Loss of blood was found to have been the only cause of death.

"In addition to the interest that is always attached to wounds of large arteries, the above case appears to me to possess a certain value from the necessity I was under of modifying my original plan of operating, caused by the great loss of blood before the operation, and by the height at which the wound in the artery was situated. It is evident, from this observation, that cases may present themselves in practice, when ligature of the subclavian above the clavicle, or, at least, ligature of the axillary artery, above the pectoralis minor becomes indispensable, even in cases of wounded axillary artery, which we are not the less forced to tie both above and below the wound. But as my principal reason for thus operating in the above case, arose from the difficulty experienced in compressing the artery above the clavicle, by means of the fingers of an assistant, when the arm was raised, shall I be blamed for not trying some other method of compression? It strikes me that I would have found it as difficult to have kept in position either a pad or the handle of a key, and that the compression would have been in no way more certain.

"I would, therefore, in cases analogous to this, make it a rule, as a preliminary step, to stop the hæmorrhage by first tying the axillary artery below the clavicle. This would almost entirely arrest the hæmorrhage, and would give the operator sufficient time for applying the necessary ligatures both above and below the wound."

The method recommended by M. Laugier appears to me objectionable in many points, but principally on account of the difficulty that would result from the application of three ligatures, in the return of circulation to the limb.

After ligature of the axillary artery, simply above the pectoralis minor, abundant means of carrying on the circulation exist by the anastomoses of the transversalis colli, the supra-scapular, and the internal mammary with the thoracico-acromialis, the subscapularis, the circumflex and the external mammary; but, in this case, by the application of three ligatures, one above the pectoralis minor, the other below the origin of the anterior circumflex, and the third above that of the posterior circumflex, it is evident that the above circle of anastomoses would no longer be serviceable, and that the circulation would have to be restored principally by the anastomoses between the posterior circumflex, the supra-scapular, and the profound arteries.

That the blood could flow pretty freely by this channel, was shown by the fact of the bleeding having recommenced from the lower orifice of the wounded artery, more abundantly than from the upper, after its ligature below the clavicle. But, as observation has proved that mortification is more likely to ensue in a limb, after the ligature of its principal artery for wound than for aneurysm, we should avoid causing a greater obliteration of a wounded artery than is necessary, for the freer the communication between the collateral branches is, the more likely we are to obtain a favourable result. This, then, seems to me to be a most serious objection to the plan recommended by M. Laugier.

By cutting through more or less of the lower bor-

der of the pectoralis major, M. Laugier might have arrived, as he himself admits, immediately on the wounded spot; but he did not think that "the advantage to be derived from it would compensate for the great destruction of the axilla, the risk attendant on it, and the necessary loss of blood from the division of one of the thoracic branches." And he also adds, "the situation of the wound might require total division of the pectoralis major, a circumstance that should be avoided if possible." In the first place, I can conceive no wound of the axillary artery *through the axilla* would require total division of the pectoralis major. If the wound should have been made from above downwards, through the substance of this muscle, we have nothing to do but to follow Scarpa's advice, and enlarge the wound. In the second place, the division of the pectoralis major, sufficient to have exposed the wounded spot, would not have been attended with greater risk than the operation for tying the artery above the pectoralis minor. Instead of having one large wound, and thus simplifying the operation, two distinct ones were made; time, a matter of life and death in cases of wounded artery, was lost, and it is probable, that before deciding on his plan of operating, and whilst searching, through an insufficient opening, for the upper orifice of the wounded artery, more blood was lost than if he had divided half a dozen thoracics, over which he had immediate command.

It therefore appears to me a safer and more expeditious plan, in cases of wounded axillary artery, to follow the example of Desault, Roux, Delpech, and others, and not to be deterred, by the fear of dividing a few muscular fibres, from enlarging the wound, even if we have to cut through half of the pectoralis major and minor. By this method we arrive more quickly on the wounded spot, and, what is of more importance, we preserve a greater number of collateral branches for the subsequent restoration of circulation, than if we followed the plan of M. Laugier of tying the axillary artery above the pectoralis minor, in addition to its ligature above and below the wound.

A CASE OF CROUP, SUCCESSFULLY TREATED.

By SIR ARNOLD JAMES KNIGHT.

1841. OCT. 10. Sunday, 9 A.M.—I was requested to visit a little boy about four years old. I found him in the advanced stage of a severe and neglected attack of croup. I was informed that about a fortnight before, his grandmother having gone from home, he cried so excessively that those about him could not pacify him, and they thought he had never been well since. On the Friday before I saw him, he had become so much worse, that his friends took him to a medical practitioner, who told them that he had got the croup, and gave him some powders, and a blister; they gave him the powders, but did not apply the blister: the boy grew still worse, and on Saturday night his symptoms were so much increased, that the friends sent for me on Sunday morning. The little patient's countenance was now pale; the lips livid; pulse quick; breathing and cough of that kind which is peculiar to the advanced stage of croup. Think-

ing that in his advanced state leeches would only occasion further depression, and that the danger was too immediate to wait the slow operation of a blister, I omitted both; applied a sinapism to the upper part of the chest; put his feet into hot water with mustard in it, and ordered five grains of calomel every hour, until the medicine should excite vomiting or purging.

1 P.M. Found him much the same, and continued the calomel, as it had not yet acted on either the stomach or bowels.

7 P.M. The child has taken four of the powders, containing each five grains of calomel; the fifth powder was lost, and the sixth was imperfectly administered. They had neither purged nor vomited him; he was not worse. I now ordered a teaspoonful of ipecacuanha wine every quarter of an hour, until vomiting occurred, and applied a blister betwixt his shoulders, to be kept on four hours; omitted the calomel.

Monday, 9 A.M. The patient had vomited after the second dose of ipecacuanha wine; he coughed up some phlegm, but seemed to swallow most of it; had had some sleep, and appeared better; the bowels not having been moved, I ordered an injection, and if that did not act, some castor oil.

Monday night.—The bowels had been moved by the castor oil, but the breathing had again become much more difficult; the skin was moist and clammy, and the child appeared to me to be so nearly suffocated, that though I had given his friends little hope from the first, I now told them he could not survive the night. I repeated, however, the ipecacuanha wine, and ordered two more calomel powders as before.

Tuesday, 9 A.M. The child had taken the medicine as directed; early in the morning the attendants thought him dying; a great change then took place for the better, and he became so much relieved, that at my visit I found him sitting up, and amusing himself with the keys of a piano-forte: he continued to improve through the day, and in the evening I found him amusing himself with some cards. He remained delicate for some days, then he gained his appetite and rapidly improved, until restored to his former state of good health.

P. S.—Detailed notes of the foregoing case were not kept, because, from the first, it was thought impossible for the little patient to recover.

Sheffield, November 11, 1841.

ERRORS OF DIAGNOSIS.

BY JONATHAN TOOGOOD, ESQ.

SENIOR SURGEON TO THE BRIDGWATER INFIRMARY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—The publication of the late unfortunate case in which Mr. Liston mistook an aneurysm for abscess, recalls to my recollection one which was admitted into St. Bartholomew's Hospital, in the year 1806, whilst I was house-surgeon to that institution. This patient had a considerable swelling of slow growth immediately above the clavicle; the skin was much distended and inflamed. It was carefully examined by the

late Sir Charles Blicke, than whom no man had better tact or greater experience, and other able surgeons, who supposed it to be a scrofulous abscess, and it was determined to evacuate the contents in the usual way. On opening it, to the astonishment of all present, nothing but air escaped, the swelling instantly collapsed, and for some time afterwards the current of air in expiration was sufficient to extinguish a candle. The patient died some weeks after, when dissection discovered a crumbling caries of the first rib, with tubercles and vomicae of the lungs.

"Humanum est errare."

I remain yours obediently,

JONATHAN TOOGOOD.

Bridgewater Nov. 18, 1841.

WAYS AND MEANS OF GENERAL PRACTITIONERS.

No. II.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—In my former letter, (in No. 25, vol. ii.) I endeavoured to make it apparent that medical reform was a subject that chiefly concerned the general practitioner. That it was not so much a question of education and government, as of ways and means. That the necessity of a higher scale of education, and of better government of the profession collectively, however important, was not the great desideratum. The galling evil, which comes home to every breast, and which, like an incubus, weighs down the independence and honourable feeling of so large a body of intelligent and respectable men, is to be found in the practice of the profession; it is there that it is to be encountered, a constant stumbling block for ever in our way, alike embarrassing to our feelings of honour and integrity as injurious to our interests, against which all are ready to exclaim, and for which we would all most gladly accept a remedy. I allude to our dependence on the sale of medicines as a remuneration for our professional services; it is here that we must look for "the perilous stuff that weighs upon the heart." Give us but emancipation from this, and we become a new order of men; no longer to be regarded as petty traders, whose profits are elevenpence in the shilling, but men of science, whose proper business consists in supplying the art of medicine at its proper value. Once legally establish the practical value of the art of medicine, independent of the sale of medicines, and reduce the price of the latter, to the druggists' standard, (a most essential point in the reformation of the practice of the profession,) and we immediately obtain a free agency in the practice of our art, that would prove alike invaluable to us, and beneficial to the public. It would then be no longer a necessary duty to puzzle our brains, to devise the means of securing a remuneration for our time and skill, through the agency of bottles, and pill-boxes; but our whole and undivided attention may safely be devoted to our patient's benefit, our own being already legally and certainly secured.