Of these remedial measures, I have no experience. In bringing forward the foregoing cases, my object has been rather to draw attention to the diagnosis of this singular affection, than to offer or advocate any novel mode of treatment.

Wells, Norfolk, April 1853.

CASE OF ABSCESS OF THE LIVER: SPONTANEOUS EVACUATION: CURE.

By FREDERICK MASON, Esq.

CASE. Mrs. —, a laundress, aged 58, had had slight pains in the epigastrium and bowels for some weeks. She had hernia on both sides for many years, easily reducible; and she had suffered very little uneasiness from this cause. On December 20th, 1852, she did an unusually heavy day's work, continuing at it until one o'clock the following morning. On the afternoon of this day (21st), she was seized suddenly with violent pain in the left side, a little below the margin of the ribs. I saw her about 10 o'clock, p.m. She was sitting on the edge of the bed, complaining of intense pain in the left side of the umbilical region, increased on pressure, and preventing her from lying down. The skin was cold; the tongue moist; the pulse 74, and weak. She had no vomiting. The bowels had acted once on the 20th, but not on this day. The hernia on the left side was not protruded; that on the right was to some extent, but was very easily reduced. I directed her to have the bowels well and constantly fomented with flannels wrung out of hot water, and to take four grains of calomel and ten of Dover's powder directly; to be followed by an effervescing mixture of citrate of potash every four hours, and a dose of castor oil early in the morning.

December 22nd. The pain in the left side was relieved, but was more severe in the right hypochondrium, and more especially so in the epigastrium, passing through to the back and to the left shoulder. The bowels had acted twice. I prescribed one grain of calomel and four grains of Dover's powder every six hours; and ordered the mixture and fomentations to be continued.

December 23rd. The pain was not so violent, though still severe. I directed six leeches to be applied to the epigastrium, and ten minims of tincture of opium to be added to each dose of the mixture.

December 24th. The gums being slightly affected by the calomel, it was now discontinued.

December 25th. The pain had increased, and a circular swelling, about two inches in diameter and a quarter of an inch in height, had appeared in the epigastrium. The heart-sounds were very distinct and clear beneath the swelling; and there was an impulse communicated to it, but no *bruit* of any description. She complained of severe throbbing pain in the swelling. I prescribed two-thirds of a grain of solid opium every six hours. In the evening of this day, she had frequent and violent attacks of shivering, followed by cold sweats. The pain not having abated, she was ordered to continue the opium, and to apply six more leeches.

During the following week she continued much in the same state. She had occasional attacks of shivering; generally lay on her right side; and complained of numbness in the left side, especially in the arm and leg, when she turned on to her back. Morphia was substituted for opium at bed-time; but it failed to procure sleep.

January 5th, 1853. The swelling was increased in size, more tense and elastic to the feel; but I could not detect fluctuation.

January 6th. She appeared better. She said that, on the preceding evening, she felt a sensation of something bursting "with a pop" beneath the swelling; and that soon afterwards a profuse diarrhoea began. The evacuations were so offensive, that they were obliged to be thrown away immediately: they were said to be of the colour and appear-

ance of barm. The swelling was gone, and also the arterial impulse. She had no vomiting.

January 7th. She was better, and had less pain. The bowels were not so much relaxed. The motions were feculent. The tongue was covered with a moist slimy-looking fur. The pulse was weak and quiet.

January 8th. The tongue was cleaner. The appetite had improved. She complained of a very fetid-smelling and nauseous froth frequently rising in the mouth. Pulse 72.

From this time she gradually improved. Slight tenderness on pressure along the margin of the liver remained for a few days, but this soon quite disappeared. She was able to sleep well without morphia.

January 17th. She sat up for three hours. There had been no return of pain.

January 28th. I found her down stairs, doing a little light work; and I was now able to discontinue my attendance.

I have made inquiries for her lately, and find that she continues well.

5, Cleveland Place East, Bath, April 1853.

LIGATURE OF THE EXTERNAL ILIAC ARTERY FOR A WOUND.

By JAMES OGDEN, M.D.

DURING my practice as a surgeon in Rochdale, the following case occurred to me in 1825. Although so many years have elapsed since the operation, I have not seen another case recorded of tying the external iliac artery for a wound; nor have I been able to elicit from the experience of my professional friends, or from any other source, any account of a similar case. Having been often solicited to communicate the circumstances of the case, I have done so from the notes of my case-book, as an unique contribution from the records of an extensive practice of many years.

CASE. Jeremiah Crossley, aged 26 years, a stout and active young man, having provoked an irritable Irishman, a vendor of small wares, whilst stepping into a public-house, was attacked by him on coming out, and stabbed with a long sharp penknife in the right iliac fossa, about an inch above Poupart's ligament. A most frightful hæmorrhage ensued; and he was instantly dragged across the street into my surgery, in a state of syncope, apparently dead, and his clothes saturated with blood; on their removal, blood was found flowing *per saltum* from the wound.

With the assistance of my apprentice, Mr. Preston, now of Prestwich, and the late Mr. Buckley, I immediately passed a director between the peritoneum and the fascia transversalis, cutting this fascia, and the internal and external oblique muscles, so far as to allow me to introduce my finger as a guide for the better protection of the peritoneum. I carried the incision upwards for about three inches, in the direction of the anterior superior spinous process, about an inch and a quarter internal to it. The coagulum which presented itself was scooped out; and, carefully drawing aside the peritoneum and gradually separating it from its cellular attachments to the parts beneath, I was enabled to raise the artery upon the point of my finger, when the wounds in the sheath and artery were perceived. Compression with the finger retarded the hæmorrhage. The wound in the fascia was somewhat enlarged, so as to enable me to apply a double ligature, taking care at the same time not to denude the vessel of its *nana vasorum* any more than could possibly be avoided, and carefully separating the vein from the artery. On examining the state of the parts more minutely, I found that a nerve was included; this was excluded by passing a second needle, armed as before, and withdrawing the first. The artery was then secured firmly, above and below the wound; one end of each ligature was cut off close to the vessel, and the

wound in the abdomen secured by sutures, etc. The necessary means were taken to restore animation and warmth to the extremities; and, in the space of two hours, we had the gratification to find pulsation at the wrist, and, in half an hour afterwards, consciousness. The patient was placed in bed at the inn, with the limb slightly bent, and supported by pillows at the knee. A draught was given, composed of spirits of ammonia, compound tincture of cardamoms, and Battley's sedative solution of opium. Warm applications were applied to the feet, etc.

November 14th, 6 P.M. Six hours after the operation, he became somewhat restless. The foot and leg were cold, and no pulsation could be felt in the femoral, popliteal, or anterior tibial arteries. The draught was repeated, and warmth applied to the leg and foot. The wound was tolerably easy. Considerable reaction had taken place. The pulse was 110, small, and compressible.

November 15th, 6 A.M. He had been composed during the night. There was free perspiration. Pulse 96, much firmer.

At 8 P.M., he was slightly feverish; the pulse was full, and more bounding; the bowels had not been moved since the operation, at which time they were evacuated involuntarily. He was ordered to take immediately a grain of opium with three grains of calomel.

November 16th, 7 A.M. He slept several hours during the night. This morning he was feverish, with slight head-ache. Pulse 100. Half-an-ounce of castor-oil in mint-water was given. There was no pain or tenderness in the abdomen; the wound was not painful, but slightly tender when pressed upon; the leg and foot were cold.

At 7 P.M., the bowels had been freely moved; the pulse was 92; he was free from head-ache, and perspired copiously. The leg and foot were cold, and of a dingy colour.

November 17th, 8 A.M. He passed a good night. The pulse was 90, with occasional intermissions. The abdomen was soft, and free from tenderness on pressure; the leg and foot were cold as marble, and mottled in places. There was no return of pulsation in any of the tangible arteries of the leg.

At 7 P.M., he was much the same as in the morning. A draught was given, with twenty drops of Battley's sedative solution, and an ounce of liquor ammoniæ acetatis.

November 18th, 8 A.M. The adhesive plasters were moist with a slight sanious discharge from the wound.

At 8 P.M., he remained much the same.

November 19th, 7 A.M. The leg and foot were still cold. He appeared more anxious in his looks. I partially dressed the wound, which looked healthy, and was slightly adherent in parts. The pulse was 100, and feeble. The draught was repeated at night.

November 20th, 7 A.M. He was free from pain. Pulse 92. There were slight typhoid appearances, and occasional singultus. The leg and foot were perfectly cold, dark, mottled, and somewhat shrivelled.

At 8 P.M., he was restless. The pulse was too irregular to be counted satisfactorily, but was supposed to be above 100, including intermissions. The draught was repeated, with a musk and ammonia bolus, formed with opiate confection.

November 21st, 7 A.M. He had some sleep during the night. The skin was moist and clammy. The leg and foot were almost black, more shrivelled, cold, and in a state of gangrene. The hiccup continued. There was slight discharge from the wound, but not offensive.

At 9 P.M., the symptoms were much the same. He was occasionally incoherent, and said, when asked, that he had not the least pain. The draught and bolus were repeated.

November 22nd, 4 A.M. I was called in haste, on account of hæmorrhage, and found him *in articulo mortis*, and deluged with blood. He died in a few minutes.

EXAMINATION OF THE BODY. We found that the artery on the cardiac side of the ligature had sloughed, having partaken of the mortification in the extremity and contiguous parts.

REMARKS. This case was pronounced, by the verdict of the jury at the coroner's inquest, to be one of wilful murder; but this verdict was ignored by the grand jury at Lancaster, and the case was tried before the late Judge Bailey as one of manslaughter. The prisoner was committed for the term of two years.

On the third day after the operation, I was convinced that the case would terminate fatally, as no warmth or circulation could be established; proving to me that the anastomoses would not be sufficient for the supply of blood to the extremities, owing to the circulation having been too suddenly cut off to give the gluteal and other collateral branches time to become sufficiently dilated, to enable them to carry on the circulation in the limb below.

Ardwick Villa, Manchester, April 1853.

PERISCOPIC REVIEW.

EPIDEMIOLOGY, HYGIENICS, AND STATISTICS.

STATISTICS OF THE DEAF AND DUMB IN IRELAND.

THE *Journal of the Statistical Society*, published last month (March), has an interesting article, bearing the title given above, by Mr. W. R. WILDE, Assistant-Commissioner for the Census in 1851. This census was made the medium of the inquiry, with the permission of the Lord Lieutenant, and at the request of the local secretaries of the Society. The return also presents at one view, not only the amount and distribution of disease, but also the maladies to which the inhabitants of Ireland are most exposed at a certain period of the year. This, we believe, is the first attempt yet made to collect and tabulate the diseases presented on a single day in even a limited portion of any country. We earnestly solicit the attention of the profession to the very important medium of observation thus opened to the study of endemic disease. The general return of the diseased is divided into permanent and temporary; and foremost among the former stands *deaf-mutism*, a subject highly interesting, both in its physiological and social bearings.

The exact number of the deaf and dumb population cannot be precisely ascertained, from the difficulty of determining mutism under two years of age. It appears probable that the estimate for Ireland would be about one deaf-mute in 1,500 inhabitants. For all Ireland, 4,485 deaf-mutes were returned, or 1 in 1461 inhabitants. Taking the most authentic information for our guide, this approaches very nearly the proportion of the whole of Europe, which is one in 1,593. "The duchies of Luxembourg and Wurtemberg, and the kingdoms of Tuscany, Bavaria, Belgium, and Holland, possess the fewest, while Sardinia, Norway, and parts of Switzerland, exhibit the greatest number of deaf-mutes in proportion to their populations; the average of the former countries being one in 2,209, and of the latter, one in 641.9. In some of the Swiss cantons, the proportion of the deaf and dumb to the population is as high as one in 200; and in those localities it is generally combined with cretinism and idiocy. In a country like Ireland, completely insulated, limited in extent, and possessing great sameness of surface, one would not expect that the proportion should alter very much in the different provinces and counties: still we find the following variation:—in Leinster, one in 1,794; Connaught, one in 1,689; Ulster, one in 1,487; and in Munster, one in 1,169. Deaf-dumbness, arising from all causes, prevails most in the rural, and least in the civic portions, or those towns whose inhabitants amount to 2,000 and upwards, exclusive of workhouses. Thus there are fewer cases in proportion to the population to be found in the towns of Drogheda, Carrickfergus, Galway, and Belfast, and the cities of Cork and Dublin, the average for these places being one in 2,384. Generally speaking, the flat campaign counties, such as Roscommon, Westmeath, Dublin, Meath, and Kildare, present the fewest cases; the average in these being one in 1,950; while Mayo, Limerick, Donegal, Waterford, and Wicklow, and also Tipperary, Tyrone, and Fermanagh, the five first lying chiefly on the sea-coast, and the majority presenting mountain ranges, have a greater number of deaf and dumb, in proportion to their population, than the remaining counties, their average being one in 1,338; and in Wicklow the proportion is as high as one in 1,192. Leitrim, Clare, Down, and Antrim, are also high.