property of sugar—namely, fermentation. So that we are not at all justified in setting aside the evidence drawn from other sources, on the plea that organic chemistry has not succeeded in placing this poison before our eyes, for we must keep in mind, that whatever this poison may be, it is a matter with whose physical properties and chemical affinities we are wholly unacquainted, and that the only knowledge we possess concerning it, has been derived from a study of its effects on the living human body.

CASE OF PARTIAL AMPUTATION OF THE RIGHT FOOT.

By JOHN WICKENS WEST, L.A.C., M.R.C.S., &c.

Andrew Cobb, aged 25, by occupation a farmer, met with a severe accident to his right foot, August 20th, 1846. He had been engaged with his labourers at a thrashing machine, and his attention being suddenly attracted by one of his children approaching too near, he was put off his guard, and caught his foot in the machinery. It produced extensive laceration of the soft parts, and a comminuted fracture of all the phalanges of the toes excepting the little one, which was left entire. The metatarsal bones of the second and third toes were also fractured. The phalanges of the great and fourth toes were left in the machine, and those of the third merely hung by integuments. The bleeding at the time of the accident was considerable, but was timely arrested by a professional friend, who visited him in my absence.

On my arrival at his house about an hour afterwards, I found that the foot was merely bound up in a handkerchief, by the desire of the poor man, who was anxious for me to see him before an operation was performed. There had been no farther hæmorrhage, the artery, (popliteal,) being well secured by the tourniquet. On examination of the parts I found it quite impossible to save any of the toes, I therefore determined, in consultation with Dr. Crabb, to perform partial amputation of the foot; and as the soft parts beyond the toes were not much injured, I resolved to amputate as near to the seat of injury as possible, in order to retain for the poor fellow a useful limb. I commenced my incision on the dorsum of the foot, carrying it through the integuments in an oblique direction round the sole, thus securing a good flap. I then divided the tendons and other soft parts, and sawed through the centre of the metatarsal bones. The arteries were with some difficulty secured, especially the internal plantar; the outer being larger was more easily tied. The integuments were then brought in apposition, and retained by two ligatures, and the parts dressed with plaster and bandage. The man bore the operation remarkably well, and lost but little blood. Forty drops of the tincture of opium were given him shortly after, and I left him for the night.

21st. Visited him this morning, and found he had passed a restless night, and complained the bandage was too tight, and the stump painful. I slackened the

bandage, and ordered cold water to be applied frequently. Pulse 96; tongue white.

Mist. Salinæ, oz. iss., quartis horis. Haust. Sennæ-statism.

22nd. Has been more tranquil since yesterday, and got some sleep at intervals during the night. No hæmorrhage; bowels open; less feverish; pulse 90; tongue white.

23rd. Going on favourably, but the stump smells offensive, and is stiff and uncomfortable.

25th. At my visit this morning I removed the dressings, and found that partial adhesion had taken place; the stump discharged a thin fluid, but looked pretty healthy. I dressed the parts with soap-cerate plaster and bandage. Bowels open; pulse 96. To continue his medicine.

27th. On removing the bandage I found considerable discharge, very offensive and thick, and evident appearance of granulations. I ordered a bread poultice to be applied night and morning.

29th. The poultices have been continued since my last visit, and there is much improvement in the appearance of the parts, which are disposed to granulate freely. The ligatures are come away.

November 2nd. I omitted the poultices this morning, the parts looking so thoroughly healthy, and the granulations so exuberant, that I commenced applying caustic and dry lint, with straps of soap-plaster over.

3rd. The parts look healthy, and inclined to heal.

I continued the same treatment for three weeks, by which time the stump was completely healed, and the man was enabled, by the assistance of crutches, to get about.

December 12th. I visited him this morning and found he was able to put on an easy shoe, and could walk tolerably well with a stick.

I would remark, that I consider it far preferable, in all cases where it is possible, to amputate the foot at the centre of the metatarsal bones than to remove it at the articulation of those bones with the tarsal. The opening of joints, however small, is always attended by considerable irritation, and increases the sufferings of the patient.

Poole, December 26, 1846.

Hospital Reports.

WEST NORFOLK AND LYNN HOSPITAL.

COMPLICATED SURGICAL CASES AND OPERATIONS.

By CHARLES COTTON, M.D., F.R.C.S., &c.

(Continued from page 611, of last Volume.)

STRANGUATED HERNIA IN THE INGUINAL CANAL. (TWO DAYS.)

William Wicks, farm-labourer, aged 26, admitted at 10 p.m., October 27th, 1844. States that whilst unloading a cart of earth on the morning of the 25th a lump came down, which he was unable to return. He has been sick ever since, and the bowels have not acted. The surgeon who saw him having failed in the use of