syringe, and a small bottle of a saturated solution of perchloride of iron, and of including them in his obstetric armamentarium.

It only remains for me to say that the vagina and uterus should first of all be freed from "coagula and placental débris," as Dr. Barnes directs; and that the long tube of the apparatus should be introduced thoroughly within the uterus before injecting. With these precautions I have found a few ounces of the liquid answer every purpose. Should my recommendation induce other practitioners to make use of the above safe and simple remedy my end will be answered, since I am well assured that the event will be a sensible falling off in that column in which the Registrar General tells of "mortality after childbirth."

South Petherton, October 1868.

A CASE OF LIGATURE OF THE RIGHT COMMON CAROTID FOR WOUND OF THE SUPERIOR LARYNGEAL ARTERY.

By G. ANNESLEY D. MAHON, Esq.,

Surgeon Peninsular and Oriental Steam Navigation Company's Steamship *Golconda*; late Resident Registrar and House-Surgeon, St. Mary's Hospital, London.

ON December 23rd, 1868, whilst on a voyage from Aden to Bombay, I was called to see a native fireman, who had been stabbed in the throat with a pair of scissors. On his presenting himself, I found that he had received a punctured wound of the throat, about half an inch in length, opposite the upper edge of the thyroid cartilage, on the right side of the neck, about three-fourths of an inch in depth, and leading downwards. He appeared rather faint; a very little blood was issuing from the wound; and the trachea was not touched. I therefore brought the edges of the wound together with plaster, applied wet lint and a bandage, and told him to go and lie down. About half an hour afterwards, I was called to see him, as he was bleeding. I found the lint and bandage saturated with bright arterial blood, besides a quantity running down his chest. I at once removed everything; and, with my colleague Dr. Allshorn, began to search for the bleeding vessel. Not being able to see it, I enlarged the external wound to about an inch, but still was unable to find it. I then applied ice, lint soaked in perchloride of iron, tincture of matico, and all the styptics I had with me; but without controlling the hæmorrhage in the slightest. I therefore decided to ligature the common carotid. We tried to administer chloroform; but he resisted so strongly, and he was bleeding so freely, that there was no time to lose; so we operated without it.

The operation was performed in the usual way; but, the man being very muscular about the throat, the artery was deep, and the omo-hyoid muscle was larger than usual, which necessitated the division of some of the lower fibres of it before the sheath of the vessel could be seen. After having carefully opened this on a director, I passed the aneurism-needle, armed with ligature-silk, round the vessel, when the bleeding from the stab immediately stopped. I then withdrew the needle, and ligatured the vessel, and brought the edges of the wound together with one silver-wire suture and sticking plaster, applying wet lint over all. Not above half an ounce of blood was lost from the operation itself, as only a superficial vessel was cut across in the first incision through the skin.

Dec. 23rd (twenty minutes after the operation). The pulse was full, 72, slightly intermittent. The patient was rather drowsy. He was ordered to be kept quite quiet.—6 P.M. same day (six hours after operation). The patient was still rather drowsy. He complained of pain in his head. The pulse was full and strong, 102. He was slightly feverish. Cold wet towels were constantly applied to the head. The pupils were somewhat dilated. He had had a cup of beef-tea.—10.15 P.M. He appeared to have a little difficulty in swallowing. He had slept for half an hour.

Dec. 24th, 6 A.M. He slept from 10.30 last night to 3 A.M. this morning, then had a cup of beef-tea. There was still difficulty in swallowing. The pain in the head was easier. He had passed urine. Pulse 102, full and soft. Both wounds looked well. Cold wet lint was applied. The tongue was slightly furred. A teacupful of beef-tea and sago were ordered to be given alternately every four hours. The pulsations of the inferior thyroid and transversus colli arteries were very visible. The pulsation of the facial artery on the right was not nearly so strong as on the left side.—10 P.M. He had been sleeping quietly. Pulse 96; skin cool. He complained of being hungry.

Dec. 25th. He felt better; he slept pretty well. He heard equally well on both sides. Pulse regular, not so full, 90. There was no fever. The wounds were both looking well. The wound of operation had healed by the first intention, except where the ligature was.

Dec. 26th. He was progressing favourably. The bowels were open for the first time since the operation, naturally. There was very slight pain in the head. Pulse 96. The wound of the stab was discharging a little ichorous pus.

Dec. 27th, 28th, 29th, 30th. He was going on very well. I removed the silver-wire suture on the 27th. He had occasional throbbing pains in the head. Half an ounce of castor-oil was given on the 30th. He was still on beef-tea and sago diet. Pulse 96.

Jan. 1869, 1st to 4th. He was progressing favourably. Pulse 82. He was ordered his ordinary diet of curry and rice.

Jan. 5th to 10th. He continued still improving. The wound from the stab was quite healed. There was slight discharge from the rest of the ligature. Bread poultice was applied twice a day.

Jan. 13th. The ligature was removed to-day, exactly twenty-one days after the operation. No hæmorrhage followed. Unhealthy granulations at the edges of the wound, where the ligature had been, were treated with nitrate of silver, and a lotion of two drachms of carbolic acid and ten ounces of lead lotion constantly applied on a piece of lint.

Jan. 14th. The granulations were much better. He had been suffering from diarrhœa, and was ordered to take every four hours an ounce of a mixture containing 3iss of dilute sulphuric acid, 3ss of compound spirit of sulphuric ether, and 3vii of water.

Jan. 15th. The diarrhœa was stopped. He was nearly well.

Jan. 16th. He was able to go to the police-court, a distance of four miles, to give evidence against the prisoner.

Jan. 20th. To all external appearances, he has quite recovered.

REMARKS.—Ligature of the common carotid for wounds is not of frequent occurrence; and I think, as far as I know, that this artery has never before been ligatured at sea—at any rate, not board of a steamer going at the rate of eleven knots an hour. I think that the non-appearance of hæmorrhage when the case was first seen by me may be accounted for by the artery having been only punctured by the point of the scissors. Some muscular fibre or fascia must have been carried on the point of them, and formed a sort of plug in the artery, the action of the heart being at the same time somewhat lessened by the shock; but, after resting awhile, reaction came on, the plug was forced out, and uncontrollable hæmorrhage ensued. In conclusion, there were, as may be supposed, numerous difficulties to contend with during the operation.

POISONING BY WHITE PRECIPITATE.

By A. R. GRAHAM, M.A., M.B. Cantab., Weybridge.

ONE evening, shortly before midnight, I was called to see a gentleman, aged about 35, who, being much depressed in spirits, had swallowed, about half an hour previously, white precipitate powder to the amount probably of more than two drachms. He immediately became alarmed, and took an emetic of mustard, which caused copious vomiting. In the matters vomited, however, none of the white powder was visible. I ordered another emetic of sulphate of zinc to be taken immediately, and to be followed, after an interval, by a dose of opium. He passed a very restless night, with great pain in the abdomen, vomited much, and had one copious evacuation from the bowels, containing mucous shreds in some quantities, and a good deal of dark blood. The last matter vomited consisted of clear deeply blood-stained fluid. Ten hours after the poison had been swallowed, I found him almost in a state of collapse, with a cold clammy skin and much congestion of the cutaneous vessels; his tongue was covered with a thick greenish fur, and his breath was very offensive. He was ordered to take plenty of barley-water and mucilage, and small quantities of wine and water; and gentle action of the bowels was kept up by means of castor-oil.

There was no tenderness of the abdomen on pressure; and towards evening the pain very much abated, although there was constant griping, which continued through the succeeding day, accompanied by frequent slight vomiting. During this day also there were numerous scanty evacuations of the bowels, with a very large intermixture of blood. This continued until sixty hours after taking the poison. The patient had one very copious motion, consisting apparently of almost pure bile, the passage of which caused a great scalding of the anus. This occurred again after the lapse of another forty-eight hours, the evacuations in the interim containing bile, and apparently scarcely any blood. After the first three days, there was no vomiting. The abdominal pain continued after taking any, even liquid, food for more than a week; but there was uninterrupted improvement in the graver symptoms after the first twenty-four hours. There was at no time any blue line on the gums, or sponginess, or salivation. This, together with the copious discharge of blood from the bowels, are the chief points of difference between this and any other case of poisoning by white precipitate, which I have seen recorded.