He had occasion to amputate a man's arm. Two or three days after the operation, the patient's pulse began to quicken; shiverings, I believe, happened, and Mr. Arnott became very apprehensive that phlebitis was taking place, and, watching narrowly for it, he soon found it. The veins of the arm, the large superficial visible veins, became swollen, hard, tender. In no long time an abscess formed in the other arm, near the elbow joint, I think; then a great abscess in the back. The man is apparently recovering from these cross complications; and the case is excessively interesting, inasmuch as it shows (or will show, I hope), that this formidable malady, suppurative phlebitis, even when it gives rise to consecutive inflammation and suppuration here and there, is not necessarily fatal; though it is so, unfortunately, in a very large majority of instances. Now in this instance treatment was applied to the inflamed veins of the arm, and the inflammation has subsided and ceased, and all outward evidence at least of its existence has disappeared, and probably all inward evidence too; so that, were this man to die, his venous system might probably be searched in vain for any remaining traces of phlebitis—and yet we know that he has had phlebitis.

I believe, then, with Mr. Arnott, and with M. Cruveilhier, that the essence of this frightful malady is phlebitis; and that is the compendious name which we may now give it—"suppurative phlebitis." I have seen two or three instances in which it has occurred in persons who had had deafness and a chronic purulent discharge from the ear, chronic otitis. Here, no doubt, the veins of the bones of the skull, or of its membranes, became involved at last in the disease of the petrous portion of the temporal bone. I mention this, to account for the particular notice of that bone in the report of the dissection. The purulent deposits themselves are caused, it is believed, by inflammation going on to suppuration of the venous capillaries of the part.

The object of our treatment, when the phlebitis is obvious and superficial, is to subdue and resolve it, or, at any rate, to prevent its passing beyond the adhesive stage. This we do by keeping the patient at rest, by applying leeches and lotions, or fomentations to the neighbourhood of the inflamed vein, and by prescribing an abstinent and regulated diet. There seems to be sometimes a sort of epidemic tendency to the occurrence of phlebitis, either depending upon some existing condition of the atmosphere, or upon some peculiar state of the human body, brought about by antecedent influences. The same external circumstances that predispose to erysipelas and to hospital gangrene, predispose too, I fancy, to phlebitis, and to phlebitis of the suppurative variety. When a person is laboring under the disease, it is probably unsafe to open a large vein, lest by that slight injury we should establish a fresh local phlebitis. Indeed, after the suppurative form has once been set up, general bloodletting does no good, but diminishes the power of the system at large to struggle against the disease.

Sometimes suppurative phlebitis is attended in its course with repeated rigor, and with profuse perspirations, and (as in our patient's case) with copious and unnatural discharges from the bowels. These have

been noticed in animals soon after the introduction of pus into their veins. Nature attempts, apparently, thus to eliminate the poison; and where the quantity of pus so introduced has been small, the attempt is now and then successful. But in general there is a continual supply of the noxious substance, and the system is irrecoverably infected. In all cases great agitation and a marked disturbance of the nervous system occur.

This is a subject of the greatest interest and highest importance to the surgeon, the accoucheur, and the general practitioner. To its consideration I therefore strongly urge you. If I did not suppose that most of you may have already heard, in his lectures and clinical observations, Mr. Arnott's matured experience and sentiments upon this subject, I should recommend you to read his excellent paper upon phlebitis in the *Medico-Chirurgical Transactions*.

CLINICAL LECTURES

DELIVERED AT THE

METROPOLITAN FREE HOSPITAL.

BY MR. BENNETT LUCAS,

Senior Surgeon to the Institution, and one of the Lecturers on Anatomy and Physiology at the Westminster Hospital School of Medicine.

Lecture II.—Dec. 2, 1842.

GENTLEMEN,—At the conclusion of the last lecture I directed your attention to some cases of interest, which were under treatment at the time. I shall occupy a few moments in stating to you their issue.

The man from whom I removed a large portion of his left scrotum, for the relief of some distressing symptoms he suffered in connection with varicocele of that side, remains free from them. The parts are now perfectly healed, the scrotum of the affected side is not half as large as the opposite one; the testicle and the varicose veins, which can be distinctly felt at the inner and back part of the scrotum, are kept permanently and effectually supported; and, if even no amendment takes place in the varicocele from the operation, the amount of benefit he has received from it fully compensates him for the pain and inconvenience he suffered from its performance. The patient who was affected with encysted hydrocele of the chord continues free from any return of the tumor; the little hardness, or rather thickness, of the cellular tissue of the chord is gradually disappearing.

The girl who was operated upon for divergent strabismus has not since applied here, which makes me suppose the satisfactory result of the operation continues. It may be, however, that she has been "kidnapped" on the pretence of doing more for her, as this system of practice has not as yet altogether subsided.

A patient, named Charles Johnson, aged thirty, has been in attendance for the last eight weeks with necrosis of the lower jaw. He had been the inmate of another hospital before he applied here, and had a portion of bone, corresponding to the right horizontal ramus of the jaw, removed. The history he gave of his case is as follows. He had been an equestrian performer as clown, in which vocation he led a very free and irregular life. He had venereal three times, both sores and buboes. Eighteen months ago he had a

swelling of the right side of the lower jaw, for which he had a tooth removed; the swelling continued to increase; it was hard, and took the course of the jaw, accompanied with an aching pain; after a short time the swelling broke into the mouth, and discharged fœtid yellow matter. Two months after this an incision was made over the jaw upon its outer side, and a piece of bone, about a finger's length, was removed. He was discharged in a short time after, a small fistulous opening in the integuments remaining. In a few days his jaw again swelled, and an abscess formed, which was opened, and a second piece of bone was discovered, which corresponded to the perpendicular ramus of the jaw; in consequence of his refusing to have this removed, he was, most properly, dismissed, and he then applied here. All that we did for him was to apply simple dressings and poultices to the jaw, and to give him an occasional aperient. It was proposed to him more than once that I should remove the dead bone, but this he strongly resisted, until, in the end, nature accomplished it—slowly, it is true, but effectually, and with scarcely any suffering to the patient. At one period there were three ulcers in the soft parts covering the upper portion of the jaw; these gradually ran into each other until one large opening was thus formed, through which, eventually, the sequestrum was discharged.

As this is a very instructive case I shall make a few remarks upon it. In it you have an entire history of one of the most interesting and important diseases in surgery, and, moreover, attacking a bone which differs in so many respects from the other bones of the body; unique as the lower jaw is in its shape and its twofold articulations, having connected so intimately with it the teeth and their alveoli, affording attachments for numerous and powerful muscles, and for that peculiar structure called "the gum;" and in its functions performing the essential offices it does in mastication, in deglutition, and in speech. Whether, in addition to the venereal affections which this patient labored under on three several occasions, and the mercury he had taken for their cure, the hardships he endured as a third-rate clown in a circus, together with the continued daubing of his face with deleterious compositions, had any effect in producing the disease, is an interesting question; at all events it is certain that Grimaldi the celebrated clown suffered from the same disease, and I am myself inclined to think that in this case the constant application of paint containing lead to the soft parts covering a bone so superficially placed as the lower jaw, added to the heat and perspiration of the parts excited by the performances of the individual, had much to do in giving rise to the disease. The age of the patient is thirty. It is seldom we have necrosis occurring so late in life, except when it takes place in the lower jaw. The disease usually takes place between the ages of ten and twenty, and attacks the long bones, such as the tibia, the ulna, and so on. I had occasion here, about two years ago, to remove the protruded middle phalanx of the thumb of a young workgirl for this disease; she occasionally calls here, and the last time I saw her she had as perfect a thumb on one hand as she had on the other. When Johnson applied here the disease was very far advanced; the new bone which surrounded the sequestrum was much larger than the

corresponding part of the opposite side, and was irregular to the feel; indeed, it so impeded the movements of the jaw that he could only open his mouth about one-fourth. When I pressed upon the new bone I did not give him pain, neither did the pressure force out much matter from the ulcerated openings; yet a little pus did appear when I pressed with my finger, but nothing approaching the quantity which flows under such circumstances, when the soft parts alone are affected. Now this is what takes place in necrosis, situated elsewhere, as, for instance, in the tibia, where we shall have several ulcerated openings taking the course of the diseased bone; in short, pointing it out to us, and discharging pus, the quantity of which is not increased by pressure as occurs in the soft parts, because in the case of a necrosis the new bone, upon which the force is applied, is sufficiently strong to resist it.

The appearance which the ulcerated openings presented, and the manner in which they ran into each other, merited your best attention. They were situated near to one another, and presented that peculiar appearance which at once indicated that they led to sinuses which communicated with dead bone; the openings had rounded edges, which were partially encroached upon by pale colored granulations; their orifices were not sensitive, but the moment I introduced a probe, and it passed into the sinuses, the patient complained of great pain, which was increased upon its reaching the sequestrum. Had I anticipated nature by cutting down upon the dead bone and removing it, there is little doubt but this man's cure would have been quicker than it has been, but I very much doubt if he would have had as slight a countenance—a matter probably not of as much moment in this case as it would have been in an individual with greater pretensions to beauty; besides, nature was effecting her work well without giving him more than uneasiness, and prolonging the filthy state of the parts. When the constitution of a patient suffering under necrosis sympathises with the disease, and hectic fever sets in, severe operations are consequently called for to remove the dead bone; and, in necrosis of the tibia, for instance, the soft parts are even to be detached from the new bone, so that the curve of a small trephine might be applied, in order to make a large opening in it, to get at the sequestrum contained within, and remove it; after which being accomplished, the constitutional symptoms usually cease. In the case of this man, however, there was no indication for severe measures, as he appeared to enjoy perfect health all through. I have more than once seen patients with an inch or more of a necrosed tibia protruding through the soft parts, the exposed part black, as it generally in such cases is, walking about the country, and suffering merely from the local disease—so little does the constitution in many severe cases sympathise with this affection.

So long as a fistulous ulcer remains unhealed, the suspicion that a portion of sequestrum is not removed should always be entertained, although it is right you should be aware that fistulæ will remain unhealed without there being any dead bone present. In the case before us it is highly probable that the ulcerated opening which remained, after the first piece of bone was removed, led to that portion which came away

subsequently. At all events, in any doubtful case a probe passed down to the bottom of the fistula will determine the matter. If no dead bone in such a case be detected, it will be our duty to endeavour to heal the fistulous ulcer by the use of stimulating injections and the other means we possess. There are but two more points, Gentlemen, in connection with this case to which I desire to draw your attention. The first is, that the alveolar processes and the teeth are perfectly sound, the only tooth absent in the lower jaw being that which was pulled out on the supposition that the disease on its first appearance was an alveolar abscess. These organs must, therefore, be now in connection with the new bone—an interesting example of what nature effects in such cases. The second is, the form and size of the sequestrum, which is evidently not the alveolar structure but that of the lower jaw. It is thin, broad, and of a brownish color; is light and porous, and gives no evidence of the existence of animal matter being in its composition. This patient's jaw is rough and irregular on the diseased side, and is larger than the opposite one. I say diseased side, because his cure cannot yet be said to be completed; upon the action of the absorbents must now depend the modelling of the new bone to its normal shape, and this, I need scarcely tell you, must be a work of some time.

In cases of necrosis of the lower jaw, it is not unusual for only one half the bone to be affected, and for that portion to come away in two distinct pieces, as occurred here. There is a preparation in our museum at the Westminster Hospital School of Medicine which exhibits this fact. The gentleman from whom it was taken is still living, and was formerly a patient of my respected colleague, Dr. Hunter. The horizontal ramus of the jaw in this case, also, was the first to come away, and in a few weeks after the perpendicular or ascending ramus soon followed.

The length of time, Gentlemen, which the observations I have made upon this interesting case have occupied, will only allow me to read to you the classification of the diseases to which I alluded in my former lecture; and I shall reserve the remarks I purposed making upon it until our next meeting.

GONORRHOEA.

Age.	Males.	Females.	Total.
10	1	0	1
11	0	1	1
12	3	0	3
13	2	4	6
14	4	4	8
15 to 20	634	102	736
21 to 25	694	65	759
26 to 30	330	20	350
31 to 35	111	6	117
36 to 40	67	6	73
41 to 50	46	24	70
52 to 54	9	3	12
55	2	0	2
57	2	0	2
58	2	0	2
59	2	0	2
60	0	2	2
67	1	0	1
70	2	0	2
	1912	237	2149

BALANITIS.

Age.	Number.
16 to 20	17
21	15
22	7
23 to 39	16
57	1
	56

GLEET.

Age.	Males.	Females.	Total.
18 to 22	41	6	47
23 to 28	31	0	31
29	9	0	9
30	7	0	7
34	2	0	2
36 to 45	6	0	6
50	1	0	1
60	1	0	1
	89	6	95

CHANCRE IN URETHRA.

Age.	Number.
21	1
24	2
30	1
32	1
	5

STRICTURE.

Age.	Number.
18	1
20	2
21	1
22	2
23	6
24	2
25	3
27	7
28	6
30	6
32	2
34	4
35	3
36	1
38	1
39	2
40 to 50	26
51 to 68	7
	82

FISTULA OF PENDULOUS URETHRA.

Age.	Number.
9	1
26	1
	2

FISTULA OF PERINEAL URETHRA.

Age.	Number.
62	1

GONORRHOEA AND SYPHILIS.

Age.	Males.	Females.	Total.
19	1	0	1
20	1	2	3
23	3	1	4
24	3	2	5
31	1	0	1
	9	5	14

WARTS.			
Age.	Males.	Females.	Total.
17	4	0	4
18	8	0	8
19	9	1	10
20	8	1	9
21 to 29	7	0	7
	36	2	38

ARTHRITIC URETHRITIS.

Age.	Number.
17	1
30	1
33	2
40 to 48	3
	7

INFLAMED PREPUCE AND VAGINA.

Age.	Prepuce.	Vagina.	Total.
1 Month	0	1	1
3 Months	0	1	1
5 Months	1	0	1
1 Year	1	0	1
2 Years	0	1	1
8 Years	1	0	1
10 Years	1	0	1
13 Years	0	1	1
15 Years	0	1	1

9

GONORRHOEAL RHEUMATISM.

Males.	Number.
Age.	
19	1
21	3
22	2
27 to 30	4

10

RETENTION OF URINE.

Males.	Number.
Age.	
28	1
31	1
32	1
34	1

4

CONGENITAL DEFICIENCY OF URETHRA.

Males.	Number.
Age.	
20	1
40	1
48	1

3

CONGENITAL PHYMOSIS.

Age.	Number.
16	1
38	1

2

HERNIA HUMORALIS.

Age.	Number.
13	1
17	1
18	6
19	7
20	7
21	20
22	15
23 to 30	44
31 to 38	6

107

TESTITIS FROM INJURY.

Age.	Number.
2	1
5	1
27	1
30	1
47	1

5

TESTITIS WITH RHEUMATISM.

Age.	Number.
19	1
22	2
25	2
27 to 35	7

12

HYDROCELE OF TUNICA VAGINALIS.

Age.	Number.
1½	1
2	3
3	2
25	4
26	4
28	6
32	3
34 to 40	3

26

HYDROCELE OF SPERMATIC CHORD.

Age.	Number.
9 Months	2
1½ Year	1
2 Years	1
27 Years	1
30 Years	1
32 Years	1
46 Years	1
53 Years	1

9

VENEREAL.

Age.	Males.	Females.	Total.
14	1	0	1
15	6	0	6
16	3	2	5
17	20	8	28
18	45	18	63
19	66	9	75
20	52	3	55
21	58	15	73
22	46	12	58
23	29	4	33
24	34	4	38
25	34	6	40
26	19	0	19
27	16	0	16
28 to 30	61	8	69
31	7	0	7
32 to 35	38	5	43
36	4	0	4
37	11	0	11
38 to 43	18	3	21
44 to 52	13	2	15
56	1	0	1
58	1	0	1
59	2	0	2
70	1	0	1

586

99

685

SECONDARY VENEREAL.

Age.	Males.	Females.	Total.
1 Month . . .	2 . . .	0 . . .	2
6 Weeks . . .	4 . . .	1 . . .	5
2 Months . . .	6 . . .	2 . . .	8
5 Months . . .	2 . . .	1 . . .	3
6 Months . . .	1 . . .	1 . . .	2
7 Months . . .	2 . . .	0 . . .	2
9 Months . . .	1 . . .	0 . . .	1
10 Months . . .	2 . . .	0 . . .	2
1 Year . . .	3 . . .	0 . . .	3
2 Years . . .	1 . . .	0 . . .	1
16 . . .	0 . . .	2 . . .	2
17 . . .	2 . . .	0 . . .	2
18 to 29 . . .	104 . . .	34 . . .	138
30 to 34 . . .	14 . . .	0 . . .	14
35 to 40 . . .	17 . . .	7 . . .	24
41 to 50 . . .	10 . . .	0 . . .	10
54 . . .	1 . . .	1 . . .	2
56 . . .	2 . . .	1 . . .	3
	174	50	224

CONDYLOMATA.

Age.	Males.	Females.	Total.
6 Months . . .	1 . . .	0 . . .	1
10 Months . . .	1 . . .	0 . . .	1
1 Year . . .	1 . . .	0 . . .	1
17 Years . . .	1 . . .	2 . . .	3
18 . . .	3 . . .	2 . . .	5
19 . . .	0 . . .	1 . . .	1
20 to 36 . . .	15 . . .	0 . . .	15
	22	5	27

BUBO.

Age.	Males.	Females.	Total.
1 . . .	2 . . .	0 . . .	2
10 . . .	1 . . .	0 . . .	1
16 . . .	3 . . .	0 . . .	3
17 . . .	2 . . .	0 . . .	2
18 . . .	6 . . .	0 . . .	6
19 . . .	8 . . .	0 . . .	8
20 . . .	10 . . .	0 . . .	10
21 . . .	11 . . .	1 . . .	12
22 . . .	7 . . .	1 . . .	8
23 . . .	5 . . .	1 . . .	6
24 . . .	2 . . .	0 . . .	2
25 to 40 . . .	30 . . .	0 . . .	30
44 . . .	0 . . .	1 . . .	1
49 . . .	1 . . .	0 . . .	1
	88	4	92

NODES.

Age.	Males.	Females.	Total.
19 . . .	1 . . .	0 . . .	1
20 . . .	3 . . .	0 . . .	3
24 . . .	3 . . .	1 . . .	4
26 . . .	4 . . .	2 . . .	6
30 to 35 . . .	5 . . .	1 . . .	6
	16	4	20

VARICOCELE OPERATED UPON.

Age.	Number.
23 to 27 . . .	4

VARICOCELE NOT OPERATED UPON.

Age.	Number.
19 to 26 . . .	7

SUMMARY OF CASES FROM MAY 14, 1836, TO
AUGUST 23, 1842.

1. Gonorrhœa	2149
2. Balanitis	56
3. Gleet	95
4. Chancre in Urethra	5
5. Stricture of Urethra	82
6. Fistula of Pendulous Urethra	2
7. Fistula of Perineal Urethra	1
8. Gonorrhœa and Syphilis	14
9. Warts	38
10. Arthritic Urethritis	7
11. Inflamed Prepuce and Vagina	9
12. Gonorrhœal Rheumatism	10
13. Retention of Urine	4
14. Congenital Deficiency of Urethra	3
15. Congenital Phymosis	2
16. Hernia Humoralis	107
17. Testitis from Injury	5
18. Testitis with Rheumatism	12
19. Hydrocele of Tunica Vaginalis	26
20. Hydrocele of Spermatic Chord	9
21. Venereal	685
22. Secondary Venereal	224
23. Condylomata	27
24. Bubo	92
25. Nodes	20
26. Varicocele Operated upon	4
27. Varicocele not Operated upon	7
	3695

SUCCESSFUL REDUCTION OF LONG-STANDING DISLOCATIONS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—As I conceive the 'subjoined cases may be interesting to the profession, should you consider them worthy of a place in your excellent and useful periodical, you will please to insert them. I have obtained permission from my friend, Francis Hands, Esq., to do so, to whom I am indebted on this occasion for supervision of the cases, and for his friendly aid when I have required it in my own practice. I have much pleasure in being able in a public way to express my sense of his honorable conduct in seeking and giving that assistance, the absence of which in too many instances is painfully felt, or, when sought, abused.

I am, Gentlemen,

Your obedient servant,

JAMES DARKE, Surgeon.

Berkeley, Nov. 12, 1842.

CASE I.—William Joyner, nineteen years of age, a farmer's son, strong and muscular, residing at Frocester, county of Gloucester, on the 28th of July, 1839, when scuffling with another man, was seized by the leg and thrown down, his left arm at the time being bent across the loins. On rising up he found that he was unable to use his left forearm, and supposed it broken. On arriving at his residence a medical gentleman was sent for, and his assistant attended, who pronounced the case to be one of dislocation of the elbow. Cold applications were used, and the following day reduction was attempted without alter-