after the usual horse-shoe section of the vaginal mucous membrane, had recourse to the still more formidable proceeding of removing a flap of mucous membrane from the thick central portion of the protruded bladder itself, on its vaginal aspect—a new adaptation of plastic surgery, of a delicate if not dangerous character.

We have seen this operation of Mr. Baker Brown's now so often, that it is only a matter of duty to say that his success with his cases has been most remarkable, almost unexpected. One sees poor women every month, from all parts of the country, many pronounced incurable, whose lives have been a burden to themselves and all about them, either with cystocele or rectocele, prolapse of the uterus of the very worst kind, or some other grave malady, yet who return home to the country quite cured, the strong muscular arch of the perinæum quite renewed, and all the pelvic organs restored to their normal position.

The object of the operation on the 16th was contraction of the calibre of the vagina generally. By the first step, now so well known, the contraction of the vagina *laterally* is secured, while the posterior horse-shoe incision completed the operation *posteriorly*. We noticed two deep sutures, which are usually removed on the third day, the interrupted sutures on the fifth day; a bent catheter being secured in the bladder, attached to an India-rubber bag. Much care is observed to keep the woman under the effects of opium, so that the parts shall not be disturbed by the bowels acting.

If we dwell only on the salient features of this operation, it is to direct the attention of our provincial brethren more to these cases; or, if the appliances are not allowed by Poor-Law guardians, then to send the cases to Mr. I. Baker Brown.

DROPSY FROM DISEASED LIVER: "HOB NAIL LIVER" A RESULT OF SUBACUTE INFLAMMATORY DEPOSITS IN GLISSON'S CAPSULE: VALUE OF MERCURY.

Some cases of dropsy from cirrhosis of liver, under the care of Dr. BURROWS, of St. Bartholomew's Hospital, have led that practical physician recently to make some judicious observations to his class on this subject, which we may abridge. Such patients present themselves usually with a swollen prominent abdomen; fluctuation is perceptible; there is little or no oedema of the legs (we notice this more where there is heart-disease); the face, indeed, may even be pinched and emaciated; the complexion is sallow; the conjunctiva somewhat jaundiced; and some obscure pain is felt over the region of the liver. On further examination, the urine is found to be scanty and high coloured; there is feverishness; and the urine is also of high specific gravity. All these facts are well worked into the student's mind in the industrious *clinique* of Dr. Jeaffreson and Dr. Burrows.

The treatment adopted by Dr. Burrows consists chiefly of cupping over the liver; one or two active purgatives during the week, which he considers preferable to keeping up an irritating action on the liver; while, in more serious cases, *very small* doses of blue pill and powdered squills are exhibited, avoiding violent salivation, joined to external inunction, very much in favour with all the surgeons and physicians at Bartholomew's, in place of irritating mercurials like calomel—an old legend of this school, descended from the teachings of Mr. Abernethy.

Dr. Burrows occasionally reminds his class that there is no remedy so efficient in exciting absorption, more especially absorption of the products of inflammation within the abdomen, as mild mercurial inunction: even in cases of obstinate constipation, sometimes thought to depend on paralysis of the bowel, mercury, given so as to produce absorption of effused matters in the tissue of the bowel, will often restore it (as in iritis, for instance, in another part), to its normal character. Diuretics, such as the potash salts, spiritus juniperi, and spiritus ætheris nitrosus, are also very valuable; but, when all these means fail, the iodide of potassium will often work wonders. If the case still progresses, Dr. Burrows is an advocate for *early* tapping. If this opera-

tion be deferred till the peritoneal sac becomes partly disorganised, and impassive to the influence of remedies, very little impression will subsequently be made on the disease.

It need scarcely be remarked, that the remote cause of this condition, the "hob-nail liver", so familiar, unfortunately, in the dead house of our London hospitals, is the habit of gin-drinking amongst our working classes and poorer population. Science tells us that the crasis of the blood is changed; and the zealous Rokitsansky, who seems to know every disease, will have it that cirrhosis results from a fibrinous crasis of the circulating current. The liver, we know, is much smaller and paler than natural; and the portal vessels contracted, leading to an effusion of serum in the capillaries into the peritoneum. K.

Original Communications.

INJURY OF SHOULDER-JOINT, FOLLOWED BY ARTERITIS IN THE LOWER LIMBS, GANGRENE, AND DEATH.

By OWEN ROBERTS, M.D., St. Asaph.

[Read before the North Wales Branch, July 8th, 1886.]

B. W., aged 19, a groom, a weakly youth, born of unhealthy parents, on the 12th May, 1856, fell on his side in running. On the 14th, he came to my surgery, complaining of pain in his left shoulder-joint. As he was able to move it in all directions, I did not see it, but ordered fomentations night and morning, and a soap liniment, with liquor ammoniæ and olive oil. These applications afforded him so much relief, that he was able to do his work in the stable, and ride about on horseback. On the 17th, I was sent for to see him. I found his left shoulder-joint much inflamed, swollen, and very painful. Pulse 110, and full.

May 16th. At five o'clock in the morning, he was suddenly seized with a shivering fit, followed by high fever, which confined him to bed. He had taken some aperients, which had acted well on the bowels. I prescribed tartar emetic, nitrate of potash, and sulphate of magnesia; and fomentations of the shoulder.

May 18th. I received a message to say he was better in every respect.

May 19th. I visited him, and found the swelling of the shoulder much less; pulse down to 80. All the symptoms were very decidedly improved; but the left elbow and forearm were much swollen and red, evidently erysipelatous. Several blisters were apparent on the inner side of the elbow. This day he complained of a burning sensation in the toes of his left foot. On examination, there was nothing abnormal in their appearance. I prescribed fifteen minims of the tincture of sesquichloride of iron (instead of the antimonial) every four hours.

May 20th. I received a message to say that he was better; but that he complained of the burning in the toes of *right* foot, and that the toes were black.

May 21st. I saw him in the evening, and found him much more feverish again. Pulse 120. He had been a little delirious in the morning. The great toe and two adjoining toes of the left foot were rather dark coloured, but sensitive to touch; the day before, the nurse said, they had no feeling in them. The great toe of the right foot was very dark coloured, quite devoid of feeling, and cold; the back of the right foot, and the leg a little above the ankle, were covered with dark blebs. There was pain on pressure along the femoral arteries. The decubitus was easy with the head low. He had been complaining of pain in the region of the heart in the morning; but on careful examination, by percussion and auscultation, I could find nothing abnormal. I prescribed to-day the antimonial mixture instead of the tincture of muriate of iron, and a Dover's powder with calomel at night. The swelling of the elbow much less;

and the blisters were nearly gone. He got gradually worse; the pain of the side returned; and he died about eight the next morning.

Post-mortem Examination, sixty-six hours after death. My colleague, Mr. Lodge, and myself, found some remains of the swelling of the shoulder and elbow, as well as of the forearm. The great toe of the left foot was of a darkish colour; the great toe of the right foot was darker; the back of the right foot, as well as the lower part of the leg, were covered with dark coloured vesicles. There was no swelling of either feet or legs. We cut down on the left posterior tibial artery, and found it redder than natural; a part of it was removed. We did the same with the femoral of the same side, but found it in a healthy state. The reverse was the case on the right side; the posterior tibial was healthy; the femoral had a distinct red band along the three inches which we removed. The right femoral vein was full of blood; the left empty. The artery on the inside of the great toe was dissected as far as its extreme end, forming the anastomosis with the other side; it was plugged for two inches, and the surrounding tissues were infiltrated with sanious matter. The pericardium contained three ounces of sero-sanguinolent fluid; the pericardium itself was much injected. The lining of the left ventricle and commencement of the aorta were very red also. The lungs and pleura were quite healthy. There were small polypi in the cavities of the heart.

Reviews and Notices.

THE SURGEON'S VADE MECUM. A Manual of Modern Surgery. By ROBERT DRUITT, Licentiate of the Royal College of Physicians. Seventh Edition. London: Henry Renshaw and John Churchill. 1856.

DRUITT'S *Vade Mecum* has obtained such a wide celebrity—is so identified with the student days of every young practitioner, that we need not here dwell upon the general merits of so well known a work. The edition just issued, however, contains so many improvements upon the last, that it demands a special notice. The text has not been indeed increased by more than fifty pages; this addition, however, represents but a small portion of the increase and change which has taken place in the work itself, inasmuch as, by careful weeding, an immense amount of new matter has been added to the volume, and upwards of a hundred new engravings have been introduced, representing specimens of diseases and accidents selected from hospital museums, and of operations, together with sketches of the operating tools of the leading surgeons of the day. Every one knows how difficult it is convey to the student by mere words the manner in which the surgeon does his sharp but necessary work; these engravings, however, bring him beside the operating table, and show him everything that is required to be taught, short of the actual manipulation. If the new edition had contained these engravings only, it would have immensely added to the already established value of the work. It has other claims upon the attention of the profession. Dr. Druitt has engrafted into it the surgical experience gained by the Sebastopol campaign, and every new operation that has obtained the approval of the profession will be found here recorded. The subjects of hysteria, hypochondriasis, elephantiasis, hernia, etc., have been enlarged upon. The descriptions of amputations, excisions of joints, and operations on the arteries, are almost entirely new, and these important branches of surgery, which have been so improved of late, are now fully treated of in these pages, which bring our knowledge up to the latest moment. The manner in which all this excellent matter is put before the eye is unexceptionable; the woodcuts are by Bagge, and the paper and type are faultless; in short, we cannot help feeling that this publication is a model of its class, and must maintain its position as one of the leading text-books in the schools.

Association Medical Journal.

SATURDAY, JULY 26TH, 1856.

THE TRIAL OF WILLIAM DOVE.

Dove's trial has concluded, in accordance with the universal belief, in a verdict of Guilty; and the convict now lies under sentence of death, which will not improbably be—in consequence of his recommendation to mercy—commuted into detention in a lunatic asylum during the Queen's pleasure. Coming so soon after the Rugeley case, it has been illumined, if we may use that term, with some of the terrible celebrity of that trial. Although the two cases, however, present some points of similarity, they widely differ in others. There is no dispute whatever that Mrs. Dove was poisoned by strychnine, thanks to the care taken by Messrs. Nunneley and Morley in making the analysis; there can be as little room for doubt that Dove administered it wilfully, for no man in his senses can believe for one moment in the theory of its having been given accidentally, seeing that the accident must have taken place at least five times, and then only to the husband himself. So far, then, every one must be agreed as to the justice of the verdict; it appears to us, however, that the plea of insanity set up for his defence will be as warmly disputed as the chemical evidence in favour of strychnine was in Palmer's case. We are not at all surprised that the jury should recommend him to mercy upon the plea of "defective intellect." In the first place, many of them, affected by the feeling of the day, may have "scruples" upon the point of capital punishments; and, in the second, the fashionable doctrine of crime itself being an evidence of unsoundness of mind in the person committing it, may have affected them also. We very much question, however, whether the good sense of the country will endorse their recommendation, which is intended to save his justly forfeited life. We have read patiently—and only just patiently—the evidence of schoolmasters, servants, etc., as to the tastes, habits, and peculiarities of William Dove as a boy; and we must say that, if this evidence is sufficient to prove him of unsound mind, there is not a person of sound mind in the kingdom. We are told by Mary Wood, his nurse, for instance, that when taken to bed at night he would sit with his back to the door, and scream and grin at her—not a very unusual thing for the sanest children to do. Again, we are informed that he "loved mischief for mischief's sake", a thing that most young healthy lads do likewise. We are further asked to believe in his unsoundness of mind because he was known to have behaved cruelly to animals in his schoolboy days. Now, if there is one thing more than another common to all children, it is the indifference to suffering on the part of the lower animals which they evince. We fear that few