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-

ing the situation of the parts. Doubts were entertained as to the real nature of the injury, owing to the swollen state of the joint. Leeches and evaporating lotions were applied, and continued for a month until the inflammation had subsided. About this time he made application to another practitioner, by whom the pullies were applied for an hour, but unsuccessfully. After several attempts in various ways, and by different surgeons, the case was considered hopeless. Fourteen weeks after the accident, he applied to my friend, Mr. Hands, who requested my assistance in an attempt to reduce the dislocation. On the 14th of October, having previously employed general bleeding, and given tartar emetic until nausea ensued, the operation was commenced at half-past three, p.m., and successfully terminated at half-past nine. The mode of procedure will be found in the subsequent case of Uriah Tilley, with the exception that no counter extension was made from the elbow joint backwards, as in Tilley's case.

I have this day seen, and received the above account from, William Joyner, of the history of his case, and examined the joint, and seen that he has the almost perfect use of his arm. He says he is able to work as well as previous to the injury; he can flex it so as to touch the acromion of the scapula on the left (the injured) side, and nearly touch the scapula behind of the same side.

CASE II.—Uriah Tilley, aged twenty-nine, residing at Leonard Stanley, Gloucester, of spare habit, whilst walking across a ploughed field on the evening of the 27th of February, 1842, with his hands in his trousers' pockets, slipped into a ditch a foot and a half deep, falling upon his left side on the elbow. The following morning he applied for medical assistance; the joint and arm were so much swollen and inflamed that the medical gentleman applied to was unable to detect the exact nature of the injury. Means were employed to subdue the inflammatory action, and after the swelling had partially subsided the diagnosis was still doubtful. The same treatment was pursued for several weeks, and at the expiration of two months it was pronounced to be a dislocation of the elbow, and reduction was attempted but failed. The patient afterwards sought relief from several individuals and public institutions, by whom the pullies were applied three times to reduce the dislocation, but all without success.

Five months after the receipt of the injury he applied to my respected friend, Francis Hands, Esq., of this place. The following appearances presented themselves:—

The forearm was very slightly flexed, incapable of motion more than one inch, and shortened by three inches; the humerus was resting upon the front of the ulna and radius, the external condyle lying between them and partly resting upon the tubercle of the radius, the trochlea riding upon the ulna. The olecranon process of the ulna was about three inches above its normal situation; beneath it a cavity; no condyles to be felt; the olecranon was very prominent; the triceps extensor cubiti relaxed. The least attempt at motion produced severe pain.

After maturely considering the case, Mr. Hands resolved to attempt to reduce it, and requested me to assist him. On the 31st of August, 1842, exactly

the day six months on which the injury was sustained, the operation was commenced and conducted in the following manner:—The patient was placed in a chair in such a manner that when the arm was extended the elbow joint projected beyond a perpendicular and immovable post, which was well padded and kept wet with water. He was securely fixed in this position by well-padded straps bound firmly round the arm immediately below the shoulder (the scapula and muscles of the shoulder were fixed by the usual means), which passed across the chest, and attached to a staple in the wall. The forearm was encircled by a wetted roller, upon which the cuff was placed and the pulley adjusted to the ring of the cuff. At half-past three, p.m., extension was commenced in a right line, being very gradually increased every ten minutes. The extension was continued in this direction until five o'clock, at which time the olecranon had made a very perceptible advance towards its proper position. The direction of the extension was now altered from a right line to an angle of about twenty-five degrees, great care being taken to keep up the extension by assistants whilst the pullies were moved; it was continued in this direction until eight o'clock, when it was again altered to an angle of about sixty degrees with the same precaution as before. The elbow had by this time projected considerably beyond the post, and the patient's body was drawn against it. It was deemed necessary at this stage of the operation to make counter extension at the elbow. He was going on well, the adhesions and muscles gradually giving way, and the bones slowly approaching their normal situations, when the staple, which confined the patient's body to the wall behind, broke away, but fortunately it was productive of no ill consequences on account of the counter extension which was being made at the elbow, which still retained the arm in its position. At ten o'clock the direction of the extension was changed to a right angle, and after being continued in that direction about an hour, it was discontinued, and the forearm was made fast to a staple; the pullies were removed to where the counter extension was being made—viz., just above the elbow; and the joint was now fairly brought to a right angle, bent, and round the post; the extension from behind the elbow was kept up until twelve o'clock, when the heads of the bones were found to be in their relative situations. The extension was gradually diminished, and the patient released from his long confinement.

The day following the operation, considerable tumefaction and erysipelatous inflammation presented themselves in the whole limb, which continued to increase for two or three days. Bleeding and evaporating lotions were employed, and the free use of opium had recourse to; this succeeded in arresting the inflammatory action, which terminated in the usual vesicles. It is now twelve weeks since the operation, and the case is progressing most favorably. The patient is able partially to flex and extend the arm so as to touch his chin and raise his hand to his head.

From the experience of the former case of William Joyner, in which the subsequent inflammation of the arm was very severe, Mr. Hands was induced to delay immediately operating, by placing the patient under a course of preparatory treatment, which consisted in

reducing the system; thereby relaxing the muscles, and with the hope of diminishing the severity of the consecutive inflammation. In this case, the subsequent inflammation was much less severe, and more easily controlled than that of William Joyner, which is attributed to the previous and more graduated reduction of the tone of the system, and justifies the course adopted and its desirableness in such cases.

It is hoped the success which has attended this attempt to reduce luxations of long-standing, will induce the profession to make similar efforts and not abandon patients (generally of the lower orders) to a life of decrepitude and dependence.

POISONING FROM LUCIFER MATCHES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Cases of poisoning by lucifer matches being exceedingly rare, perhaps the following may prove interesting to the readers of your Journal.

On November 30, Mr. Young, house-surgeon to the Leicester Dispensary, requested me to assist him in examining the body of a little girl, aged six months, who five days previously had sucked the end of several lucifer matches, commonly called "Albert and Victoria." The following are the symptoms as given me by Mr. Denton, the medical attendant, and the parents.

About eight hours after sucking the matches, violent sickness came on, which continued during a night and day; the matter ejected being luminous and, as well as the breath, emitting a strong phosphorescent odor. After the cessation of the sickness, the child lay in a drowsy, stupid, and comatose condition, till within a few hours of its death, when it was seized with convulsions, and died in one of the paroxysms. The bowels, during the whole time, were sluggish, requiring frequent exhibition of enemata to cause evacuations.

Post-Mortem Appearances Twelve Hours after Death.

On opening the abdomen, the peritoneum presented nothing abnormal. Near the pyloric orifice of the stomach a large injected patch was seen, the mucous membrane being thickened and softened. The duodenum and jejunum were quite in a healthy state; along the whole course of the ilium several oblong patches, from half an inch to three inches in length, attracted notice, the mucous membrane being thickened, softened, and in many places ulcerated; the colon and rectum were healthy; the liver was larger, paler, and more indurated than natural; the lungs and pleura were healthy; the pericardium contained from half to one ounce of fluid; neither the brain nor œsophagus were examined.

Your obedient servant,

R. A. LAFARGUE, M.R.C.S.L.

Leicester, Dec. 16, 1842.

ON STAPHYLOPATHY IN CASES OF CLEFT PALATE.

By M. Roux, Paris.

The velum palati, like the upper lip, may be affected by a species of congenital malformation, which consists in fissure or separation of the lateral portions,

along the median line. This division may be *simple*—that is, confined to the soft parts; or *complicated*—that is, extending more or less to the hard palate, or even comprising the alveolar processes of the superior maxillary bone and the upper lip. Artificial reunion of the velum palati has been chiefly applied to the congenital disease; but it is equally suited to accidental malformations arising from ulceration, wounds of the mouth, or certain operations for the extraction of polypi, foreign bodies in the pharynx, &c.

In some cases the disease is confined to simple bifurcation of the uvula; in others, which is less common, a part of the soft palate only is divided; in ordinary cases the fissure extends to the whole of the soft palate. M. Roux lately saw rather a rare example in the son of a German physician; the soft and hard palates were separated, but there was no hare-lip; the velum palati, however, was imperfectly united by a thin transparent membrane, evidently formed by the mucous membrane. Although the fissure always exists on the median line the two sides of the palate do not always present the same degree of thickness or breadth—a circumstance which may cause some trouble in fixing the needles properly. On the other hand the palate may be in various states which are more or less favorable for the success of the operation. It may be solid, thick, and capable of supporting the sutures well; or it may be thin, membranous, and semitransparent. The degree of separation varies much; sometimes it is produced by simple bifurcation of the posterior nasal spine; sometimes by complete separation of the two sides of the roof of the mouth. In the latter case the cavity of the mouth communicates freely with that of the nares and pharynx.

As to solutions of continuity arising from wounds, we can readily conceive that they must be extremely irregular and of various forms, according to the causes which have produced them. The same remark applies to deformities from syphilis or scrofulous ulcerations, and the latter are much more frequent than has hitherto been supposed, their ravages being erroneously attributed to secondary syphilis.

Having thus briefly noticed the anatomical varieties of cleft palate, it may be well to enumerate, as briefly as possible, the inconveniences which arise from this deformity. In new-born children it gives rise to great difficulty, or even impossibility, of drawing the breast, according to the extent of the fissure. When the velum palati alone is cleft the child may be able to suck; but even then, whenever he is placed in a horizontal position, deglutition becomes extremely difficult; some assistance, however, may be rendered by placing the infant erect, and by pressing the bosom. When the hard palate and lip are divided the child is incapable of sucking, and must be supported by artificial means. As the individual advances in life much inconvenience may arise from a difficulty of pronouncing words intelligibly, and the voice is always nasal and disagreeable; certain guttural sounds can never be produced. The English physician on whom M. Roux performed his first operation pronounced the *th* like *s*, and spoke more distinctly in French than in English. "Verba naribus egredientia videbantur." Amongst minor inconveniences may be reckoned the impossibility of blowing, of drinking in the horizontal