ing over the whole frame; and tears: analogous effects may be produced by a reflected action; the prick of a pin in the vicinity of the eye will produce sensation, redness, lachrymation, as fully stated beforehand. These circumstances indicate that the nervous currents which accompany the phenomena of emotion, sensation, and capillary circulation belong to the same nervous tract, and that they may be either direct or excited.

These views are in complete harmony with the principles regulating motion, in which there is a voluntary tract the currents of which proceed from the brain to the muscles; an excito-motor tract incident upon the spinal cord reflected upon the muscles. In both cases too sensation may be excited at the same time that reflex action is set up.

(To be continued.)

NEWCASTLE-ON-TYNE INFIRMARY.

TWO OPERATIONS ON THE JAW AND BONES OF THE FACE, RECENTLY PERFORMED BY SIR JOHN FIFE.

(Reported by Mr. F. A. GIBB.)

CASE I.

Jane Taylor, aged 57, admitted December 11, 1845, with osteo-sarcoma of the anterior portion of each upper jaw, extending on the right side to the right canine fossa, the nasal and orbital processes, and a large part of the palatine bone; on the left side to half an inch of the maxillary-nasal symphysis and anterior portion of the left palatine bones. In March last a fibrous tumour had been removed from the anterior part of the maxillary bone below the right nostril.

Operation.—December 16th. Sir John Fife made an incision from near the right lachrymal fossa down to and around the right nostril, across the septum to the left nostril, and then downwards through the lip. Another incision was carried from the upper part of this down to the right cuspidatus; some diseased integument included was removed, and the remainder dissected upwards and backwards on each side; the saw was then applied from near the right nasal bone to the canine fossa on the same side, and next to the maxilla below and outside the nostril on the left side. An incision with a strong scalpel was carried across the palate, after which the bone-forceps of Mr. Liston detached the whole mass. The lips of the wound were then brought together by the interrupted suture.

December 17th. Much exhaustion, but no difficulty in deglutition.

19th. Pulse feeble; lips of wound livid.

24th. Pulse stronger; incision in a state of healthy ulceration.

28th. Sir John Fife drew together the edges of integument beneath the nostril, and introduced three elastic steel needles, and then applied a twisted suture.

31st. Union complete; face little disfigured; deglutition and articulation good.

The disease removed was surrounded on every side by healthy structure.

CASE II.

— Ford, aged —, applied to Sir John Fife, with a fungoid protrusion from the socket of the last molares but one of the right lower jaw, considerable enlarge-

ment of the bone underneath, and ulceration extending up the inside of the right cheek.

Operation.—December 23rd. Patient reclining on the back with the head raised, the left cheek next the window. Sir John Fife passed a French bistoury through the cheek from the inside, near the last molares, pointing downwards, but carefully above the ulcerated membrane; the incision was carried forward towards the commissure of the lips, and afterwards through the commissure. The jaw was soon exposed from its angle to the socket of the right cuspidatus, at each of which points it was cut through, partly by the saw, and partly by forceps. At both points the bone was healthy, but the bleeding from it required the cautery. Such vessels as could be found were then tied and the lips of the wound brought together by six stitches of interrupted sutures. Patient not at all exhausted but cheerful and firm.

December 24th. Deglutition not easy; articulation useless; pulse good.

26th. Deglutition restored, and some degree of articulation; saliva flows from the lips, which are swollen.

28th. Wound united, excepting where prevented by ligatures; face not disfigured.

31st. Complete cicatrization; swelling and flow of saliva subsided; patient comfortable..

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JANUARY 14, 1846.

No object can be proposed more worthy the attention of the enlightened members of our profession, and certainly none more disinterested, than the improvement of the public health. When it comes to be considered that the causes which are most active in the generation of disease must always press heavily on the productive classes—that they are commonly the more extensively diffused, and the more energetic in their operation, in proportion to the density of the population, and consequently act directly upon the industrial part of the community, which, in manufacturing districts at least, are necessarily closely congregated together, the importance of counteracting measures can scarcely be too highly estimated.

Every artisan or labourer, disabled by disease for any length of time, is a cause of two-fold loss to the community,—first in individual productiveness, secondly in becoming chargeable for the maintenance of himself and family on the public funds; and when the disease which disables him, or the cause productive of the wear and tear of the human frame, is one which is general—operates upon classes rather than individuals—the loss in either description becomes cumulative to a proportionate extent.

Mechanical and other arts are mainly carried on by three descriptions of machines,—the inorganic,