right humerus, immediately above the external condyle, upon the left clavicle and tibia; at the present date these nodes have ceased to cause much pain, unless squeezed; the nocturnal exacerbations have almost subsided. He is taking six-grain doses of the iodide of potassium, with half a drachm of the compound tincture of camphor, in infusion of quassia, three times a day; and has been rubbing over the nodes an ointment composed of ten grains of veratrine, one ounce of simple cerate, and one ounce of strong mercurial ointment.

Nineteen years ago, this patient had a sore on the penis, which was partially treated by caustic; that is to say, it was once only seen by a medical man, who, on that occasion, applied some escharotic. I can make out nothing further concerning the history of this sore, and cannot learn that any eruption, or that ulceration about the mouth or throat followed it.

We have here, then, the extremes of the history of this case; we will examine the intervening space of time; the patient's health for ten years after the date of the sore was excellent; but at the end of that period he began to complain of pains in the left leg, below the knee; he was treated during two years ineffectually, until he applied at a hospital, where he had a plaster placed over the painful part, and had, he says, sarsaparilla (no doubt iodide of potash) given him; this brings us up to about the year 1848. From this date, until the middle of 1853, appears to have been a period of freedom from any manifestation of the disorder. In 1853 I first saw the patient; my opinion was asked concerning him by a friend of mine, under whose care he then was, being again treated for rheumatism; he complained of pain and weakness in the right arm and shoulder, and looked a good deal "pulled". I found the pain to be principally referable to the course and distribution of the musculo-spiral nerve. It was so distinctly confined to this nervous track that I eschewed the notion of its being rheumatic, in the correct acceptation of the word, and, therefore, sought for some explanation of this circumstance, by carefully manipulating the limb, by percussing the spine in the region belonging to the brachial plexus, by stethoscopic search of an aneurismal tumour, and by cross-examining for any mechanical injury to the nerve trunk. The only result of a very close scrutiny was the discovery of the fact that the point of greatest tenderness was situated at that part of the course of the nerve in which it could be brought most directly under pressure, namely, in front of the *external condyloid ridge*, or where it lies between the brachialis anticus and the muscles arising from the ridge itself. I suspected then that the pain which had proved so obstinate might be caused by implication of the root of the nerve at its exit from the vertebral column, in a periostitic tumefaction of a syphilitic nature; but one could get no account of a chancre. I, however, advised iodide of potash and quinine. I have reason to believe that these medicines were either not taken at all, or not taken with proper attention; and no good followed.

Seeing the patient some months afterwards, in no better condition in respect of the pain in the arm, and considerably more depressed in health, I again inquired in the direction of syphilitic poison, when he at once told me of the sore the history of which I have given. I no longer hesitated concerning the case. I ordered five-grain doses of the iodide of potash to be taken three times a day; the dose to be doubled or trebled in strength if the pain did not give way. Under the influence of the doubled dose, the pain disappeared; though the patient, however, retained the "washed-out" look.

In July last I admitted him a patient at this dispensary, with a return of the periostitic symptoms. I ordered, with the same advantageous result, the medicine named in the first few lines of this report. There was then undeniable enlargement of the bone at the *external condyloid ridge*; and the key was thus given to the mystery at the time of my first seeing him in 1853. Doubtless there was then a small node, which irritated the trunk of the nerve before

mentioned, and which gave rise to its generally neuralgic condition.

It is very satisfactory to know that we possess a remedy which will almost without fail remove the nocturnal pain of tertiary periostitis. So far we have reason to congratulate ourselves; but we must not forget, however, that it will not prevent the recurrence of the disease. In employing this drug, we need not be discouraged by its failing to act at once, and in the dose first given. In this country, from three to five grains is the quantity most usually prescribed. Before giving up its use, the dose should be increased to fifteen or twenty grains.

I propose to add other cases before making further remarks on the disease in question.

ORIGINAL COMMUNICATIONS.

PRACTICAL REMARKS ON THE CHARACTER AND TREATMENT OF SERPIGINOUS SYPHILOID AND SYPHILITIC ULCERATION.

By W. S. OKE, M.D., Senior Physician of the Royal South Hants Infirmary.

[Read before the Southampton Medical Society.]

SOME years ago (April 24th, 1844), I published in the *Provincial Medical and Surgical Journal* a paper on the therapeutic power of the iodide of potassium in the cure of some of the secondary syphilides, especially of nodosities and phagedenic ulceration; since which time I have had ample opportunities of confirming its efficacy in the cure of those morbid developments, and also of observing its effects in other forms of syphiloid disease, as well as in secondary syphilitic ulceration.

It might reasonably be inferred that a medicine, which is found to be curative of some of the forms of secondary syphilides, could be depended upon for the cure of all. Such, however, is not the fact; for, strange to say, whilst the therapeutic power of the iodide of potassium is almost miraculous in the cases above mentioned, it will often eventually fail in the serpiginous ulcer, and prove wholly ineffectual in rupia and other eruptive syphilides. It becomes, therefore, interesting to inquire how it happens that the various forms of syphiloid disease, which appear to be the effects of the same morbid cause, do not yield to the same remedy.

That all these morbid developments are primarily derived from a syphilitic root, must, I think, be admitted, from the fact that persons who live correctly are never affected with any of these symptoms. They may have cancerous, lupous, and strumous disease, etc.; but are never affected with syphiloid disease. Hence it may be fairly concluded, that in the last case syphilis had been previously contracted either by the patient or his parents; and the reason why the varied phases of syphiloid disease do not yield to the same remedy is, not because they have not a syphilitic origin more or less remote, but because their morbid actions are of a composite character, different from each other, and therefore requiring a different remedy.

It goes but a very little way to dispose of the question by saying that the difficulty of cure in such cases is caused by complication with struma. Sometimes this is undoubtedly the fact, especially if there be any obvious strumous marks or associations, or proof of hereditary scrofula. This would constitute one set of cases; but there are other cases which cannot be placed under this head, and which must be referred to peculiarities and conditions of the constitution, causing endless varieties of morbid action, which never have been nor can be accurately explained, and which will yield only to those remedies that are more the result of observation than of scientific induction: indeed, the morbid actions of the human body are so varied and mysterious that they cannot be reduced to principles which

might be governed by a given treatment; and hence it is that the best observer will ever be the most successful physician.

In the next place, it is important to inquire whether those syphilitic phases which will not yield to the iodide of potassium, are curable by any other medicines. It may be answered, that such syphilitic varieties are often, though not always, curable by other remedies; but it must be confessed that the therapeutic force of such remedies is less prompt than that of the iodide of potassium in their respective objects of cure.

CASE I. Mrs. —, the wife of a tradesman at Lymington, aged 43, of a rotund form and fair complexion, had been the subject of serpiginous syphilitic ulcers from time to time for six years, in various parts of the body, especially of the lower extremities. When she consulted me, in the beginning of August, 1850, there were two small sores on the left tibia, and a large serpiginous ulcer below the left knee, extending from the ligamentum patellæ to beyond the outer hamstring, and about an inch and a half in breadth. Its inner margin was bounded by a smooth glossy cicatrix, where the cicatrising process was still going on; but its outer margin was in a state of ulceration, causing great pain and lameness. The granulations were of a dark reddish colour, weak, indistinct, and covered with a thin ichor. Along the edge of the cicatrix there were patches of a dark brown colour, having elevated nodules that had skinned over. Her general health was debilitated; she complained of rigors, pain of the chest, occasional numbness of the feet, and coldness of the breath and lips. She had not been under medical advice for some time, and had treated the sores with the simplest means. I first ordered five grains of the iodide of potassium, in solution, three times a day; and five grains of the blue pill every night. This treatment in a short time healed the small sores on the tibia, and to a considerable extent the large one, so that she could manage to walk without help; but, after some weeks, the iodide of potassium ceased to benefit her, and the sore resumed its ulcerative character. The fluid extract of sarsaparilla was now combined with the iodide, and a further trial given to it; but as no beneficial result was produced, it was laid aside, and exchanged for half a drachm of the magnetic oxide of iron three times a day; dressing the sore with the tincture of myrrh, diluted with water. Under this change, the sore was again improved, and cicatrization steadily advanced; but eventually the iron also failed to maintain the cicatrization of the ulcer, and it again gave way. After this, I was induced to repeat the iodide of potassium, without the sarsaparilla and blue pill. No improvement whatever followed; the sore increased; and she became discouraged. The last remedy prescribed was the dilute nitric acid, steadily increasing the dose to one drachm three times a day. Under the influence of this medicine, the sore improved rapidly, and in a few weeks healed, with a firm cicatrix, which has never since given way.

This case satisfactorily shows that the nitric acid was therapeutic of the serpiginous syphilide, after the iodide of potassium, the sarsaparilla, and the magnetic oxide of iron, had failed.

CASE II. George Christopher, aged 36, a labourer, and unmarried, states that he is not aware of having contracted syphilis or gonorrhœa, although he had been twice admitted into the Royal South Hants Infirmary with secondary ulceration and periosteal pain, which in each case yielded to the iodide of potassium. On July 4th, 1853, he was readmitted an out-patient, for a serpiginous ulcer on the right shoulder, of about two inches in diameter. The centre was cicatrised with a glossy surface, and its circumference presented the serpiginous ulcerative character. He was ordered twenty-five minims of the dilute nitric acid three times a day, and four grains of the blue pill every other night. On the 18th, the sore was cicatrised throughout; and on the 23rd of August—the same dose of the acid being continued—the cicatrix had lost its glossy surface,

and he was discharged cured. I saw this man a considerable time afterwards, and there was no relapse.

The cure of this case also may be fairly attributed to the therapeutic power of the nitric acid, which, from my own experience, will generally be found successful in the cure of this kind of secondary syphilide. I confess, however, that there are some obstinate cases of the serpiginous ulcer that will not entirely yield to this acid, although they may be benefited by it. The following is an instance.

CASE III. I was requested by Mr. Dayman, of Millbrook, to see a patient who had been suffering from extensive serpiginous sores for many years. This gentleman was 30 years old, married, and had indulged in intemperate and profligate habits. The disease had in the commencement been treated with mercury, which his constitution could not bear; and then with long courses of the iodide of potassium, in large doses; with sarsaparilla, iron, and a variety of other remedies, both internally and externally, with a full diet; but without permanent benefit. When we saw him in consultation, there were numerous cicatrices and extensive serpiginous sores in various parts of the body; but the latter were principally on the lower extremities. The sores presented the usual character of healing in one margin and ulcerating in another. The cicatrised surfaces were smooth and glossy. Their edges were jagged and flabby, and here and there honeycombed with small ulcers. The granulations were unequal, spongy, and covered with a thin unhealthy ichor. He had lost his strength, and was cachectic and emaciated. In short, he presented a sad picture of the ravages of syphilitic disease. As his medical friend, who felt a deep interest in the case, had exhausted almost every available remedy in his behalf, I suggested the patient repetition of some of the above remedies, one after another. He therefore tried sometimes the sarsaparilla with the sesquioxide of iron, sometimes the iodide of potassium; then the magnetic black oxide of iron, the nitric acid, etc., etc. The sores were dressed as they had been before, with a solution of the chloride of zinc, and subsequently with the dilute tincture of myrrh, applied on lint, and covered with a thin layer of gutta percha. Each of these remedies was usually followed by a degree of benefit, completely cicatrising some of the sores, and partly healing others; but, notwithstanding this, the latter would again rapidly give way, and spread into foul and extensive ulcers. In this way the disease has tormented the patient at least eight years, sometimes confining him to his couch for months together. For upwards of three years he has resided at Ryde, where, excepting an occasional change of medicine, he has persisted in taking three drachms of the dilute nitric acid daily, which at one time so improved his general health and the condition of the ulcers that he was enabled to walk about the town without help; but I regret to say that this remedy, which at one time promised so much, has, like all the rest, failed as yet to cure the disease.

RUPIA.

Rupia is another development of syphilitic disease, which is sometimes curable by large doses of the nitric acid, after the iodide of potassium and many other remedies have failed.

CASE IV. David Ray, aged 28, unmarried, and steward of a steam-packet, had been for a considerable time affected with a secondary pustular eruption, which was very numerous on the forehead and face. For this he was admitted, under my care, into the Southampton Dispensary. He had been previously put under a course of mercury; and, at the time of his admission, his gums were severely ulcerated along their dental margin, by which he did not appear to be at all benefited. After he had been under treatment in the dispensary for several weeks, without any improvement, his throat became ulcerated, and so painful that he could scarcely swallow his food; and, at the same time, several rupial ulcers, of large size, appeared on his arms and thighs. Under these complicated symptoms, he was ordered five grains of the iodide of potassium three

times a day, and a gargle of the solution of the chloride of sodium. This treatment at once improved his general health, and rapidly healed the ulceration of the throat; but it had no effect whatever on the pustular disease, or upon the rupial ulcers. He was then ordered full doses of the nitric acid three times a day; and, under the efficacy of this medicine, in a few weeks both the rupiæ and the pustular eruption disappeared.

This case presents another remarkable feature in the pathology of syphiloid disease, viz., that not only do different syphiloid forms often require different modes of treatment, when they appear to exist alone and without complication, but that, when several different syphiloid developments present themselves at the same time in the same individual, even then they select their respective remedies: hence the iodide of potassium speedily healed the ulceration of the throat, but left untouched the rupiæ and pustules, which soon yielded to the nitric acid. It is most difficult to explain this; but such was the fact.

It sometimes happens that the iodide of potassium, the mineral acids, and a host of other medicines, are given to heal a secondary ulcer, without at all improving its condition, merely because its action is syphilitic, and beyond their reach. Now as, in such cases, much time may be lost, to the prejudice of the patient, it is a matter of great importance to be enabled to distinguish a secondary syphiloid from a syphilitic ulcer, that the system may be put under a course of mercury at once. The following may, I think, be regarded as the pathognomonic characters of the latter.

The secondary syphilitic ulcer generally assumes a circular form; its edges are more abrupt and better defined, spread more slowly, and are less disposed to slough, so that it seldom is so large in size as the syphiloid; its secretions are more purulent and less sanious. It is much more painful, and is accompanied by more disturbance of the system.

CASE V. J. P., aged 20 years, a prostitute, was admitted into the Royal South Hants Infirmary at the beginning of last year for a secondary ulcer, the size of half-a-crown, above the outer angle of the left leg, associated with others of a smaller size on the scalp, and on the left side of the face, and with a pustular eruption on different parts of the body. The ulcer above the ankle was circular in form, with a perpendicular defined edge, very painful, and accompanied with a frequent pulse and some febrile disturbance of the system. As she was evidently of a strumous habit, having several cicatrices under the lower jaw from former abscesses, it was not deemed advisable to treat her case with mercury; and she was first placed under a course of the iodide of potassium in large doses, then of nitric acid, and, lastly, of iron; but after a trial of these consecutively for six months, neither of them had any permanent effect in cicatrising the ulcer.

I then sent her to one of the London hospitals, where, after the ulcer had shewn the same obstinacy for some months, it was resolved to bring the system under a decided salivary influence of mercury. This was done, and with complete success. Since her discharge she has been in the Hants Female Penitentiary more than two years, and she remains quite well.

CASE VI. S. R., aged 30 years, married, and a healthy looking woman, was admitted into the Royal South Hants Infirmary in September 1853, with four small circular ulcers on the left leg, just below the calf, and two on the outer side of the right leg. She was first treated with five grains of the iodide of potassium three times a-day, and five grains of the pilula hydrargyri every night, which, after eleven weeks, succeeded in healing the four ulcers on the left leg, but failed to benefit those on the right. She was now discharged as an out-patient, and ordered large doses of the nitric acid, in the hope that this treatment and the open air might have a more decided curative effect. The ulcers, however, instead of improving, grew worse; and she was readmitted in April last. At this time the inferior ulcer had increased to the size of half-a-crown, was deep,

circular, with a firm defined edge, and so painful as to deprive her of sleep. Being now convinced that the action of the ulcer was syphilitic, I decided on bringing her as speedily as possible under a mercurial course. This was effected by inunction; the gums soon became ptyalised, and both the ulcers completely cicatrised in six weeks, when she was discharged.

CASE VII. Mrs. C., aged 34 years, and of healthy aspect, consulted me for an ulcer on the right side of the posterior part of the tongue, which had existed for several months. It was about the size and shape of an almond; remarkably painful; not deep, and its granulations were covered by healthy looking pus. The medical gentleman, who had previously attended her, endeavoured to heal the ulcer without mercury by a variety of judicious means, which he thought were most likely to succeed; and from its favourable appearance I was inclined to follow in the same track, relying especially on large doses of the iodide of potassium with mercurial alteratives, and treating the sore externally with the nitrate of silver, the sulphate of copper, and the dilute tincture of myrrh; but as no progress whatever, after several months, was effected in cicatrising the sore, I resolved on placing her under the salivary action of mercury. This was soon done by means of the strong mercurial ointment, and the ulcer healed without any further trouble.

The above cases are, in my judgment, sufficient to show that when the morbid action of a secondary ulcer appears to be kept up by the poison of syphilis, no remedy can be depended upon so certainly as mercury, which, indeed, is in accordance with the opinion of experienced men, best acquainted with the pathology and treatment of syphilitic disease. In recent cases of syphiloid ulceration it is sometimes difficult to form a correct diagnosis as to its character, and then we are driven to the empirical practice of experimenting with one thing after another, until we chance to hit upon the right. The following case will show this:—

CASE VIII. Henry Hart, a German plumber, was admitted into the Royal South Hants Infirmary on the 15th of November, 1854, for a small circular ulcer, the size of a pea, on the left side of the scrotum, and for an extensive superficial ulcer, of an irregular shape, upon the perinæum, the granulations of which were exuberant, weak, and covered with a sanious ichor. He stated that the disease had commenced three weeks before his admission, and that it had rapidly increased to its present size. The ulcers were exceedingly painful; the discharge intolerably offensive; his system disordered, and his strength greatly weakened from the absence of sleep.

November 15th. As he bears but an indifferent character, I attributed the sores to a syphilitic cause, and at once ordered five grains of the pilula hydrargyri three times a-day. The sores to be kept clean.

November 20. He is in nowise improved, and the stench from the ulcer insufferable. A solution of the chloride of lime to be applied locally. The blue pill to be given only every night, and four grains of the iodide of potassium three times a-day.

November 23rd. Much the same; unguentum hydrargyri nitrico-oxidi to be applied to the sores.

November 24th. The perinæal ulcer has assumed a phagedenic character, and rapidly crept up between the scrotum and thighs, towards the groin. Tongue white, pulse frequent, and the pain prevents his sleep; continue the iodide, and with each dose take the following pill:—

R. Hydrargyri chloridi, pulv. Jacobi, aa gr. j; pulv. opii gr. 4; confectionis rosæ q. s. Misce.

A solution of caustic to be applied to the sores.

Dec. 4th. Ulcer on the perinæum cicatrising; but its superior parts have run into each other at the root of the penis, and formed an extensive superficial ulcer under the hair of the pubes. Surface foul and lardaceous, and shows a tendency to slough. In great pain, and gets no sleep. To take one grain of opium every night, and 3ss of the dilute nitric acid three times a day. The caustic lotion to be

omitted, as it does not agree; and the solution of the chloride of lime to be continued.

9. Scrotal and perineal ulcers healed, whilst that on the pubes is enlarged. Hair to be removed, and the sore treated with a solution of the sulphate of copper (gr. x ad ℥j); gr. viij of the iodide of potassium ter die, and gr. v of the blue pill every night.

Dec. 15th. Much better in every respect. Ulcer on the pubes rapidly cicatrising.

Dec. 26th. Going on well. Ulcer on the pubes nearly healed.

Dec. 29th. Discharged cured.

This appears to be a case of primary syphilide, and of a phagedenic character. I believe it was right, under the circumstances, to give mercury in the first place; but, as the morbid action of the sores did not yield to this remedy, it became necessary to try others till the rapid progress of the disease was checked; and this was effectually done by large doses of the iodide of potassium.

It may be asked, What gave rise to this syphilide? Mr. Pearson is of opinion that syphilides are not communicated by lues, as they often occur where the female is not affected with it; but this opinion seems to be at variance with what he states elsewhere—that persons who lead correct lives are never affected with syphilides. The true explanation is probably this—that syphiloid disease is either communicated by the same poison, or that it is caused by contact with true syphilis, and converted into a complicated or syphiloid disease by the peculiar constitution or condition of the recipient.

CASE OF LITHOTOMY PRESENTING UNUSUAL DIFFICULTIES, AND ONE OF STAPHYLOPHY.

By AUGUSTIN PRICHARD, Esq., Surgeon to the Bristol Royal Infirmary.

[Read at the Meeting of the Bath and Bristol Branch,
November 15th, 1855]

THE following surgical cases appear to be worth bringing before the Society, on account of some accompanying unusual circumstances.

CASE I. *Calculus Vesicæ*. E. Hembury, aged 34, a hairdresser by occupation, short in stature, with the bones of his legs curved by old rickets, and presenting otherwise an unhealthy strumous aspect, was admitted as my patient at the Bristol Royal Infirmary early in September. He has suffered severely from stone symptoms for five years; but his mother says that he has always been subject to some complaint about his urinary organs.

On the 7th of September I introduced the lithotrite (of course, after having detected the stone by a sound,) and made an attempt to lay hold of the stone; but I could not catch it; and, although I could expand the blades freely, it did not fall down upon the instrument, as has happened in some cases in which I have crushed the stone, but appeared to remain in front of the bladder. The points of the blades of the lithotrite were covered with minute portions of the calculus, against which they had rubbed.

As this attempt failed, after consultation, I performed lithotomy. The patient was placed under the influence of chloroform, with an hour's secretion of urine in his bladder. I then introduced the staff, and tied him up. After the first incisions were made, I cut along the groove in the staff in the usual way; but the instrument had slipped out of the bladder, and consequently the knife did not enter its cavity at once. Fortunately, I managed to reintroduce it, and complete the section in the prostate without any loss of time. Upon the introduction of the finger, I could feel the stone; but it did not fall down, and as it were follow the finger to the wound, as is generally the case, but it remained above, and I had to introduce my finger as far as I could, backwards and upwards, to the point where the stone presented itself, much in the position of a child's

head high up in the pelvis. I had hold of the stone several times, and used immense force, but it did not move; and, in fact, I could only grasp it by opening the forceps, and getting an assistant to make forcible pressure above the pubis, by which the stone was brought within reach of the instrument. After trying instruments of all kinds, I ultimately succeeded in cracking it with a screw forceps; and then I removed it piecemeal; but it was a tedious and laborious process. But ultimately it was all removed; and when the largest portion was still *in situ*, I found that with the fingers I could separate it from the mucous membrane of the anterior part of the bladder.

The patient, after the cavity had been washed out with two or three syringes full of hot water, was carried to bed in a very exhausted state, having lost a considerable quantity of blood, and having been nearly an hour under chloroform. A dose of brandy with opium was given him, and he soon went to sleep.

The next day, he complained of some hypogastric pain; but the urine had flowed freely through the wound, and he was as well as he could be after the fearful ordeal he went through the day before. He required stimulus from the first, but he very gradually and slowly mended. The wound gradually closed, but no urine came through the urethra until *thirty-eight days* after the operation. The chief drawback was the obstinate constipation from which he suffered, and which, in spite of a good diet, wine, castor oil, colocynth pills, infusion of roses and sulphate of magnesia in repeated doses, and gruel and pulp of colocynth injections, all of which he retained, lasted sixteen days, and ultimately yielded to an injection of half an ounce of fresh oxgall in a pint of gruel.

He went out at the end of last month, in a weak state, but able to sit up, and having quite recovered from the immediate effects of the operation. I have since heard that he remains weak; and a sample of his urine, which was brought to me, showed a considerable quantity of pus.

The stone was, I am convinced, adherent to the anterior surface of the bladder; and this, in addition to its unusual size, constituted the difficulty of the operation. The case, if occurring to a surgeon operating for stone for the first time, would have been enough to discourage even the most sanguine; and it illustrates, I think, one of the advantages of chloroform; for I cannot imagine that, without it, any man could have borne the protracted manipulations of no gentle kind, to which the poor fellow was necessarily subjected. The stone weighed 2½ ounces and 30 grains.

CASE II. *Staphylophry*. The next case is that of a young man in whom I performed the operation of sewing up the soft palate. It was a congenital fissure, which had extended through from the lip to the end of the uvula; but the hare-lip had been cured in his infancy. His speech is extremely defective and occasionally the fluids he drinks escape from the nose. The patient was by occupation a farmer, and was 24 years of age. I directed him to make a good breakfast, as he would have to starve for a day or two after the operation; and, on going to perform it, at 11½ A.M. on the 25th of September, I found that he had complied with my request, by taking, besides his breakfast, a lunch composed of the greater share of two pounds of beef-steak and the proportionate quantity of beer.

With a long forceps, I held the top of the left subdivision of the uvula; and then, with a narrow and straight bistoury, pierced it, and stripped off the free edge of the velum pendulum; and performed exactly the same on the other side. With the aid of the instrument which I show you, which lays hold of the thread and draws it through, I was able easily to pass the suture through, holding, for the first stitch, each end of the uvula; for the second stitch, the first was the most convenient means of steadying the parts; and, in introducing this, I was enabled to run the curved needle through both sides at the same time. I tied the anterior stitch with the aid of a piece of stick notched at the end: the second I tied far more conveniently with my fingers. He was of course coughing and hawking and spitting during these manœuvres; but, fortunately, the re-