(thicknesses of towel); and I seized the tongue with a pair of forceps, and transfixed the tip of it with a needle carrying a stout double thread, which was afterwards looped and given to an assistant, by which he pulled the tongue well out of the mouth. I then laterally transfixed the tongue with a blanket-pin, beginning at the right angle of the mouth and bringing it out at the left, and by this means carried the pin immediately in front of the epiglottis. I then placed a single loop of very stout whipcord around the tongue behind the pin, giving it one turn of a knot, ready to be tightened. Next, I divided the attachments of the tongue to the floor of the mouth by means of a pair of scissors, while it was being dragged well out by the looped thread—taking care to hold the face well sideways and close as possible to the pillow. Then I quickly severed the tongue with the whipcord, which cut it much as it would cut hardened butter in frosty weather.

There was very smart hæmorrhage during the time the scissors were being used, and the patient lost, as near as I could tell, about three ounces of blood. There was no further hæmorrhage after the tongue was removed—never a drop from the surface traversed by the whipcord; and no ligature, or even mopping of parts with styptic, was required. The patient remained in bed three days, and went home—on foot, I believe—on the eighth day, a distance of eleven miles.

She had eight months of comparative health, when the cancer returned, this time in the larynx, and ended her life thirteen months after the operation.

I saw, during my student-days, the late Mr. Nunneley of Leeds remove tongues by his method; and afterwards, as an Edinburgh student, I saw the procedure of the late Mr. Syme carried out. In using the *lévaseur*, surgeons use the quite unnecessary precaution of waiting each time, after giving the handle a turn, half a minute or more, thinking thereby to prevent hæmorrhage. After a thirteen years' experience of the application of torsion among the so-called lower animals, I am in a position to state that no more blood is lost after the most speedy severance of actively vascular parts by the most rapid strangulation than is lost by the measured torsion at present resorted to. Further, I have not seen, even by Mr. Syme's operation, the tongue and its attachments more completely removed than was quickly effected by my simple proceeding.

MORPHIA AND A TELL-TALE AS AIDS TO COMPRESSION IN ANEURISM.

By C. F. MAUNDER, F.R.C.S.,
Surgeon to the London Hospital.

In my Lettsonian Lectures of 1875,* I drew attention to the value of morphia as an aid to compression, as a substitute for chloroform and its attendant risks. I illustrated its use in the case of a gentleman who "dozed, took his meals, smoked his pipe, and submitted to continuous digital compression for twenty-three hours, with scarcely a complaint; and, at the expiration of this time, expressed himself as capable of enduring treatment many hours longer". The following is another example of the value of the drug.

In February 1877, Mr. —, who is now forty-two years of age, was advised that he was the subject of an aneurism of the popliteal artery. He was put to bed and treated for the first ten days with a bag of shot weighing eight pounds placed over the common femoral artery. During the next month, a tourniquet was substituted, and worn during eighteen hours out of the twenty-four over the superficial femoral artery. His health now began to fail; treatment was discontinued; and he went to his business, the tumour being smaller and pulsation less marked. During the last three months, the swelling and the pulsation had both increased, associated with pain and general discomfort about the knee.

March 29th, 1878. I found Mr. — with an aneurism of the size of a large orange occupying the upper half of the popliteal region, and bulging somewhat to the inner side of it. Continuous digital compression with a weight of ten pounds was advised, aided by morphia, if necessary.

March 30th. Mr. W. R. T. Hawkins and Mr. Albert E. Jones of the London Hospital commenced the compression treatment at 11.45 A.M., the common femoral being the artery selected; and they maintained complete occlusion of this vessel for the space of half an hour alternately. At 4 P.M., the patient suddenly complained of severe pain (distal occlusion?), commencing in the calf of the leg, and running up along the aneurism and femoral artery. A quarter of a grain of

morphia was now hypodermically injected, and relief afforded. From this time, when the gentleman compressing was relieved by his colleague, and the pressure for the moment somewhat relaxed, the force of the pulsation in the aneurism was observed to be gradually diminishing. At 8 P.M., an assistant was recruited, in order to help in the continuation of the compression through the night.

March 31st. At 2 A.M., another paroxysm of pain occurred, after which pulsation was scarcely, if at all, perceptible; and a firm swelling occupied the seat of the aneurism, the disease being practically cured. At 10 A.M., no pulsation could either be felt or seen. One or two arteries could be detected meandering the knee. Compression was continued during the day as a precautionary measure. Throughout the whole time (thirty hours), the patient lay on his back, with the thigh rotated outwards, and the leg flexed at a right angle on this. An indicator (which consisted of a penholder with a piece of paper like a flag placed between the ribs, and which marked the presence or absence of pulsation in the aneurism) was lodged like a finger-post in the flexure of the knee, and acted like a tell-tale to the compressor. Mr. — took food at intervals, and was cheerful and chatty, except when asleep. An injection of morphia was resorted to four times.

The skin over the seat of compression, which had been protected by the occasional application of French chalk, was slightly reddened only, and was the source of the least possible discomfort to the patient, who said he could have borne the treatment many hours longer.

CASE OF PARALYSIS AFTER APPLICATION OF A PLASTER BY AN UNQUALIFIED PERSON TO THE NAPE OF THE NECK.*

By E. RICE MORGAN, M.R.C.S. Eng., Morriston.

X. M., AGED 25, living at Landore, workman in a tinworks, had been suffering for about six years from a skin-affection located at the back of the neck; whether sycosis—an unusual situation I admit—or some other cutaneous disease, I am unable to say, for I did not see the man in the early stage; in fact, not until the skin-affection had been effectually got rid of. His previous history was good; he had never had paralysis of any kind before, nor could I find any traces of a specific history; and I have grounds for saying that up to October 1877 he was a strong healthy man.

When I first saw the patient in October 1877, he was in a very dangerous state. His face was very swollen and painful; his eyes were suffused; his tongue was very foul; pulse quick and compressible; throat dry and sore, accompanied by cold clammy sweats; and I came to the conclusion that he was suffering from blood-poisoning, and thought it was probably due to arsenic. At the back of the neck was a large deep slough as large as the palm of one's hand, and I then elicited that, about nine days previously, a certain unqualified practitioner had applied a plaster to the nape of his neck to cure, as he said, the skin-disease. For a few days, the prognosis was very doubtful, and, though I treated him for blood-poisoning from some metal, I was unable to obtain any portion of the said plaster to find out by analysis its ingredients.

These bad symptoms gradually gave way, but, about the tenth day, I found he had lost all motor power in the arms and legs. Sensation, however, was unimpaired; nor did he lose power of speech or consciousness, and he had control over all the sphincters. The spinal cord being, as I judged, implicated high up, I was afraid that possibly the muscles of respiration would become affected; but, fortunately for the man, this did not occur.

After careful treatment, specially with sulphate of magnesia, iodide of potassium, and cinchona, the man quickly improved. The large wound left by the plaster gradually healed; the appetite returned, and with it strength. The return of power to the muscles, however, was very gradual; and it was nearly four months before he could place his hand upon his head; but this improvement has been going on uninterruptedly. His legs, of course, have been much slower in recovering.

March 29th, 1878.—He now looks quite fat, as compared to what he was four months ago. He can take a spoon in his hands, and carry food in it to his mouth, and can give a very fair grip to one's hand. The extensors are less powerful than the flexors. The muscles of the legs during the past month have also made rapid progress; for he is now able, when sitting, to lift them up and keep them out straight for a second. When once put up to stand and allowed to lean against something, he is able to remain thus unaided. Six weeks ago,

* *Surgery of the Arteries*, pp. 25. London: Churchill.

* Read before the South Wales and Monmouthshire Branch.