

isochronous pulsations continued for a time visible, but they became more and more obscure as the tissues covering the aperture augmented in thickness.—*Brit. & For. Med.-Chir. Rev.*, Ap. 1861, from *Comptes Rendus*, 1861, No. 6.

28. *Gunshot Wounds produced during the Loading of Artillery.*—Dr. CORTESE relates five cases of gunshot wounds received by artillerymen while engaged in loading their guns, and gives the following summary of his observation: 1. No other blow of a projectile imparts like the present so great an amount of commotion to the entire limb. The state of muscular contraction prevailing at the time constitutes a kind of solidarity between the hand, forearm, and arm, which is the chief and necessary cause of this commotion. 2. This circumstance compels the surgeon to direct his attention to the entire limb, whatever amount of lesion may be manifest in the hand. A neglect of this precept may lead to gangrene gaining possession of a large portion of the limb, or to a generalized suppuration, while a diminished power of reaction in the injured parts may give rise to purulent infection, or render useless recourse to amputation. 3. In all those cases in which the hand is severely torn, its disarticulation, or even the amputation of the forearm, is insufficient to secure recovery. The surgeon's knife penetrates into infiltrated tissues, more or less destroyed in their intimate structure in consequence of the concussion they have been subjected to. So that independently of the fracture of the bone, and of the possible disjunction of the articulations of the ulna, the success of the reparative process would be very problematical. In such cases the arm should be amputated. 4. The sooner amputation is performed, the greater is the probability of a favourable result. 5. The rapid and very extensive tumefaction of the limb constitutes a sufficiently certain criterion of the severity of the derangements which are propagated along its whole extent. When fractures are not detected in the diaphysis of the bone, some lesion of contiguity or continuity in the ulnar articulation must be suspected. 6. When the lesion does not seem severe enough to call at once for amputation, we must always be prepared for secondary occurrences which will unfit the limb for its functions. (In two of the author's cases, paralysis of the limb remained.) Still, conservative treatment in such cases should be attempted.—*Brit. & For. Med.-Chirurg. Rev.*, April, 1861, from *Omodei Annali Univ. di Med.*, vol. cxxiv.

29. *Traumatic Tetanus.*—Mr. J. HUTCHINSON and Dr. J. H. JACKSON have given (*Med. Times and Gaz.*, April 6, 1861) a tabular statement of 22 cases of recovery from traumatic tetanus. The following are their conclusions as to the management of this disease.

1. The chief objects in view are three—to mitigate the force of the local irritation to which the disease is due; to sustain the patient's strength by food; and, lastly, by procuring sleep, to allow the nervous system the opportunity of regaining its wasted powers.

2. If the case be seen in the very onset, and if the injured part be a finger or toe, it is desirable at once to amputate, whatever may be the local condition. If the injury has been severe, and the part have passed into a state in which, whether from sloughing or otherwise, its recovery is doubtful, it is desirable to amputate at any stage of the disease, or even if one of the extremities be the part involved.

3. The injured part should be poulticed, and the limb above it wrapped in lint soaked in laudanum or chloroform.

4. The patient should be put in a room with but one attendant, and the strictest quietude should be insisted on.

5. If the patient has been accustomed to it, he should be allowed to smoke.

6. The bowels should be well cleared out by croton oil or other efficient purgative.

7. If the skin be very hot, the pulse jerking, and the tongue red and dryish, the surgeon may be justified in combining small doses of calomel with the narcotic he may have selected for employment.

8. A free allowance of beef-tea, milk, eggs, and similar articles of concentrated

fluid nutriment should be given, more especially in the later stages of the complaint.

9. As long as the patient is able to take food and to obtain periods of comparative quiet and freedom from pain, the use of anæsthetic inhalations is not desirable. Great advantages may, however, be obtained from them if he be unable to open the jaw sufficiently to permit of taking food, or if the tetanic spasms are without remission. Ether appears to have stronger facts in its recommendation than chloroform.

10. One or other form of narcotic—opium, Indian hemp, belladonna, or woorara—should be freely used. There is no very decisive evidence as to the advantage of any one of these over the others. Respecting the Indian hemp and the woorara, the difficulty often encountered in obtaining them in a state of reliable activity will often be an obstacle to their employment.

11. Excepting possibly in the per-acute cases the free use of quinine appears to be desirable. If given in large doses it generally reduces the frequency of the pulse, and in some cases a mitigation of the tendency to spasm has attended its influence. The rapid induction of cinchonism is a measure well worthy of a fair trial.

30. *Radical Cure of Reducible Hernia.*—Professor SYME exhibited a patient to the Medico-Chirurgical Society of Edinburgh who had suffered from reducible inguinal hernia, and on whom he had lately operated by a method which accomplished the object aimed at by Wutzer's operation, by a simpler mode, and one which he believed to be more effectual.

By the method recommended by Prof S., "instead of a complicated apparatus for filling up the inguinal canal, the surgeon only required an elongated body of some kind, such as a piece of bougie, a piece of an œsophagus tube, a bit of wood, or even part of a wax or tallow candle; all the preparation required was, that a hole should be drilled through one end of the body chosen. The remaining apparatus consisted of a piece of strong thread and a needle, such as is used in sewing up dead bodies. The mode of application was as follows: The string was passed through the hole in the end of the body; the needle was threaded with one end of the string, and laid with its concavity resting on the forefinger of the left hand, which was then passed up along the cord within the external ring; the needle was then turned round, so as to bring its point upwards, and passed, with an inclination to the left, through the textures, and brought out on the surface of the abdomen; the other end of the thread was then passed through the parietes in the same way, only that this time the inclination of the needle was to the right; the two threads were then pulled tight enough to draw the body up the canal, and up it must go. The piece of tube, as in Mr. Wutzer's operation, was smeared with cantharides ointment, to irritate the skin and favour the formation of adhesions. The two ends of the thread were then tied together; and, to prevent any chance of cutting through the skin too fast, a bit of elastic bougie was placed below them. For three or four days, or a week, a compress was placed over the groin, and retained in position by a bandage; and this was the whole process."

Prof. S. stated that he had repeatedly operated by this method, and in no case with any bad effect.—*Edinburgh Med. Journ.*, April, 1861.

31. *Abdominal or Pelvic Abscess.*—F. C. SKEY, Esq., makes some interesting remarks on this disease (*Lancet*, April 27th, 1861). "These abscesses," he observes, "commonly present themselves in persons of impaired constitutions, reduced whether by accidental illness, by low living, or by any other debilitating cause. So far as I have seen and observed them, and I have attended many, their formation is always the result of one of these, or similar causes. There is, however, in this circumstance nothing very strange or remarkable, because, probably, all abscesses on a large scale are the product of low, and not of an exalted vitality.

"The general situation of that variety which forms the subject of my present remarks is the iliac fossa. It may, therefore, be termed either 'abdominal' or 'pelvic;' for although it occupies the iliac fossa, it is placed within the general