through the walls of which the pulsations of the artery were visible. On the inner side the external border of the scalenus was also exposed, and by tearing away the cellular tissue in this space, by means of a blunt hook and a silver knife, the transversalis colli and supra-scapular arteries were brought into view, arising from the thyroid axis within the scalenus muscle, and proceeding outwards across the bottom of the wound to their destination. Above the transversalis colli was felt the subclavian artery, and above it the lower branches of the axillary plexus of nerves. Having slightly detached it from the rib, I had no difficulty in passing around it an armed needle at a quarter of an inch on the outer side of the scalenus.

The progress of the case was tolerably favourable until the seventeenth day after the operation, when appearances manifested themselves which the author attributed to phlebitis. The treatment of this symptom consisted in excoriating the surface over the affected vessels with water nearly boiling, and anointing the excoriated surface with ung. hydrarg. mixed with opium. The ligature separated on the 47th day after the operation.

The author declares his preference for the mode of incision adopted in this case, over the more usual one along the line of the clavicle, on account of the greater facility of approaching the vessel to be tied, as well as the greater probability of escaping troublesome, if not dangerous, hæmorrhage. The paper concludes with observations on the severe constitutional symptoms which frequently follow the ligature of large vessels, and which, in the case now related, were particularly urgent.

READ ALSO, A CASE OF ANEURISM OF THE RIGHT SUBCLAVIAN ARTERY IN WHICH A LIGATURE WAS SUCCESSFULLY APPLIED, BY JOHN P. HULTON, ESQ., SURGEON TO THE LIVERPOOL INFIRMARY. COMMUNICATED BY SIR B. BRODIE, BART.

The patient was a warehouseman, aged 35, of robust frame, and was admitted into the infirmary in December last, with a strongly pulsating aneurismal tumor immediately below the clavicle, raising that bone considerably from its natural position. The disease had its origin from an accident which occurred three months previously to his admission, when, having fallen from a pile of cotton, his fall was suddenly arrested by a hook which suspended him by his arm.

Notwithstanding the appearance of the swelling three weeks after the accident, and the great suffering which attended its rapid increase, he continued to follow his laborious employment until the 24th of December, and did not present himself at the Infirmary until the 30th.

Between that time and the 8th of January, when the operation was performed, a rapid increase took place in the size of the tumor. Unlike the author of the paper briefly alluded to above, Mr. Hulton prefers the mode of making the first incision which was first recommended by the late Mr. Ramsden, namely, that in the line of the clavicle, from a belief that thereby hæmorrhage is more likely to be avoided. "The integuments were drawn down a little over the clavicle, and with the platysma divided by a scalpel upon the upper end of the bone, to the extent of about three inches, the incision commencing nearest the shoulder, and terminating just be-

yond the sterno-mastoid muscle. The integuments beyond the incision and on the outer edge of the sterno-mastoid muscle, being pinched up, were next separated by one sweep of a sharp-pointed bistoury, cutting from within outwards, from about the middle of the first incision in a line upwards and backwards for two inches and a half, due regard being paid to the course of the external jugular vein."

By means of the freedom afforded by the external incision just described, the author was enabled to complete the remaining stages of the operation without difficulty, and a double ligature was passed around the artery, at a depth of two inches below the clavicle. The hand, arm, and shoulder were enveloped in a thick layer of carded cotton. The result of the case was most favourable; the ligature came away on the 12th day; the incisions healed rapidly; his recovery was uninterrupted by any bad symptom up to the 27th of February, on which day the aneurismal swelling had almost disappeared, and pulsation was distinct in the radial artery. After this, the swelling again became large and painful, though without pulsation, and matter formed in the situation of the sac. This being evacuated by a trochar to the amount of twelve ounces, was found to consist of very offensive pus, mixed with putrid blood. On the 3rd of April the patient was entirely well.

NEWCASTLE ON TYNE INFIRMARY.

PRACTICE OF SIR JOHN FIFE.

(Report by Mr. HOBBS.)

LITHOTOMY.

JOHN KENNAN, æt. 8, of Stockton, was admitted May 6, 1841, under the care of Sir John Fife, with the usual symptoms of stone in the bladder. His symptoms commenced about four years ago with a sudden attack of pain in the genital organs, and have continued more or less up to the present time. On admission the following particulars were noted:—great pain across the loins on pressure, incontinence of urine with considerable mucous deposit, elongation of the prepuce, prolapsus of the rectum following the straining required to void some few drops which are occasionally retained, and excessive irritability of all the neighbouring parts. Bowels open, appetite good, thirst very great, sleeps very little at night, his pain being then most severe. During five days which intervened between the date of his admission and the operation, he was treated with the warm bath, with Dover's powder and calomel every night, occasional doses of castor oil in the morning, and the infusion of linseed *ad libitum*, from the use of which he derived great relief. He was (with great difficulty) sounded several times, and a stone distinctly felt.

Early in the morning of the 11th, the day appointed for the operation, an enema was administered, which cleared out the bowels, and about an hour before the operation fifteen drops of laudanum were given him. The operation was performed in the usual manner with Mr. Liston's knife, and a curved staff; no difficulty was experienced, and the calculus was readily extracted.

There was considerable hæmorrhage, which ceased on the introduction of the tube wrapped with lint. He was put to bed, and soon fell into a sound sleep, in which he remained a great part of the day; the urine flowing freely through the tube.

He continued doing well till the 16th, when hæmorrhage came on, which for some time resisted plugging, but subsided in two or three hours by the application of cold cloths; a great quantity of blood was lost, and several large clots discharged. Since this he has not had one bad symptom; the wound is healing rapidly, nearly all his urine passes through the urethra, and he is now (26th) going about the ward much improved in health, strength, and appearance.

The calculus was of considerable size, and weighed six drachms.

STRABISMUS.

Margaret Callin, æt. 18, was admitted on May 6, under the care of Sir John Fife, with strabismus convergens, which had existed from childhood. On the 11th she was taken into the operating theatre, and the operation performed in the following manner:—Her head being supported on an assistant's breast, and the eyelids separated with the fingers, Sir J. F. raised the conjunctiva at the internal canthus with a forceps, and then made a vertical incision between the sclerotica and caruncula with a small scalpel; he next introduced a curved probe, and immediately caught the internal rectus muscle at its insertion, and divided it with a scissors; the eye was then straight, but there seemed some power to invert it slightly when the attempt was made in a direction downwards or upwards; perceiving this, Sir J. F., according to his usual practice under such circumstances, again introduced the hooked probe, first upwards and then downwards, drawing forward and dividing in each direction any tendinous fibres or cellular tissue which were exposed; after this the eye could not be inverted even upward or downward, and the deformity was perfectly removed. Very slight inflammation followed this operation, which required no other treatment than the application of warm water.

Sir J. F. considers it important in this operation to avoid wounding the sclerotica, which is often done with the sharp hook generally used.

MEDICAL ASSOCIATION OF IRELAND.

THE third anniversary meeting of the Association was held in Dublin on Wednesday, the 26th ult., and was attended by more than a hundred medical practitioners of the highest respectability, representing the profession in every part of Ireland. At one o'clock, the President, Richard Carmichael, Esq., took the chair, and the Secretary laid upon the table letters of apology and approval of the objects of the Association from more than seventy gentlemen whose personal attendance was prevented by various causes.

The President read a long and able address, of which our space will only permit us to give a very faint outline.

Medical reform formed the principal topic of Mr. Carmichael's address. In reference to the proposed election of a senate and councils, under

the bills of Messrs. Warburton and Hawes, Mr. Carmichael observed, that he considered the constituency those legislators contemplate as too promiscuous and too numerous to be likely to elect such councillors as would be qualified or fitted for the important trust of governing the profession. He would, therefore, propose to limit the constituency by providing, in the first instance, that all the legally-qualified practitioners, engaged in the practice of pharmacy, who keep open shops, shall be deemed incompetent to vote for members of council.

2. That no practitioner whatsoever should be empowered to vote for members of council, until he has been five years a legally-qualified practitioner.

3. That no man should be eligible to be elected a member of council who is a general practitioner, nor until he has been ten years legally qualified to practise.

Having surmised that the plans of Messrs. Warburton and Hawes would meet with most decided opposition from existing corporations, Mr. Carmichael proceeds to discuss the opinions lately put forth in the "Quarterly Review," the plans of Dr. Kidd, and Mr. Green, and the article which appeared in a recent number of the "Provincial Journal." To Sir B. Brodie's scheme Mr. Carmichael objects—

1. There is no provision that the profession shall be concerned in the selection of the members of this board of control; consequently, persons not possessing the confidence of the profession, and, perhaps, more remarkable for their courtly pliancy than for their talents and integrity, would, in all probability, be appointed by the government to the important office of regulating the profession.

2. This proposed board of control would, no doubt, hold its sittings in London, and there is no provision made that it should be assisted by councils in each great division of the United Kingdom; therefore it is not, in my opinion, likely that the interests of the profession would, under one board of control, sitting in London, be duly attended to in this country and in Scotland.

3. In this scheme of reform there is no expectation held out for the accomplishment of two of our leading principles of reform, viz. the union of physic and surgery, and the adoption of measures which are calculated to promote the gradual separation of pharmacy from the practice of medicine.

To the plan of reform which was sketched by a provincial physician in the Thirty-fourth Number of the Provincial Medical and Surgical Journal, Mr. Carmichael objects—

1. There is no provision made for unity of government, such as a senate, elected by the three councils, would supply.

2. It is proposed to fill up vacancies in the council afterwards, on the principle of self-election, which is objectionable, as each council would then become an irresponsible body to the profession: and—

3. As the election of members of council is, according to this scheme, to rest altogether with the universities and colleges, the great mass of the profession would not be represented, as these bodies exclude the great majority of their licentiates and members from any participation in the management of their affairs.

The modifications which Mr. Carmichael would