ing Mr. Smith's work, from which I should doubtless have gained some cases.

The record of cases of recovery from serious injuries is useful to remind us of the extent to which our efforts at conservative surgery may, and indeed ought to be, carried out; and of the resources which nature has at hand for our assistance. Provided the vessels and nerves are safe, the constitution sound, and the patient not too far advanced in life, I believe there is scarcely any case of injury in which we may not attempt to save the limb with every hope of success. This opinion, formed some years since, has been gradually confirmed by experience; for, in fifteen years' practice in the South Staffordshire collieries (of which I believe I have had my fair share), I have only had occasion to remove the extremities four times in consequence of accident. Time, patience, and a *judicious management of the patient's health*, indeed "work wonders"; and I would here add my testimony to that of Mr. Jones, of Jersey, as to the necessity of a generous diet after severe injuries and operations.

The operation for resection of the joints is now too well established to need any support from cases such as this; and, at the present day, I suppose it is hardly necessary to refer to the propriety of closing wounds over articulating cartilages—a practice I have always followed in amputations of the fingers and toes, and from which I have never witnessed any ill effect.

You will not fail to observe the state of the false joint, in which you will see there is considerable motion.

Mr. Syme is of opinion that arrest of development takes place after resection of the knee-joint. Mr. Jones and others, however, have not found this misfortune to occur in their cases. It is certain that the right foot of Cotton is much less than the left; and though the removal of the astragalus, and the consequent approximation of the scaphoid to the calcis, would account for the shortening of the foot: it cannot account for the smallness of the foot generally, and of each toe in particular. It may be a matter of opinion whether the arrest of development, which has certainly taken place, has resulted from the accident, or from a want of sufficient exercise of the parts for their normal nutrition. The deficiency of the development of the calf of the leg doubtless arises from want of use, resulting from the constrained motions of the ankle-joint.

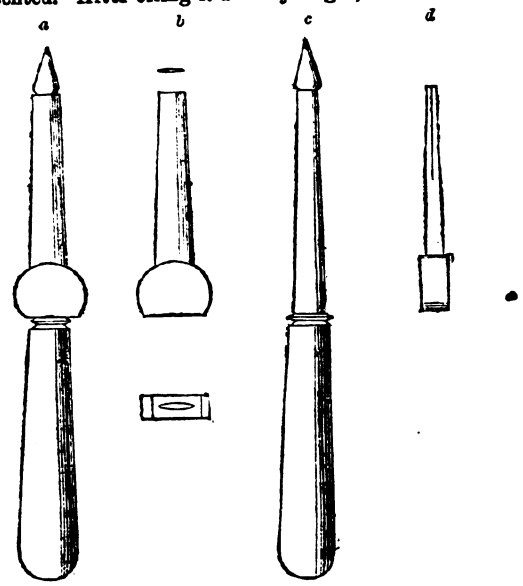
From the facts now detailed, I think we may safely infer that, in cases of compound dislocation of the astragalus, we may, as a rule, safely attempt the preservation of the limb, either with or without removal of that bone; and have a fair prospect of success to our efforts.

Dudley, May 1855.

IMPERVIOUS RECTUM: SUCCESSFUL OPERATION.

By HENRY JACOBS, Esq,

When in practice in the Dover Road, London, I was called to attend a Mrs. B. in her third confinement: the labour passed off well, with the delivery of a male child. The next day I visited the mother; and found her and the infant apparently doing well; but the nurse told me "that the latter had not passed a motion". I immediately examined the infant more particularly than I had previously done, and found the external opening quite free. I passed the little finger, previously oiled, up, as I thought, the rectum: finding no resistance for at least an inch, I concluded that there was no abnormal state of the parts. I ordered a teaspoonful of castor oil. No motion followed the use of this purgative. On the third day, I made another examination, passing the forefinger half an inch higher up, when I arrived at the lower end of the rectum, much distended with meconium. This was not easily accomplished, from the smallness of the parts. The infant had taken the breast freely. The urine was natural; the bowels were very tumid. Having fully convinced myself as to the cause of the retention, viz., an imperforate rectum, I went to Mr. Hills, late cupper, etc., at Guy's, who had an instrument by him, made some years since for a similar case; he kindly lent it me; and I hastened to relieve my patient, which I succeeded in doing. The blade of the instrument somewhat resembles a common lancet, protected by a sheath, etc., as represented. After oiling it and my finger, the latter being



a. Instrument sheathed. *b*. Side view of Sheath. *c*. Side view of Instrument. *d*. Edge view of Sheath.

my guide, the sheath was passed up to the bowel; the lancet forced from it into the intestine horizontally. On cautiously withdrawing the instrument, immediately some meconium, mixed with blood, passed, which was exceedingly offensive. After this, rectum bougies were passed, commencing with a small one, gradually increasing the size until as large as the fore finger. On withdrawing each, some meconium followed. I then gave, with a pipe and bladder, an enema of warm water; a teaspoonful of castor oil by the mouth; and had the infant placed in a warm bath. A wax oiled tent was placed in the orifice the first two days. The fæces were expelled only after the withdrawal of the tent and the introduction of the bougies. On the sixth day, the infant for the first time passed a motion without assistance. Another teaspoonful of oil was given, and repeated. Ever since, a free and natural evacuation has taken place more than once daily. The case proved successful. I saw the infant six months after the operation, when the bowels continued to act.

Asylum, Colney Hatch, May 1855.

DIFFICULT LABOUR: PERITONITIS: DEATH.

By HENRY G. TREND, Esq.

On the 18th of February last, about 10 P.M., just as I was retiring for the night, I was sent for to attend a woman at Dowsdale, about five miles from here. It being a bitter cold and snowy night, and not having been previously spoken to, I was going to decline attending, when the man who came said, "Please, sir, the woman who is with her says you are to bring your instruments." On hearing this, I at once rode off. Arrived at the house, I found that the patient had been in "strong labour" since ten o'clock in the morning, and that an old woman, who pretends to great knowledge in these matters, had been with her during the whole of that time. She told me she had "got the feet", but could not "bring it any further". I at once made an examination, and found, not the feet, but both *arms* protruded through the vagina, with the back of the neck pre-

sunting, the head being doubled in upon the belly. The child was of course dead, and, drained of its liquor amnii, the uterus was firmly contracted upon it. The woman was extremely low; the pulse was feeble and tremulous; and the uterine pains were almost entirely suspended. Both the surrounding parts of the mother and the protruding arms of the child were livid, and bore the most unmistakeable signs of violence. Under all the circumstances of the case, I at once concluded that it would be highly improper to wait for "spontaneous evolution", and that evisceration and speedy delivery presented the only chance. From what I could gather from the midwife and the nurse, it seems that symptoms of labour first came on about 6 A.M., in the usual way; that, at 2 P.M., the membranes were ruptured; and that, at frequent intervals up to my arrival, this ignorant fool had been endeavouring with great force to extract the child.

Having made way with the usual perforator into the back part of the chest, and taken out the viscera, I managed, after some little time, to pull the child through with Dr. Oldham's vertebral hook: it required, however, some little force and care. The placenta came away readily; and I left her about an hour afterwards, doing better than I expected.

On visiting her the following morning, she was in a very weak condition. There was considerable pain in the abdomen, with slight tenderness on pressure. The discharge was plentiful, and quite natural. She passed her urine freely, and the bowels were comfortably relieved. There was no tenderness of the breasts. The pulse was 80; the skin tolerably cool; and she did not complain of being thirsty. I ordered a hot bran poultice.

℞ Tincturæ opii ℥v.
Sumat quartis horis.

Feb. 10th. She had passed a tolerably good night; but the pain and tenderness were not at all relieved. She complained of no headache; had voided her urine freely; and several large clots had come away with the discharge. Pulse 72, weak and feeble. The bowels had not been moved. She said she had felt several "shoots" through both breasts; but there did not seem much, if any milk. She was directed to repeat the bran poultice, and change it when cold. I ordered—

℞ Hydrargyri chloridi gr. ij.
Pulveris opii gr. 1-6.
Fiat pulvis quartis horis sumendus.

Feb. 11th. She had made no progress. Although there seemed no symptom of active inflammation, yet the pain and tenderness in the abdomen were evidently rather increased: the body, however, did not seem much distended. The breasts were rather fuller than yesterday. She had passed her water three or four times during the last twenty-four hours, but it was not so plentiful, and was rather turbid. The bowels had been moved once. Pulse 76, feeble. She was ordered to continue the pills, and have a turpentine embrocation rubbed over the abdomen.

Feb. 12th. The pain and tenderness were much increased, especially on pressure. The bowels had not been moved since yesterday. The urine was rather scanty, high-coloured, and thick. Pulse 74, very weak, small, and tremulous. The abdomen was much larger than yesterday. There was a marked change in the countenance. She seemed to suffer a good deal, though she did not complain. There had been no sickness, but slight hiccup. She was ordered to continue the calomel and opium, and to have a large blister over the abdomen.

Feb. 13th. The blister rose very nicely, but she did not seem to have received the least benefit. She was, in fact, evidently sinking, and was very weak, with a low and tremulous pulse, though her mind seemed remarkably clear and composed. When the pain came on most severely, she called out that the old woman had "killed her". The abdomen was very much distended, tympanitic, and painful. She had been sick several times, and had brought off quarts of coffee-ground vomit. The poor thing swallowed her medicine greedily, and was very thirsty. She looked almost worn out, having passed a wretched night. There had been no movement of the bowels, and the urine was scanty and high-coloured.

Feb. 14th. She died yesterday about 7 P.M.

REMARKS. The preceding case is one of considerable interest. I was at one time doubtful about its exact nature; whether to consider it a low form of inflammation, or rupture of the uterus. I now, however, fully believe it to have been peritonitis, though the pulse presented no indication of the kind. It was never above 76, and always weak and tremulous. Before I left on the night of the poor woman's delivery, the uterus too had contracted nicely, and there was at no time any actual syncope, though faintness was more or less present from the time I saw her up to her death. The only question that has occurred to me is whether bleeding ought to have been had recourse to. I think the case would not have borne it. I should have been loath to have applied even leeches in her weak and faint condition. The case never assumed the aspect of active inflammatory action, so that I think I should not have been justified in trying them.

The case, of course, caused a great sensation in the hamlet, and the old woman who had been in attendance was for some time unable to show herself without being abused.

A coroner's inquest was held, which ended in the midwife being severely reprimanded, and advised to discontinue her attendance upon such cases, it having come out in evidence that this was not the first mistake of the kind she had made.

Croyland, May 1855.

BIBLIOGRAPHICAL NOTICES.

PRACTICAL OBSERVATIONS ON THE TREATMENT OF STRICTURE OF THE URETHRA, AND FISTULA IN PERINEO. By JOHN LIZARS. 3rd Edition. Edinburgh: 1855.

MR. LIZARS' work must be looked upon rather as an exposition of the author's and other surgeons' opinions on the treatment of stricture by external incision, than as containing anything new on the treatment of stricture of the urethra. The work has so much of a personal character, that its statements must be received *cum grano salis*. Had simple dilatation, which the author advocates as the only safe and rational mode of treatment, been found enough for the effectual cure of stricture, so many other remedies, such as caustics, external and internal incision, etc., would not have been proposed. Whilst, on the other hand, we condemn the indiscriminate adoption of the perineal section in cases of obstinate stricture, there are certain cases where its performance has been followed by success; we know of such cases; we have performed such operations. On the other hand, we are bound to say, that till dilatation, methodically and properly used, has been tried and failed, no operative measures should be resorted to.

There are reasons why, in many cases, dilatation cannot be persevered in; some patients cannot bear the presence of the catheter for anything like the period of time likely to be of service in the permanent cure of stricture, on account of the constitutional disturbance its presence in the urethra occasions. In some cases dilatation answers very well; in others, it as signally fails.

Mr. Lizars gives us all the bright side of the question; but, like Mr. Syme, he very artistically draws a curtain over the reverse. It seems almost absurd to repeat that no one plan of treatment is applicable to all forms of any one disease. If so, surgery would become, which it is not, a very easy and simple matter. We wish authors would drop exclusive doctrines, and remember Chaussier's aphorism, that in surgery, as in medicine, there is no specific.

PATHOLOGY AND TREATMENT OF LEUCORRHŒA. By W. TYLER SMITH, M.D. 8vo. pp. 217. London: 1855.

DR. SMITH has, in the work before us, enlarged his writings