas-day, while engaged "polishing a bone," as he expressed himself, with his anterior teeth, the bone slipped, and, glancing on the carious root of a second bicuspid (inferior), displaced it. He did not notice it further at the time; but the following morning, while still in bed, bleeding commenced from the part, and continued during that and the following days, when he applied to the surgeon of his club, who advised cauterising the wounded vessel. Not wishing to submit to that treatment, on the 28th he called upon me in the evening. I resorted to means before described, in the first case; and he called the following day, to say that he had not bled since the night before. The gum round this root was tense and healthy, as was the mouth generally.

CASE 4.—Miss H., a lady, age about 30, of full habit, lymphatic temperament, called upon me in September, 1839, to consult me previously to the insertion of the four inferior incisors. Before this could be done, it was necessary to remove the two central incisors, which, from absorption of the gum and sockets, were very loose: the parts were a little inflamed, partly from the state of the two teeth, and, in part, from a considerable phosphatic deposition on several of the others. I removed the two teeth, and a part of the deposition from the rest, at that time: this was at nine, A.M.; at three, P.M., the lady called to say that the parts from which the teeth had been extracted still bled freely. I applied a little gum kino, and what pressure I well could, and she left me. At ten o'clock the same night I was sent for; the bleeding continued unabated. I immediately removed my former dressing; and, after the mouth was tolerably cleared by rinsing with cold water, I observed a small

continuous stream issuing from one of the alveoli. There was a little difficulty in applying a direct pressure to the part, but this I effected thus: Having formed a piece of cork to fit between the two canines, in the surface next the gum, I cut a groove, the space between the edges of which was smaller than the width of the gum, but the inner part the same size, so that, upon being pressed down, it embraced the lips of the wound, and forced them together. Having laid a piece of doubled lint over the gum, to insure an equal and close pressure, I adapted the cork; and the upper teeth closing upon it, kept up the requisite pressure; the hæmorrhage ceased instantly: the following morning the cork was removed, and the part quickly healed.

I could name many other cases where this treatment has been adopted, and where it has been equally satisfactory. Indeed, I have never had occasion to use other means than pressure; and think that, when well and perfectly made, it will be found quite sufficient.

From the last case, it will be seen that hæmorrhage does not occur from violence used in the operation, as is frequently supposed; for, of the two teeth, one I took out with my finger and thumb, and the other with a small pair of forceps.

Supposing these notes might be of practical utility in cases of hæmorrhage in the mouth, I transmit them, in the hope of their being worthy a place in your valuable Periodical. I am, Sir, yours, &c.

RICHARD LLOYD.

Bold-street, Liverpool, March 12, 1841.

MEDICAL SOCIETY OF LONDON.

Monday, March 29, 1841.

Dr. CLUTTERBUCK, President.

STAMMERING A PURELY FUNCTIONAL AFFECTION.—INFLUENCE OF MENTAL IMPRESSIONS ON ITS CURE.

DR. CLUTTERBUCK, in announcing that another paper on stammering would be read this evening, took the opportunity of stating his opinion on the various operations which had been proposed for its relief. In none of these did he think the proceeding at all justifiable; and the theory upon which it was proposed was not at all maintainable. Even Dieffenbach's views were purely hypothetical, upon which he performed his fearful and dangerous operation; and, even if his views were correct, his end could be obtained, as had been well observed in THE LANCET, by dividing the trunks of the lingual nerves, which went to supply the tongue with nervous fibrillæ. With regard to the removal of the uvula and tonsils, he saw nothing to recommend that mode of proceeding; and