

forked wire to their distal, the other, having a ring at either side, is fixed upon their proximate ends; the ligature, having of course been drawn through the short canulæ previously to their application, is now tightened and made fast upon the rings.

Fourth. A curved metal rod, and a straight canula, employed by Sir Charles Mansfield Clarke. The rod is shut into a wooden handle, and by means of a spring stop, to regulate the length of the rod, the instrument ranges from eight inches to eleven inches and a half. The canula is seven inches long, the upper end of which, for about four inches, is of the size of a large goose-quill; at its lower end it is stouter, and consists of a fine screw, adapted to pass through a female screw in the centre of a circular box-shield, two inches and a half in diameter, for the purpose of regulating the length of the canula, and of preventing any mischief to the uterus or vagina by the upper end of the instrument. The rod carries the ligature round the root of the polypus; and, both ends of the silk having been drawn through the canula, by means of a long piece of wire hooked at the end, the tube is directed by it to the root of the polypus, when the ligature is tightened and made fast to two rings at the foot of the canula.

Fifth. Three straight slender rods, used by the late Dr. Gooch. They are all of the same length, eight inches, and of the size of a common knitting-needle. Two are perforated at the upper end; the third has a small ring projecting obliquely from its upper, and a short transverse wire across its lower end. The perforated rods are for the purpose of carrying the ligature round the stem of the polypus, and having done so, they are brought together in a parallel position, and, with the ligature, threaded through the ring of the third rod, which is then pushed up to the stem of the polypus. The two first rods being withdrawn, the ligature is tightened and made secure to the cross wire.

Many of these instruments display great ingenuity, and deserve much praise, especially the double canula of Nissen; Sir Charles Clarke's canula, with its shield; and Gooch's fastening rod; and, in the generality of cases, with attention and a little patience, they answer the purpose; but still, in my judgment there is room for improvement, and I would propose the following alterations:—

The instruments are to consist of three metal tubes, two of which are to be of the length, shape, and size of a No. 8 male catheter, except that their sides are to be flattened, and that there be no rings at their lower ends. The curved extremities are to be rounded, each having an orifice in the centre, with smooth edges, and large enough to admit a strong ligature. The third is a stouter tube of the same diameter, eight inches in length, and straight to within an inch of its upper end, which is to be slightly bent and bulbed. A short transverse bar is to cross its lower end, at about an inch from the extremity.

Position of the patient.—Nothing conduces more to the facile use of instruments than a proper position of the patient. She is to be placed on her left side upon a mattress, with her trunk lying transversely across the long diameter of the bedstead, and her ischia upon its edge; the femora are to be well flexed, and the knees half bent and kept separate by a pad or small pillow.

Mode of application.—The two curved canulæ, containing a well-oiled ligature, and exactly fitted together

at their flat sides, are to be introduced into the vagina, with the concave surface to the pubes, their curved ends being directed to the anterior part of the stem of the polypus by the forefinger of the left hand. An assistant takes charge of the left tube, and the ligature being reflected and held between his finger and the canula, he keeps the instrument fixed in its position by pressing it steadily against the arch of the pubes. The right canula, with the ligature lying loose in the tube, is carried round the stem of the polypus, and brought again into position under the arch of the pubes at the *left* side of its fellow. The canulæ are now to be cautiously withdrawn, by depressing their handles towards the abdomen, and as their points are quitting the vagina, the ligature is to be caught between the finger and thumb, and held tense till the canulæ are completely clear of it; it is then by means of a hooked wire, to be drawn through the third tube at its bulb end, which it guides to the root of the polypus. Having ascertained that no part of the os uteri is included within the noose, and the bulb of the tube being turned to the polypus, the ligature is tightened and secured upon the cross at the foot of the instrument.

The advantages of this method of tying uterine polypi are—*first*, that it establishes a fixed point for the ligature, close to the os uteri, and which was scarcely attainable by any former method on account of the unsteadiness and mucosity of the surface of the polypus. *Second*, the length and curve of the canulæ, by which the ligature can readily be slipped round the root of the polypus by the second canula, from the fixed point established by the first. *Third*, the curves of the canulæ taking the course of the pelvic outlet, gives a freedom to the operation, of which, by the means hitherto employed, it has been comparatively deprived. And, *lastly*, there is also an advantage in the bend and bulb of the third tube; the former allows a direct action to the ligature, the latter prevents in great measure, all danger of the uterus or vagina being injured by any incautious movement of the patient.

I shall request the favour of Mr. Weiss to manufacture these instruments, in order that they may be put upon their trial; and I shall feel obliged by a report of their action from any of my professional brethren who may think fit to try them.

Mr. Weiss manufactured the "arch-tourniquet," published by me in the *Provincial Journal* for November 25, 1843, page 151, and I am happy to learn that it has been found to answer its purpose well.

Southampton, Nov. 21, 1846.

TABLE OF CASES OF CHOREA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,—In answer to one of the questions proposed by "A Member," in the last week's Journal, I beg to send the following table, which was drawn up about a year ago. I trust some further information on this interesting subject may be elicited.

I am, Sir, your obedient servant,

FERGUSON BRANSON, M.D.,

Physician to the Sheffield General Infirmary.

Sheffield, Nov. 19, 1846.

TABLE OF CASES OF CHOREA.

No.	Male.	Female.	Age.	Duration of Chorea.	Disease of the Heart.	Treatment.	Result.
1	—	1	4½	6 weeks.	None.	Purgatives and carbonate of iron.	Cured.
2	—	1	11	8 weeks.	None.	Purgatives and carbonate of iron.	Cured.
3	—	1	9	11 weeks.	Mitral regurgitation.	Purgatives and carbonate of iron.	Bruit persistent.
4	—	1	7	7 weeks.	None.	Purgatives and carbonate of iron.	Cured.
5	—	1	7	11 days.	Mitral regurgitation.	Leeches, hydrargyrum cum creta, and Dover's powder.	Cured.
6	—	1	4	Unknown.	None.	Purgatives.	Unknown.
7	—	1	14	8 weeks.	Mitral regurgitation, and pericarditis.	Purgatives, carbonate of iron, sulphate of zinc, leeches, blisters, calomel and opium.	Bruit persistent.
8	—	1	11	6 weeks.	Mitral regurgitation, originating in a previous attack of chorea.	Carbonate of iron.	Bruit persistent.
9	—	1	17	6 months.	None.	Purgatives and arsenic.	Cured.
*10	—	1	8	6 weeks.	Mitral regurgitation.	Leeches & calom., afterwards carb. of iron.	Cured.
11	—	1	8	4 weeks.	None.	Purgatives and carbonate of iron.	Cured.
12	1	—	12	7 weeks.	None.	Purgatives, carbonate of iron, and blisters to the spine.	Cured.
13	—	1	12	12 weeks.	None.	Sulphate of zinc, on Dr. Babington's plan; afterwards arsenic.	Cured.
14	1	—	13	6 days.	Pericarditis.	Blisters, calomel, and opium, &c.	Death.
15	—	1	14	4 weeks.	None.	Purgatives and carbonate of iron.	Cured.
16	—	1	6	4 weeks.	Mitral regurgitation.	Purgatives, leeches, and mercury; afterwards carbonate of iron.	Bruit persistent.
17	—	1	10	Unknown.	None.	Purgatives and carbonate of iron	Unknown.
18	—	1	9	4 weeks.	None.	Purgatives and carbonate of iron.	Cured.
19	—	1	8	8 weeks.	Mitral regurgitation.	Purgatives, blisters to cardiac region; afterwards carb. of iron.	Bruit persistent.
20	1	—	44	1 year.	None.	Carbonate of iron.	Unknown.
21	—	1	8	Chorea three years previously. Unknown.	Hypertrophy of the left ventricle. Mitral regurgitation.	Digitalis, hydrosulphuret of ammonia, &c.	Death.
22	—	1	22	Chorea at 7 years of age, followed by rheumatism.	Hypertrophy and mitral regurgitation.	Digitalis.	Bruit persistent.
22	3	19					

* October 20, 1845.—The chorea returned a week ago and there exists at present a distinct mitral murmur.