Camph. Comp., dr. j.; Aquæ, oz. vj. M. Sumat coch. ij. magna. ter die. Mild diet.

18th. From this time W. R. soon recovered. I kept him a close prisoner for some days, and applied Argenti Nitras to the uvula, which was ulcerated at its free end.

REMARKS.—This case forcibly illustrates the value of tartar emetic in affections of the larynx. Vomiting always affords relief; and the prostration occasioned by the combined effect of bleeding and tartar emetic subdues inflammation and relaxes spasm. The mercury was of course a precautionary measure, to keep up the anti-inflammatory action, and check effusion, &c., but in these very urgent cases tartar emetic is the sheet-anchor.

CASE OF AMPUTATION OF THE ARM, PERFORMED UNDER THE INFLUENCE OF ÆTHER: ABNORMAL DISTRIBUTION OF THE BRACHIAL ARTERY.

By CHARLES ANDERTON, Esq., Surgeon, Leigh, near Manchester.

September 21, 1847. In company with my worthy and intelligent friend and professional neighbour, Mr. Manley, and his son, I removed the arm of a poor scrofulous girl, of the name of Margery Meadows, aged 15 years.

She laboured under strumous degeneration of the elbow-joint, of three or four years standing. The joint was enormously enlarged, with a multitude of orifices penetrating its surface, whence flowed pus, mixed with a fluid resembling synovia. The catamenia had not appeared.

We commenced by administering æther per inhalor, which was superintended by Mr. Edmund Manley, a student at the Manchester School of Medicine and Surgery, with considerable tact; but, owing to the strength of the æther, and the somewhat imperfect state of the instrument, (although a new one,) her glottis became exposed to too intense a stimulus, giving rise to repeated convulsive expirations, in the shape of short rapid coughs. Notwithstanding these little embarrassments, the specific properties of the æther became manifest, after respiring for three or four minutes. I then immediately commenced the operation by "circular incision," and the division of the integuments was completed without the least indication of pain on the part of the patient; but immediately the knife was applied for the division of the muscles, the patient began to scream, and obviously to feel intensely, and this she continued through the remainder of the operation.

I ought to observe, that I conceive the effects of the æther did not protect the patient for longer than *one minute*. From the profound cerebro-spinal torpor which the æther appeared subsequently to occasion, in the dilated pupil, laboured and feeble pulse, cold perspirations, suspiratory respirations, collapsed muscular fibre, &c., I should feel a great degree of hesitation, on any future occasion, in administering the æther, more especially in weak and lymphatic subjects, like the one under consideration.

After completing the operation of removal, we discovered, to our surprise and embarrassment, that there was an abnormal distribution of the brachial artery, the only vessel requiring ligature being a small (not larger than a terminal,) branch of the superior profunda, on the *external* side of the bone!! On examination of the face of the stump, there was a forcible pulsation in the normal situation of the brachial, which, on tracing, appeared to take a circumflex course anteriorly.

Under these (to our minds not very safe,) circumstances, we did not feel justified in bringing the edges of the stump together immediately, from a fear of secondary hæmorrhage. We therefore cautiously loosened the tourniquet, until all restraint upon the vessels was removed, and left the stump exposed for two hours, but without the least indication of hæmorrhage, although the whole of the vessels over the face of the stump appeared all in forcible activity.

As it is unnecessary as uninteresting, to give the daily report of the case, permit me to say, that the stump, on this, the 13th of October, is perfectly cicatrized, without the least unfavourable symptom or appearance of hæmorrhage, from first to last!! Is it possible that in this case the brachial artery could have been obliterated by disease?

CASES FROM PRIVATE PRACTICE.

By JOHN RICHARD WARDELL, M.D., Edin.;

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

(Continued from page 503.)

The treatment of puerperal convulsions has unquestionably received the greatest improvement from the more correct opinions which have in recent times been formed of its special pathology. It is now unanimously admitted by all who have had sufficient experience in the affection to entitle their decision to respect, that all means are secondary and inferior to copious general blood-letting; indeed the lancet is our main dependence. The great fatality of former times it is now evident, was on account of the timid and ineffectual manner in which they employed this, when energetically used, potent remedy. A small blood-letting is of no use whatever; we must open the vein by a large orifice so that a full stream be emitted, and when the blood is not freely abstracted from one arm, we should open the veins of both, or bleed from the jugular vein. The last-mentioned method however, is less to be recommended, than the preceding, owing to the dangers necessarily associated with having recourse to that operation, from the restlessness and constant tossing of the patient. It may be requisite to abstract twenty, thirty, and even forty ounces, at one bleeding, and it sometimes happens that fifty or sixty may be drawn in the course of three or four hours. In the case now given, thirty-five ounces were taken at the first bleeding, and twelve more afterwards,