afford full and efficient protection to the public, against the mischief and danger resulting from ignorant and unqualified individuals practising medicine, without being possessed of the necessary qualifications.

But while the governments of all surrounding nations have been devoting themselves anxiously and unremittingly to the amelioration of the systems of education adopted within their domains, ours alone has been listless and indifferent. Our students of anatomy must seek in foreign climes, that knowledge, which Government and prejudice refuse them in our own, and does not scruple to punish them for not knowing. The loud and long reiterated demands for amelioration and reform of all unjust impositions or monopolies, thundered forth from every extremity of this empire, have not hitherto been responded to with a kindred echo; but let us now hope that the brighter prospect which the present composition of the Government offers, may not pass away without adding many supports to the cause of moral and intellectual improvement, and that we may yet see our profession, freed from unnecessary thralldom, acquire that rank and respectability to which it is so justly entitled.*

IX. *Taliacotian Operation for restoration of Under Lip.*

By C. BRYCE, M. D.

IN July last the Hakim-Bashi sent me at Constantinople the following singular case of destruction by mortification of the under lip and chin, which, from the success following the treatment pursued, seems worthy of notice.

The subject of it, a Turkish child 3 years old, was attacked in June preceding with scarlet-fever, that spread sparingly over the body, and in which the mouth and throat were aphthous but not ulcerated, disappearing by the use of a wine gargle and laxatives. The subsequent affection of the mouth was preceded by much fever and restlessness, and appeared in a small pustule on the left commissure of the mouth, which became rapidly black, and opened, discharging an offensive sanies; the gums at the same time were discoloured, and bled on the child's crying. The sore formed on outside of mouth spread quickly downward and laterally; and on the seventh day of the disease, when the patient was first brought to me, the whole of the under lip and chin presented a foetid, black, irregular-shaped slough, surrounded by a broad dark-coloured

* This paper was read before the Glasgow Medical Society in January last.

line of inflammation, marking the threatened progress of the disease on the integuments, the left cheek, and upper lip, which were painful and hard. The incisors of the lower jaw were loose, their gums and alveoli partaking of the affection, and by contact involving the tip and anterior edges of the tongue. The tongue was œdematous and loaded, but the fauces shewed no appearance of unhealthiness. The countenance had a peculiar livid colour; body dry and hot; pulse small and rapid; diarrhœa.

From certain circumstances, an emollient poultice to the sore, and frequent ablutions of the mouth, and a few drops of laudanum internally, were all that could be recommended at this period. On the 3d day's visit, and 10th of the disease, observing the rapid progressive destruction of the integuments, the gangrenous parts were touched with diluted nitric acid, and sulphate of quinia with opium was exhibited. This external treatment twice repeated in 36 hours did not in any measure arrest the spreading of the mortification, which had now involved an inch and half in circumference of the left cheek and upper lip, and extended downwards under the chin. The diarrhœa was checked, and the child had enjoyed some hours of sleep, but was evidently sinking. It was now determined on to apply a fermenting poultice over the diseased parts, and to administer pills composed of quinine, camphor, and hyosciamus in large doses, and allow 8 oz. of English porter daily. This plan, after 48 hours' continuance, shewed a marked improvement in the patient: the mortification had made no farther progress for the last 18 hours; the slough was partially detached; whilst the look of the child was improved, with a slower and fuller pulse. The poultice and porter were continued as before, as were the pills, reduced in strength. In a few days the slough was totally separated, leaving a florid granulating surface. The integuments had assumed their natural colour and feel; 4 incisors and 2 canine teeth, with fragments of alveoli, were removed, as were also 3 small exfoliations from the under maxillary bone. The tongue had thrown off its slough, and appeared healthy.

The only treatment practicable for the moment, was to encourage granulations by spiritous applications, and support and diminish the loss of substance by compresses and bandages, whilst the general health of the child was improved by liberal diet and change of air. In six weeks a healthy cicatrix had formed, and the breach of continuity was much lessened by its contractions. It was now very evident that a complete, or even partial, reparation of the great destruction of the soft parts could be promised only by an operation, the necessity

for which arose as much from the disagreeable deformity of the face as from the evident ill-effects on the system that the constant flow of saliva occasioned. The writer was encouraged to this attempt by the very perfect success of a Taliacotian nose, made a short time before by him at Constantinople. The operation, in which he was assisted by the advice and skill of his intelligent friend Mr. Millingen, was performed by removing from the upper part of the throat a triangular portion of integuments, whose suitable form and size had been judged of, by measuring a model of the lip and chin adapted to the deficiency. This segment was now reflected, the twist being made immediately on the point of the chin, and its two angular points attached by ligatures to the commissures of the mouth, previously made bare by scarifications, as was also the whole of the former cicatrized surface. The flap was further supported by adhesive plaster and bandage, and the wound on the throat brought together by the same means. The parents were directed to keep the child in a recumbent posture, and to feed her sparingly on pap. The wound was looked at on the third day; on the fifth the dressings were changed, when adhesion had taken place on one side very completely, and, on the other, although the ligatures had cut through, there was no opening of the wound: there existed no symptoms of excessive inflammation of the parts, or of irritation of the system. In fifteen days the cicatrices were perfectly formed, and the wound on the throat almost closed. On closing the mouth the artificial lip seemed very well adapted to the other, and even when partially open retained the saliva, and very materially diminished the unseemliness of features. It cannot be yet determined whether or not the second set of teeth, with their alveoli, have been so much destroyed as to prevent the great help derivable from their growth, by supporting the flaccid flap. On the whole, the result of the operation was very satisfactory, especially at Constantinople, by exalting the practice and utility of surgery amongst the Turks, and encouraging them to submit to operations beyond the barber's province of bleeding and tooth-drawing.

Glasgow, 12th April, 1831.

X. *A Manual of Analytical Chemistry*; by HENRY ROSE, Professor of Chemistry, at Berlin. Translated from the German, by JOHN GRIFFIN. London: Tegg. 1831.

—♦—
To every one who desires, or is called upon to turn his chemical information to practical account, as well as to the professed analyst, this work is literally invaluable. Before its