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LECTURES

ON THE

PRINCIPLES OF SURGICAL DIAGNOSIS:

ESPECIALLY IN RELATION TO SHOCK AND
VISCERAL LESIONS.

Delivered at the Royal College of Surgeons of England.

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LECTURE I.—INTRODUCTORY.

MR. PRESIDENT AND GENTLEMEN,—

WHEN honoured by being elected to the Professorship of Human Anatomy and Surgery in this College, the duties of which I am now about to fulfil, I became sensible of the difficulty of selecting a suitable subject on which to address so learned an audience. My attention has not been directed to any branch of anatomy or surgery the special cultivation of which could constitute a justification or apology for authoritative teaching, or could hold out a hope of my enunciating any startling or attractive novelty. Under these circumstances, and in these days of aspiring talent, it may probably be thought by many that I should have exercised a wiser discretion, if I had acted on my first impulse to abstain from tempting adverse criticism by declining the proffered honour; and I fear that, having accepted it, my temerity is rather aggravated by the selection of what may be deemed an ambitious subject. Having thus, Sir, placed myself in this dilemma, I fear I have no alternative but to crave forgiveness for my temerity, and the indulgent consideration of my auditors, whilst I strive to fulfil an arduous and responsible duty, which I certainly should not have sought, but which, however I might shrink from its performance, I did not feel myself at liberty to decline.

The natural alliance which exists between anatomy and surgery invests their combined pursuit with a peculiar interest to both student and teacher—a circumstance which is readily intelligible when we bear in mind that the lessons imparted and acquired are applied knowledge; and most learners have a greater aptitude in the acquisition of such information than in learning the rudiments of a science, the application of which they must defer until the details are mastered. And it is assuredly more agreeable to teach such practicable application of facts, than to dwell on abstractions, which fail to fix the attention of the majority of students.

I do not mean, by these observations, to imply that anatomy is to be studied solely in subserviency to surgery, or that my remarks are not applicable, though in a minor degree, to other branches of professional study. In many of our pursuits, from the earliest period of education, it is requisite to instil the habit of patiently waiting until lapse of time shall unfold the *cui bono* of our work; but, in anatomy, I apprehend that the practical application of what is learned cannot be inculcated too soon.

The subject on which I have elected to address you is so comprehensive, and constitutes so important a section of medical science, that I think it excusable to devote my first lecture to the consideration of some circumstances which appear to me to have an influential bearing on its successful study and pursuit. The diagnosis of disease is the chief end and purpose of clinical instruction, and continues to be cultivated by the scientific practitioner with unrelaxing earnestness throughout his career.

The natural and fitting tendency of all scientific research is the development of principles or laws; and this result is promoted, though not actually attained, by the grouping and classification of the fruits of observation. The attractiveness of discovery, which is the legitimate goal of persevering and intelligent industry, is apt to allure and beguile the

impatient student; and I fear that, in medicine as in other pursuits, hasty generalisation is still a prevalent fault, and operates to the prejudice of its scientific progress. The explanation of this may be sought and found in the eagerness of the ardent student to distinguish himself by finding some short by-path to fame; and statistical records are not infrequently laid under contribution to prove the reality of an hypothesis or to support a crude suggestion. This abuse of an invaluable element in the advancement of medical knowledge is much to be regretted. Statistical records, to be available, must be extensive, and at the same time must be handled with discretion and entire impartiality; for, in the hands of the enthusiast or of the insincere inquirer, statistics not only lose their trustworthiness, but become a source of mischievous fallacy and of incalculable error.

The fact is, that the real discoveries in practical medicine are few, compared with the legion of *re-discoveries* which each successive generation makes—so many old dishes, as my esteemed master, Mr. Travers, once remarked to me, served up under new covers. Yet these re-discoveries, which every attentive observer makes for himself, are by no means to be despised by their proprietor: they constitute, in fact and in the aggregate, the most valuable part of his experience—a possession, indeed, which in great measure is purely personal, which was not inherited, and which cannot be transmitted to another. Yet it is sad to contemplate how vast the stores of invaluable knowledge which are thus lost to the profession, as each practised hand and eye and matured judgment are withdrawn from amongst us by death; and it is much to be deplored that so many of our public men, surgeons of eminence, whose appointments afford them large means of observation, should leave no record of their experience. I am aware that something is being done by the publication of Hospital Reports; but might not the evil I complain of be further remedied by more free intercourse between the Surgeons of our different Hospitals, whereby an interchange of thought and opinion might be facilitated, and the results recorded, from time to time, in some available and enduring form?

The accumulation of materials is essential to the progress of surgery, as of every other branch of practical medicine, and, indeed, of science generally; but their true and permanent usefulness is realised more in a reflected than in a direct sense: it consists in the establishment of Principles—that which I may venture to term inductive surgery, as distinguished from the study of those consequences of laws which is the occupation of the deductive mind. The inductive genius is rare, the master builders are few; yet we may all recognise the value of their discoveries, and endeavour to impress on those whom we teach the importance of leading principles. I venture to dwell on this point, as one of vital interest in our schools; for I believe that, as hasty generalisation is to be deprecated on the one hand, so our students should be taught, on the other, not to attach an undue value to details—to that which is visible and tangible. It is a serious, and I fear not uncommon, fallacy for them to adopt, that the chief purpose and end of their student-life is to collect precedents for future use. Certainly these opportunities ought not to be neglected; but the learner should habitually realise that these facts, by which he lays so much store, are suggestive of higher and more general principles, and that they possess a significance which it is his business to unfold and master; as it is thus alone that he can employ them with safety and with advantage. The treatment of fracture affords a familiar illustration of my meaning; for, without some reference to the principles which guide the surgeon in his treatment, the student must often be much perplexed in what he witnesses. The valuable principle which Pott inculcated, of position to secure muscular rest, is, I believe, generally recognised; but its adoption is not, because it cannot be, universal. Obstacles which cannot be thus controlled interpose, and necessitate the introduction of another and opposing principle, and the consequent employment of a different mode of treatment: yet Pott's principle is just and rational. How little, then, does the student carry with him which will avail him in future practice, if he merely watch the position of a limb, and the form of splint adopted in certain isolated cases of different fractures, and do not seek further the explanation of the principle, and of the numerous exceptions to it. The treatment of hæmorrhage, under various circum-

stances, affords another illustration in point; and so, indeed, does every branch of surgery in a more important or minor degree. But perhaps in no instance is the value of principles, in diagnosis as well as treatment, more aptly exemplified than in the various complications which are met with in the class of injuries which I propose to discuss in these lectures. And I would remark, that principles are not to be ignored or rejected because they do not admit of universal application. If we adopt them, they must become, so to speak, articles of faith on which we may rest, although we fail to discern always their bearing or relation in particular instances.

The subtle agencies which influence the living organism so materially modify existing conditions at different times, in diverse temperaments, and under varying circumstances, as to compel us also to modify and adapt our treatment in individual cases. Yet, I repeat, this is no reasonable ground for falling back on the empiricism of precedent: it may, indeed, stimulate us to further exertion and research, in the hope of attaining, by another step in generalisation, to some higher principle or law, which shall include the apparent exception to that which we now recognise as our guide.

The learned philologist, Max Müller, in speaking of the historical progress of the science of language, remarks that "each physical science begins with analysis, proceeds to classification, and ends with theory," but he goes on to observe, that "there are frequent exceptions to this rule; and it is by no means uncommon to find that philosophical speculations, which properly belong to the last or theoretical stage, were attempted in physical sciences long before the necessary evidence had been collected or arranged." Such, in truth, appears to me to be the history of the progress and development of all the natural sciences. The love of order and classification leads to premature generalisation, notwithstanding the consequent inconsistencies. Various are the expedients then resorted to for the purpose of reconciling circumstances and opinions which are irreconcilable in the then existing state of our knowledge; but, as we climb the hill and our sphere of vision becomes more extended, the perspective of the surrounding prospect is corrected; each object assumes its proper place and due proportions, and harmony reigns where formerly all was discord and confusion.

The progress of generalisation in pathology and therapeutics is necessarily impeded by the obscurity which envelopes the operations of the living organism. We know so little, comparatively, of the influence of life, that we are continually foiled in our anticipations; our calculations, based on antecedent experience, miscarry; and we are compelled to forego conclusions, from the lack of coherence in our data. Observations, which we at one time felt justified in placing in the same category, cease to exhibit their former resemblance and relation when seen under different circumstances; and the step we thought we had gained must be reluctantly retraced. Even that which we witness after death—the morbid anatomy of the changed textures, as displayed under the microscope, and subjected to chemical analysis—fails to inform us on points of deepest interest to us,—the *modus operandi* of the morbid agent, whatever it may be. We see the passive result, but miss the active agency by which this result was produced. Even therapeutic surgery is often coarse in its application, and purely mechanical in its operation. Certainly, where there is not positive mutilation, the wider the divergence from Nature's indications, the more disastrous is the consequence of her resistance, and the greater, usually, the risk of failure. "*Naturam expellas furca, tamen usque recurret.*"

Yet some steps in advance have been made, especially in the accurate observation of chemical and mechanical changes in the living frame. The development of caloric generally in varying states of disease, and even topically in local affections, is a subject fraught with much interest, and promises to throw light on many obscure conditions which it is the province of the surgeon to treat. The electric condition of the body, considered dynamically, under various conditions of diseased action where the nervous system is involved, is another field for investigation to which I had looked hopefully in the illustration of these lectures. But I find this delicate subject so surrounded by difficulties arising from the many elements of disturbance, both intrinsic and extraneous, that I have been compelled to defer the experiments I had contemplated.

To the microscope we are much indebted for the display of morbid changes in the living mechanism. It has revealed to us that the first material step in inflammation is disordered, and then arrested, movement of the blood-corpuscles. But why does this occur as the consequence of some exciting cause acting locally? There is not, so far as I have been able to observe, any transudation, at this earliest stage, of the serous menstruum from the capillaries; the only reasonable explanation which offers itself, as it appears to me, is that a non-material agency is interfered with. There is a mutual living relation between the blood-vessels and their contents—its nature is still subject of conjecture—the

interruption of which, for even a brief space, is fraught with risk, and its suspension for a longer time with certain mischief. The remaining steps in the development and consequences of inflammation are capable of demonstration. Yet, as this subject is treated and taught, I think much of the complexity which surrounds it is due to inattention in generalising; and might be removed by the avoidance of expressions which are liable to misconstruction. Perhaps I should speak more correctly if I say such expressions as I refer to should have their conventional meanings strictly defined and limited. Thus, acute and chronic inflammations simply refer to degrees of intensity or duration; and specific inflammation in all its varieties, means only this condition occurring as a consequence of, or allied with, some constitutional peculiarity. In all of these instances, the actual state which we denominate inflammation is identical, though varying, as I have said, in degree; and modified, in this respect and in the consequences it entails, by accidental circumstances. Again, as regards these consequences, it is too often the habit to view them as distinct from each other, and to describe them under the several heads of adhesive, suppurative, ulcerative, phagedænic, and gangrenous inflammation; whereas the same remark applies here as to the pre-existing condition—these results are only different phases of the same state, modified by accidental circumstances.

In slow ulceration, or progressive death of texture, the dead or effete matter is thrown off with the material supplied for repair. In phagedæna, the rapid destruction, without reparative effort, leaves the foul and sloughy surface. In gangrene, death falls suddenly on this part *en masse*; and the dry or moist form is associated with the existing condition of the part, whether natural or acquired.

Again, an ulcer is but an open abscess, and an abscess a closed ulcer. In one, the effete matter and accumulated but wasted material for reparation are retained; in the other, they are continually draining away. The abscess must be converted into a hollow ulcer before it will heal. A sinus holds an intermediate position between the two; it has no special characteristic, except that which is due to its form and the consequent mechanical obstacle to its healing. So, in like manner, although there are distinguishing features in the consequences of inflammation affecting different tissues, there is identity in all essentials; the points of non-resemblance being dependent on the physical peculiarities of the affected textures. Bone-abscess, diffused suppuration, caries, necrosis, what are they but the consequences of the same proximate causes acting in bone, as in tissues differing in the physical characters of density and resistance and in their elementary constituents? But in all there is the same organisation—the same, that is, in quality, though varying in degree; and there is thus, in all, the susceptibility to injury, the necessity for repair, and the liability to death; therefore we find, as we should anticipate from such data, that the same phenomena are witnessed, in these various lesions, attending the reparative inflammation or hyperæmia of the injured part, though stamped by the peculiarities of locality or of tissue, which thus impart apparently special characteristics that are, in reality, accidental and unimportant. So, likewise, in actual reparation. The agglutination of the broken ends of a severed bone, the healing of an abscess, the separation of a sequestrum, the closing of a carious cavity, are essentially identical with the healing of wounds in soft parts by adhesion, the separation of slough, and granulation.

I do not adduce those facts as novel; but simply as exemplifying the importance of generalising where we can, and of the value of general principles in reading the phenomena of disease and in interpreting its problems.

Inflammation is not now viewed as essentially mischievous in its tendency—a disease *per se*, to be combated by all available means in our power. Its friendly services are, indeed, under certain circumstances, hailed with satisfaction. I would even venture further, and regard inflammation as always friendly in design, though that intention is often frustrated, or aggravated into mischief. I think it doubtful whether inflammation is ever the *primum mobile* in the evil consequences which are, in one sense justly, attributed to it. Even in such inflammations as those affecting joints or the lungs, some peculiarity of constitution, coupled with a hidden concatenation of accidental circumstances, predisposes to that general condition, in which some locally acting cause suffices to light up an inflammatory attack—a conjecture which is supported by the various results, in different individuals, consequent on the same exciting cause. Thus, local injuries, exposure to cold or malaria, may be followed by different degrees and diverse sequences of inflammation, or attacks of various organs, according to the idiosyncrasy, temperament, or hereditary tendency of the patient; periostitis, pneumonia, rheumatism, peritonitis, may result, in different individuals, from the same exciting cause, whilst others will escape unscathed; and even the same individuals may secure immunity at one time, whilst, under other occult circumstances, they succumb to some acute inflammatory attack. To say that one organ is more susceptible than another, or that

the same individual exhibits a varying degree of susceptibility at different times is no explanation. What we want to know is, the reason of this susceptibility; and in this we should have revealed to us the real predisposing cause which, when stimulated into activity, suffices to excite the resentment of the vascular system.

In surgery, these relations, so momentous in diagnosis, are often less obscure, and therefore more demonstrable than in medicine; and yet they require comprehensive study to render them intelligible. Exclusive pursuits in our profession, embodied in the practice of specialties, have, for this reason, the effect of retarding the progress of scientific surgery. In defence of this innovation, it has been urged that a division of labour, as well as an exclusive devotion of time and ability to one particular class of diseases, must have the effect of extending our knowledge, by the enlarged opportunities which thus fall to the few, and the consequent accumulation of materials from which to draw accurate conclusions as to the pathology and treatment of disease. I venture to suggest that there is much sophistry in this plausible reasoning. The effect of such division of labour is unquestionably often to concentrate the practice of some particular branch of surgery in the hands of those who have striven to acquire a special reputation; but, in proportion to such success, the very exclusiveness of the pursuit must leave the practitioner neither time nor opportunity to cultivate other branches of his profession. Nor is it in human nature to resist what I may term the warping influence of exclusive study under such circumstances. Conditions are liable to be viewed through a special medium; and defective experience, if not practical ignorance, in general surgery, compels the specialist to trust to precedent in his limited sphere. The *art* of surgery—its special manipulative details—may be acquired by the exclusive practitioner, and he may affect authoritative teaching in his particular subject; but, I apprehend that scientific surgery cannot look for aid in this direction; and I look with more than doubtful misgiving on a principle of subdivision which offers so much temptation to members of our profession, because fostered and fed by public patronage and liberal remuneration.

I wish to be understood as making these remarks in reference to *exclusive practice*. That accident or taste should direct the surgeon's attention to some particular subject, is both natural and admissible. Most of our best monographs are, indeed, due to this circumstance; and their value is, I contend, greatly enhanced thereby. Such are the dissertations of Cooper on dislocations, Lawrence on hernia, and of Brodie on diseases of the joints, not to refer to many older monographs, and others of more recent date.

May I not also exemplify my meaning by reference to that speciality, the operative department of which is, by common consent and for an obvious reason, permitted to remain in the hands of few—I allude to ophthalmic surgery. The most successful cultivators of this department of surgery have been gentlemen whose position and reputation were also associated with general surgery; and the most valuable contributions in ophthalmology have been derived from such men as Travers, Lawrence, Tyrrell, Dalrymple; and such is likewise the case with their successors. It could not, in truth, be otherwise in the pathology of an organ the diseases of which have been, in a qualified sense justly, styled an epitome of those of the whole frame.

Other incidental, but not necessary, evils result from this splitting into fragments of our professional practice. The popular success which so often attends an exclusive pursuit is a temptation to the production of crude compilations, containing premature generalisations and authoritative expression of opinions, which the experience of the writers in no way justifies. And I would venture to add, that early success in practice is not the boon which many young men are disposed to regard it; and I am sure it is, in the aggregate, detrimental to the science of the profession which their natural endowments calculate them to illustrate and adorn. There is a risk that they will acquire merely empirical knowledge if their time is at once absorbed by the exacting requirements of active practice. In spring time the seed must be sown; and it is well that the early energy of youth should be devoted to those scientific pursuits, which at once elevate the standard of the student's qualifications, and which have contributed largely to the development of surgery as a science. Sure I am that the fruit of many a promising worker's time has been lost to the profession in consequence of the premature engagements of a successful practice—a misfortune which rarely befalls him whose ambition it is to acquire a reputation as a general surgeon; whereas, the history of our profession supplies many striking instances among our distinguished surgeons of the fruitful cultivation of science in their youth, as well as the permanent influence such early devotion of their time and talents has had on their own future career.

It may be objected, sir, that this subject, to which I have ventured to call attention, affects only the metropolitan cities, and, in a minor degree, our large provincial towns. This is, in one sense, true; yet the

prejudicial influence on education must be felt throughout the breadth and length of the land, if special hospitals are to absorb the public practice, and exclusive practitioners are to monopolise the public confidence. But I will not pursue this question further. Perhaps I have already dwelt too long on an innovation which, I apprehend, contains within itself its own corrective.

As I have frequently employed the expressions "Science" and "Principles" in reference to the study of surgery, it may be convenient that I explain what meaning, in this relation, I attach to these words. I believe that the principles of surgery are too often regarded as derived directly from observation only, without inductive reasoning founded thereon. But there are greater truths beyond the immediate ken of our senses. Science deals with the mutual relations of objects observed or facts recorded; it implies classification, arrangement, harmony, and the development of knowledge based on admitted truths. Thus, independent facts are not to be employed as precedents only; they must be subjected to the test of comparison, grouped into classes, and thus moulded so as to form the basis on which intelligible principles of practice are founded.

The successful pursuit of the loftier walks of science implies a high order of intellect. To observe assiduously, and even to apply, judiciously, acquired knowledge, does not constitute even the ordinary man of science. To possess a just claim to this title, he must cultivate the habit of estimating correctly the evidence of his senses, and of judging between that which is simply matter of opinion and that which is true; and he must also further possess the qualifications to weigh, compare, and analyse, and the capacity to deduce just conclusions from his premisses.

If the foregoing remarks are just, I think that the inference which I desire to draw from them may be conceded; viz., that long observation and practical experience are not the only measure of the surgeon's capacity to practise his profession successfully; because, if he trust to precedent alone, he does not practise scientifically. And I am the more anxious to insist on this view, as the public estimate of professional capacity is, unfortunately, measured by a very different standard. It might be an interesting subject for speculative inquiry, were this the place and time, why charlatanism of the most palpable and shameless character should so readily impose on the credulity of even the educated public. The responsibility of this anomaly does not rest with the profession, but is due to the partial education of those who are deluded, and to their consequent inability to distinguish between the claims of scientific cultivation and ignorant pretension. I remember a passage in the preface to Dr. Whateley's *Elements of Logic*, in which the author defends the study of this science with his usual acumen and pointed felicity of illustration. "A sailor," he remarks, "will perhaps despise the pretensions of medical men, and prefer treating a disease by common sense; but he would ridicule the proposal of navigating a ship by common sense, without regard to the maxims of nautical art." And so, he proceeds to point out, with respect to other special pursuits, educated persons would not recommend a reliance on common sense alone, to the neglect of those systems of rules which, in their respective arts, have been deduced from scientific reasoning aided by experience. Let us hope, as I am disposed to anticipate, that, when a larger infusion of the scientific element is mixed with the literature taught in our public schools and universities, the status and acquirements of the professional man will be more justly appreciated, because better understood, by the public.

On the other hand, the early instruction of our young men must ever have an influential bearing on their future career; and the habit of looking beyond that which is presented to the observation of the senses cannot be too soon instilled. In almost every walk of life, we see the same truth exemplified, whether it be in the philosopher, the artist, the soldier, or the mechanic. It is not the man of precedent who rises above the level of mediocrity; but it is he whose capacity enables him to avail himself of combinations which elude the ordinary observer, and whose foresight appears to endow him with an intuition, which is, in reality, the offspring of deep study and careful thought. In a sound preliminary education we have the best guarantee that these mental requirements will be satisfactorily fulfilled. Our profession may be congratulated on the progress which has been made of late years in securing a higher standard of preparatory education in those who aspire to practise medicine and surgery; and I think, Sir, that this College has no reason to be ashamed of either a tardy recognition of this important step, or of indifference or laxity in the effort to realise it. Yet it is to be regretted that there must be a limit to the required qualifications both for the study and practice of medicine. Unfortunately, the inducements which now exist for young men to enter the profession are not of such an alluring character, in comparison with other engagements, as to admit of the introduction of further impediments by applying a too rigid test of scientific proficiency. The law of supply and demand might, no doubt, regulate admission to our profession, if a corresponding

principle determined the remuneration of the medical man. If such were the case, there could be no objection to an exclusive standard. But we know this is not so, either in public appointments or in private practice; and the necessary consequence of such a standard would be to starve the public service, and to deny to our teeming population a sufficient supply of qualified medical men.

(To be concluded.)

OBSTETRIC MEMORANDA.

[UNDER this head, we shall, from time to time, as materials come to hand from correspondents, publish records of cases remarkable in themselves, or illustrating points of interest in obstetric practice, therapeutic or manipulative. We shall probably in this way preserve from oblivion the notes of very many useful and instructive occurrences in private practice; for the great obstetric experience is that—for the most part hitherto unwritten—of the great body of general practitioners throughout Great Britain. We will only ask those who may forward cases for record, to relate them with the utmost brevity, and equally to condense any appended remarks.]

HEAD AND HAND PRESENTATION.

By E. T. R. TENISON, M.D., Keith Terrace, Shepherd's Bush, W.

MRS. F., aged 21, was in her first labour at the full period. The membranes ruptured five hours from the commencement of the pains. On examination two hours afterwards, I discovered the presentation to be head and right hand, the fingers of which reached to the border of the posterior fontanelle. I made several attempts to push the hand and arm upwards, but all my efforts were fruitless. As the uterine action was not immoderate, and the pelvis roomy and well developed, I determined to leave the case to nature. The labour progressed favourably, and a healthy male child was expelled twenty-two hours after the membranes ruptured. The suffering was not more than usual in first cases, with the exception of the last half hour. The patient made a good and rapid recovery.

Head and hand presentations are excessively rare. Churchill states that no example is mentioned by Drs. J. Clarke, Collins, or Jansen; and only three (in 75,903 cases) by Mesdames Lachapelle and Boivin.

CELLULAR INFLAMMATION OF MAMMA.

By JOSHUA PARSONS, Esq., Frome.

MRS. J., aged 43, was confined on December 17th, 1862. The labour was tedious, owing to malposition of the child, the vertex presenting; but the case did well for twelve days, when rigor and great general debility, with much pain of the right breast, were complained of. Poulitices and a supporting, but not stimulating regimen, were resorted to, and as soon as a red point was perceived an incision was made. Nothing but sanious watery fluid was discharged; and on enlarging the opening the interior of the swelling was seen to be filled with a dark coloured, brawny slough. In spite of energetic treatment, the patient sank rapidly, and died on the twenty-first day after delivery. The whole organ was found converted into an undistinguishable gangrenous mass.

On the 5th of March in the present year I attended in the same house Mrs. K., aged 23, who was delivered of her first child after an easy labour. On the seventh day she complained of rigors with pain and swelling of the left breast. Poulitices were applied for several days, but the general symptoms becoming serious, a deep puncture of the breast was made in the most painful part, and some pus discharged with temporary relief. The pain and febrile symptoms repeatedly returned for more than two months, attended by a succession of small abscesses in all parts of the organ, which, after discharging streaky pus for a few days, closed up, leaving a deep sulcus where each occurred. During the whole of the time healthy milk exuded from the nipple, and the glandular tissue appears to be left untouched, though the organ is reduced to a singularly shrunken and distorted condition.

The above cases appear to me to record a rare form of disease, as well as a curious coincidence. The structure attacked seems to have been the cellular, rather than the glandular, textures of the part, and the inflammation to have been of a furuncular type, as characterised by the great pain and constitutional disturbance, in contrast with the small amount of swelling and discharge, and the nature of that discharge in the latter case.

NOTES ON THE OPERATIVE SURGERY OF THE FACE.

By FURNEAUX JORDAN, F.R.C.S.,

Surgeon to the Queen's Hospital, Birmingham; Professor of Surgery at the Queen's College; etc.

I.—THE RESTORATION OF THE LIP, LOWER OR UPPER, AFTER COMPLETE REMOVAL.

CIRCUMSTANCES may arise which require the complete removal of either the upper or the lower lip. Not long ago, I was required to remove the whole of the upper lip, an operation which I performed in the manner indicated in the third and fourth diagrams. I have several times removed the whole of the lower lip as seen in figs. 1 and 2. I am, therefore, able to say, unhesitatingly, that a mouth may be made from one lip. The lower can be made into lower and upper lips; the upper can be made into upper and lower. The cut margins (of cheek) can be brought together with certainty of union. Any one may bring the angles of his mouth together over the closed jaws. The cut parts are to be brought together (this is very important) with thick silver wire. Wire as thick as an ordinary brass pin causes no irritation; it does not cut, and very powerful traction can be made with it. The simple suture should be used, and should include a great amount of tissue. The cheek should be separated freely from the jaw, so that the deep parts may come together easily as well as the skin.

With intentional brevity, all other details are left to be told by the

also show the best method of operating on severe hare-lip—not forgetting the thick wire.

Advantages.—The incisions are the simplest and the least extensive