

enlarged, of a yellow colour, and very vascular; and, on its exit from the pons varolii, the nerve was covered with a gelatinous mass.

Professor Mayer, of Bonn, (*Journ. der Chirurg. u. Augenheilk.*) has recently performed many experiments, from which it appears, that not only the division of the fifth pair is followed by morbid changes of the eye, but that the same effects take place after wounds of the neck. From eighteen experiments on dogs, horses, and pigeons, he comes to the following result: 1. The division of the cervical portion of the sympathetic nerve was sometimes made without any effect on the nutrition of the eye; in other cases it was followed by redness and inflammation of the conjunctiva; 2. The same morbid change, in most cases, followed the division of the pneumogastric nerve; 3. The sympathetic and pneumogastric nerve having been divided, a very intense inflammation of the eye took place, which extended to its internal parts; 4. If the carotid was tied, and at the same time the nerves in its neighbourhood were carefully avoided, the nutrition of the eye was in no manner influenced; 5. After a comprised the pneumogastric or sympathetic ligature of both carotids, the eyes suffered more or less; they became dim and opaque, but very seldom, a complete disorganisation ensued; 6. But if the ligature of the nerve, an effusion took place from the anterior surface of the iris, the pupil was closed by a false membrane, and the cornea passed into suppuration.

#### AMPUTATION AT THE HIP JOINT.

On the 26th of April, M. Delpech reported to the Académie Royale de Médecine, two cases in which he performed this operation. In one case, necrosis of the thigh-bone had given origin to numerous fistulous openings near the hip joint. From the extensive suppuration, the patient was in a hectic state, and it being ascertained that the joint was not diseased, the operation was decided upon. It was performed in the following manner:—An incision of two inches was made in the direction of the crural arch, by which the aponeurosis of the abdominal muscles, and the fallopian ligament, were laid open; the fascia lata femoris was then divided, and the crural artery tied. M. Delpech now fixed the thigh-bone, and towards the middle of its neck plunged in a long single-edged knife, the point of which was then carried round the internal and posterior surface of the bone; the knife was then steadily drawn downwards and inwards, and brought through the integuments one-third down. In this

manner a flap was formed, consisting of the rectus internus, sartorius, pectineus, and the three adductor muscles; in its lower portion, it contained also the semitendinosus and semimembranosus; in its upper part, the common tendon of the psoas and iliacus. The crural artery and vein were divided in the middle of the flap; the hæmorrhage was so violent, that the artery was tied here a second time. The thigh was now kept in abduction, and the flap held by an assistant. M. Delpech then made a semicircular incision, by which the joint was laid open, and the capsule was now easily divided. The thigh-bone being now brought into its natural position, a semicircular incision was made through the obdurator internus, the three glutæi muscles, the pyramidalis, quadratus, the two gemelli, and, lastly, through the external part of the capsule. This section united the posterior extremity of the internal incision with its anterior end, and had only a very slight inclination downwards. Besides the crural artery, not more than three vessels were tied, two branches of the arteria profunda, and the glutæal artery. The great-flap was now brought over the articulation, and, by some sutures and a bandage, kept in this position. No bad symptom followed the operation, and a cicatrix was formed within thirty days. The individual, who during the last four years has been in good health, was exhibited to the Society; the cicatrix was found completely solid and moveable, and only a very small fistulous opening was discovered, which appeared to communicate with the cavity of the joint.

After the report, M. Delpech made some additional remarks on the difficulty he had had in bringing the flap over the articulation, on the disadvantage of making the external flap too large, and on the necessity of immediate reunion. According to him, the success of the operation depends on the following conditions:—1. The disease, on account of which it is performed, must be of long standing; 2. The operator must begin with tying the crural artery; 3. One flap only must be made of the internal and posterior muscles of the thigh; if two flaps were made, one of the external, and the other of the internal muscles, the colyloid cavity could not be so well covered, and inflammation and suppuration would then more easily take place; 4. The external section must be made parallel with the great trochanter, and the skin still higher, otherwise the internal flap would not perfectly correspond to the external wound, which it is intended to cover.

In the second case, the operation was performed on account of extensive suppuration, in consequence of a compound fracture of the upper part of the thigh-bone. The patient laboured under a chronic inflam-

mation of the abdominal organs (!) when the operation was performed; it was accomplished in the manner above described, and the wound healed completely within twenty days; but the patient died, after six months, from chronic peritonitis.

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FOREIGN OBITUARY.

E. G. Georget, born the 9th of April, 1795, died on the 15th of June, 1828. Besides the celebrated works on "Diseases of the Mind," and on the "Physiology of the Nervous System," he wrote for the *Dictionnaire de Médecine* all the articles relative to the subject of mental derangement, and on affection of the nerves.

Dr. Bremser, of Vienna, the author of one of the most elaborate works on intestinal worms, died on the 21st of August, 1827.

Dr. K. Wenzel, died on the 18th of October, 1827. He may justly be said to have led first to a more accurate study of the anatomy of the brain by his excellent work, "*De penitiori Cerebri Structura.*" He wrote also on several diseases of the brain, and on carcinoma uteri.

On the 19th of June, 1828, Fr. Chausier died in his 83d year. We intend giving, in an early Number, a concise account of the life and the most important works of this distinguished individual.

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POLYPUS CORDIS.

In former times this disease was considered of very common occurrence; but modern pathologists have clearly shown, that a true polypous excrescence of the heart is very seldom met with; and some of them have even gone so far as to deny its existence, at least as a chronic disease. With regard to these different opinions, the following case will be read with interest:—

A lady, who for some years had exhibited all the symptoms of dilatation of the left ventricle, died on the 18th of December, 1827. On examining the body, M. Rigacci found the left ventricle considerably dilated, and almost entirely filled with a fleshy excrescence, which was attached by a thin pedicle to the septum; another root, consisting of two pedicles, came from one of the mitral valves. M. Rigacci injected these roots with mercury; one of them burst, but the other was entirely filled with the metal, which was also conveyed through the mass of the polypous body by a great number of vascular branches.—*Autologia*, Feb. 1828.

ARTIFICIAL ANUS.

*Case of Artificial Anus, arising from Ulceration of the Transverse Arch of the Colon; which, after discharging Fæces for eighty-one days, spontaneously closed.* By EDWARD SWARBRECK HALL, Member of the Royal College of Surgeons, London; Surgeon to the South Dispensary, Liverpool.

THE subject of this case was an active, volatile girl, eleven years old. My attendance upon her commenced on the 13th October, 1827. She had then been ill six days. Her indisposition came on with pains in the belly, vomiting, loss of appetite, thirst, and fever. At the time of my visit, she was suffering from the usual symptoms of peritonitis; diffused pain over the abdomen, increased upon pressure; moist, furred tongue; dry skin; pulse 120, and weak. She was considerably emaciated. The application of a few leeches, together with fomentations, and a little diaphoretic medicine, relieved her very much. Two days afterwards, the symptoms recurred with additional violence, but were easily subdued by a small general bleeding, a blister over the abdomen, and small doses of tincture of colchicum with sweet spirits of nitre. On the 19th instant, I ceased attending the patient, as she was well nigh recovered, and her parents were afraid of incurring much expense.

On the 29th instant, I was again sent for. I found ascites had taken place; some pain of the belly had returned, with palpitation of the heart, and a pulse up to 140, but unresisting. Local blood-letting was again resorted to, and the tinctures of colchicum and digitalis, in small doses, gradually increased, prescribed. By the 12th of November, the dropsical symptoms had all disappeared. For some days antecedent to that date, the bowels had not performed their functions with regularity, which I attributed at that time to their having been the outlet by which the greater part of the dropsical effusion had been carried off; neither the kidneys nor skin acting with more than their usual energy. At times, even after the dropsy of the belly was dissipated, the dejections were so numerous that my patient was unable to rest at night. They were exceedingly offensive, of a whitish colour, and sometimes had very much the appearance of yeast. I have now little doubt that the mucous glands of the intestines were diseased; and probably the enlargement of the mesenteric glands, which was subsequently developed, arose from that source. The pulse was never below 120 for three months, and the tongue was more or less furred for the same period.