excellent; if more powerful counter-irritation be required, the tartar emetic ointment must be applied over the hypogastrium, and repeated, if necessary, after the desiccation of the pustules. Regulation of the bowels is a matter of some importance, for the disease may be kept up by constipation. It is likewise necessary to mitigate the irritating quality of the urine, when the latter is high colored and scanty. Baths, emollient clysters, diluents, alkalies, mild regimen, are indicated in these cases.

Such are the means which experience has sanctioned as most efficacious in the treatment of urethral neuralgia. They sometimes fail, however, and, to relieve the patient's sufferings, more powerful means, as the use of caustics, forced injections, setons, &c., have been recommended; I have myself found most benefit from slight but extensive applications of caustic; but the practitioner should always bear in mind that these powerful means will fail unless he take care to diminish previously the morbid sensibility of the urethra.—From M. Civiale on Diseases of the Urethra.

CASE
OF
WOUND IN THE THROAT,
IN WHICH THE COMMON CAROTID ARTERY WAS TIED.

By WILLIAM HEY, Esq., Jun.,
Surgeon to the Leeds Infirmary, &c.

A man, aged forty-five, whilst in a state of derangement, occasioned principally by excessive drinking, attempted to commit suicide by cutting his throat, on Wednesday, April 27. The wound, which was inflicted with a pen-knife, was not more than half an inch in length, but deep. It was situated on the left side of the neck, on a level with the upper part of the larynx, about midway between that and the anterior margin of the sterno-cleido-mastoideus muscle, and penetrated in a direction rather obliquely upwards. A surgeon was immediately sent for, but, before he arrived, the hæmorrhage had entirely ceased, and he therefore simply dressed the wound. A few days afterwards the wound and neighbouring parts were attacked with inflammation of an erysipelatous character, which, however, yielded to the remedies employed. Early on Saturday morning, May 7 (the eleventh day after the infliction of the wound), hæmorrhage took place, in consequence of which Mr. Sharpe, the surgeon in attendance, requested my assistance. Before I got to the patient the hæmorrhage had again ceased, and, as the quantity of blood lost had not been considerable, it was not thought necessary to do anything at that time. On Monday evening, May 9, the hæmorrhage returned. I then thought it necessary to secure the bleeding vessel, but the patient refused to submit to any operation. On the following evening it recurred for the third time, and the patient then, being convinced of the dangerous nature of the case, no longer refused his consent to what was judged necessary to be done. The plan upon which we proposed to proceed was this—first, to enlarge the wound, to turn out the coagulum, so as to expose the bleeding vessel, and, if possible, to tie it above and below the wound; if that should be found impracticable, then to continue the incision downwards, and tie the common carotid. On laying

open the sac, and turning out the coagulum, such an impetuous gush of blood took place as plainly showed it would be impossible to accomplish the first object; and, therefore, the finger of an assistant being placed on the wound of the artery, I proceeded to tie the common carotid. The operation was attended with a good deal of difficulty, on account of the swelling, and still more of the change in the structure of the parts, consequent upon the previous inflammation. The cellular tissue was quite consolidated by the effusion of fibrine, so that I could make no impression upon it with the handle of the knife or the point of a director, but was obliged to work with the point of the knife in a deep cavity, and almost in the dark, the operation being performed by candle-light. The artery was, however, at length exposed, and tied immediately above the omo-hyoideus muscle. As soon as the ligature was tightened the hæmorrhage ceased. I then endeavoured to find the original wound of the artery, but, in consequence of its situation at the bottom of a deep cavity, and the diseased state of the parts, I did not succeed. For some days afterwards the patient had a considerable degree of fever; this seemed, however, to be subsiding, and I did not see or hear anything more of him until Sunday, June 22, the thirteenth day after the operation. Mr. Sharpe informed me, on the morning of that day, that while dressing the wound on the preceding day, a few drops of blood had appeared. An appointment was made for a meeting on the following morning, but the same afternoon I received an urgent message, requesting my immediate attendance, on account of a return of the bleeding, but before I arrived at the patient's house he was dead. It appeared, however, on inquiry, that the quantity of blood lost had been small, and not sufficient to produce death, but that he had sunk from the effects of the irritative fever under which he had labored. The account given to me by the persons who were about him was, that he suddenly complained of a sense of suffocation, in consequence of which he made a violent effort to raise himself into the erect posture, and by that effort produced a flow of blood, but that he was, in fact, dying at the time. It was the last effort of life.

Upon examining the state of the parts after the death of the patient, the artery in the situation of the ligature was found in a perfectly satisfactory state, being firmly plugged with a coagulum nearly an inch in length. It was evident, therefore, that the bleeding had proceeded from the original wound.

This result I rather anticipated, or at least feared, in consequence of the artery having been tied only below the wound; for whenever a considerable artery is wounded without being completely divided, I believe the only certain method of preventing secondary hæmorrhage is to apply a ligature both above and below the wound.

Cases may, however, occur in which this would be impracticable, or attended with so much difficulty and uncertainty as to justify a reliance upon the simpler method of tying the artery between the wound and the heart, and the case I have related was such an one. It was found, upon examination of the parts after death, that the original wound was in the external carotid just at the point when one of its principal branches (the facia

artery) is given off, so that it would have been necessary to have tied the latter as well as the carotid above that point. This, I think, could scarcely have been done—certainly not at the period when the occurrence of hæmorrhage rendered the performance of the operation necessary; and at no previous period would the attempt have been justifiable, for it will be recollected that when Mr. Sharp first saw the case the wound was very small, the bleeding, which had not been copious, had spontaneously ceased, and there was no decisive evidence of the carotid being wounded. Besides that, the state of excitement in which the patient was at the time, opposed a serious obstacle to such an operation.

In conclusion, I would venture to remark upon the necessity of using great caution in performing operations of this kind, when the structure of the tissues concerned is much altered by previous disease. I am led to make this remark not only by the difficulties I encountered in the case I have detailed, but also by the circumstance of a case, in many respects analogous, which was recorded some time ago in the Provincial Medical Journal. The case occurred in America, and the operation of tying the carotid was undertaken in consequence of hæmorrhage caused by one of its principal branches being opened by an ulcer in the neck. The neighbouring parts were a good deal diseased, and the operation was tedious and difficult. The hæmorrhage returned to a fatal extent, and it was found upon examination after death that the carotid *had not been tied*, but that the ligature had been applied to a portion of condensed cellular tissue which had been mistaken for it.

I observe in the "Medical Gazette" of May 13, an account of a case in which the carotid artery was tied, on account of hæmorrhage produced by a stab in the neck, and in which the operation was followed by hemiplegia.*

Leeds, May 22, 1843.

STATISTICAL REPORT
OF
190 CASES OF INSANITY
ADMITTED INTO
THE RETREAT, NEAR LEEDS,
During Ten Years, from 1830 to 1840.

By SAMUEL HARE, Esq.

TO THE EDITORS OF THE PROVINCIAL MEDICAL
JOURNAL.

GENTLEMEN,—Having retired from the active superintendence of the above establishment, which is now under the direction and care of Mr. Smith and Dr. P. Smith, of Leeds, and as I deem it the duty of those who are able, to contribute towards the advancement of the study of insanity, I have the pleasure of forwarding, for insertion in your valuable Journal, the following report of the Retreat for the first ten years after its establishment.

As facts constitute the only basis on which the study of this, as of other diseases, can be founded, I may add that the greatest care has been taken to

render the accompanying tables and the inferences deduced from them as accurate as possible.

Remaining, Gentlemen,

Your obedient servant,

S. HARE.

9, Langham-place, London,
June, 1843.

I.—GENERAL STATEMENT OF THE NUMBER OF ADMISSIONS AND THE SEXES OF THE PATIENTS.

Preliminary Remarks.—The Retreat is situated on rising ground, about a mile and a quarter west of the town of Leeds at the opening of Aire Dale, and about thirty feet above the level of the river; it is perfectly open on all sides, the prospect is varied and extensive, and the air salubrious; the establishment is designed for the reception of about twenty-four patients, and so arranged as to accommodate an equal number of each sex.

During the twelve years the establishment was under my care there were 231 admissions; but as decennial periods are convenient for statistical purposes, I shall confine my remarks to the first ten years after its opening (July 1, 1830, to June 30, 1840), during which time the admissions amounted to 190—viz., 107 males, and 83 females, being an average of 19 admissions each year; but of this number, the re-admissions, once or oftener, amounted to 24, making the number of *persons* admitted 166, that is, 93 males and 73 females, or 56.02 per cent. of males, and 43.97 of females, a somewhat greater proportion of males than would be afforded by taking the whole of the insane throughout the Kingdom, but pretty nearly an accurate representation of the proportion occurring in the higher classes of society. (Table I.)*

It is to be remarked that the distinction between the number of *cases* and of *persons* admitted has been, throughout the whole of this report, carefully kept in mind, as it is a very important point, when speaking of etiology and other subjects connected with disease.

TABLE I.

Showing the Number of Patients admitted and discharged during the Ten Years ending June 30, 1840.

	Male.	Fem.	Total.
Number of Patients discharged	96	76	172
Remaining in the Retreat . .	11	7	18
Total Number of <i>Admissions</i> during the ten years ending June 30, 1840	107	83	190
Of which the Re-admissions amounted to	14	10	24
Total Number of <i>Persons</i> admitted	93	73	166

* It may be mentioned that the forms adopted in several of the tables have been taken from a valuable report of the Friends' Retreat, near York, partly on account of their intrinsic excellence, and partly to afford better means of comparison between the results of various institutions.

* Also Provincial Medical Journal, p. 199 of the present volume.