

done with the same result as before—viz., a good recovery on the part of the mother.

In March, 1854, my assistance was again requested by Mr. Mathias to deliver this woman, who had still persisted in letting the favourable period pass by, under the idea that she should at some time or other, bear a living child at the full time. The woman so earnestly begged that the life of this child might be spared, even though her own should be sacrificed, that we were induced to bestow more than usual care in endeavouring to ascertain if it were possible to drag it through the contracted part of the pelvis. On making a very minute examination of the brim of the pelvis, it appeared to be divided into two horns, separated in the middle by the projecting promontory of the sacrum, and neither of them anything like large enough to admit of the passage of the child. Although not two inches in transverse diameter, these horns appeared to run backwards, beyond the reach of the fingers, to a greater depth than they had done in her previous labours, and it was the forlorn hope that the bones of the head might possibly be accommodated to the shape of one of them, that led me to attempt to deliver by the forceps. After much difficulty, and repeated failures, a very thin-bladed pair of forceps, of medium length, were fixed, and after two hours of continued pulling by each of us separately, and by both together, by means of a handkerchief tied to the handles of the forceps, the foetus was extracted alive. The head, however, was flattened to such a degree, that it appeared wonderful how the cerebral vessels had escaped rupture. The soft parts of the temples, also, were cut through, and very much contused. The child lived, however, and both it and the mother did well.

Such was the difficulty experienced in extracting the child, that I ought to mention, for our justification, that had it not been for the heroic fortitude of the woman, who unceasingly prayed us to continue, at all hazards, we should soon have abandoned this very dangerous traction (which continually brought down the bladder before the child) for the far safer mode of delivery by opening the head.

Worcester, August, 1855.

ON LOCAL ANÆSTHESIA.

By A. J. BANKS, Esq., M.R.C.S. AND L.S.A.

HAVING several times been called upon to perform severe operations under the influence of chloroform, at the urgent request of my patients, and having in many instances witnessed its unpleasant minor effects, such as headache, giddiness, vomiting, prolonged insensibility, and other more alarming symptoms, I have daily become more reluctant to place my patients under the influence of an anæsthetic, rendering them liable to such disagreeable consequences, and even placing their lives in jeopardy, preferring rather that they should suffer the pain of the operation, &c., than expose them to an additional risk, the result of which there can be no doubt has proved fatal in too many instances, even under the hands of those who have advocated its use, and who are skilful and experienced surgeons.

Under these circumstances, I determined, if the next case admitted of the use of cold as an anæsthetic, to try its effects as proposed, and so ably advocated by Dr. James Arnott. Accordingly, a few days since, having been called upon to remove a tumour of an osseous character from the anterior and outer surface of the lower extremity, situate between the tibialis anticus and the extensor pollicis muscles, in close proximity to the anterior tibial artery and nerve, with the accompanying venæ comites, I produced the necessary cold by means of ice and salt, and, after its application for three minutes, was enabled to remove the tumour, with scarcely any complaint from the patient. The wound within a fortnight healed by the first intention, and the patient, a lady upwards of eighty years of age, who had been suffering great local and constitutional irritation for more than forty years, and was fast sinking from its presence, being obliged to keep her bed, and lately unable to take support, is now (four weeks since) in good health, and able to walk without the slightest lameness, with which she had been afflicted for years. No hæmorrhage or other unpleasant symptom followed.

In forwarding this case, with the result, I feel that I am only performing my duty as one of the professed preservers of human life, in being one of the advocates of a principle so easily applied, and likely to be followed by such favourable results.

Forest Gate, 1855.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proæmium.

UNIVERSITY COLLEGE HOSPITAL.

DISEASED ANKLE, WITH EXCISION OF ASTRAGALUS; RECOVERY.

(Under the care of Mr. STATHAM.)

IN continuation of the subject of excision of joints from a former "Mirror," (THE LANCET, vol. i. 1854, p. 99,) we propose to give this week four cases which we have lately had under observation—one, a case of excision of the astragalus, an operation of very great interest, performed by Mr. Statham at University College Hospital on the 25th of July, an excellent recovery having taken place. A second instance, in which Mr. Stanley has removed the bones of the carpus by a free semi-lunar flap, dividing and turning back both tendons and integuments—an operative procedure which has been rather slow in its result in the present case, as it has been only lately found that the patient had previously an old tendency to tubercles in the lungs, which delayed the recovery. The third case is one in which Mr. Birkett has excised the head of the humerus, with the best possible results. Mr. Stanley's case we look upon as one peculiarly instructive, as exhibiting the necessity of careful stethoscopic and other medical examination of some patients before the surgeon can build his hopes of recovery with any ultimate certainty on a constitution apparently sound and normal, but having within it the seeds of fatal disease, almost certain to spring into new life from any debilitating cause. For the following notes of Mr. Statham's case we are indebted to Mr. Reid:—

Henry H—, aged forty-three, a plumber, a native of London, came under care about two months ago, with puffy, red swelling, ulcerated at the apex, beneath the outer left malleolus, characteristic of diseased bone. Some swelling and tenderness on the inner side. The joint was in a state of false ankylosis. He stated that having suffered from rheumatic fever five years ago, it had settled in this joint, which had previously been sprained. General and local remedies were tried until about July 21st, when he came into the hospital under Mr. Statham.

July 23rd.—On examination, carious bone was found; a thorough diagnosis by the probe had purposely been put off until the patient was under the influence of chloroform. Mr. Erichsen confirmed the opinion of the nature and treatment of the disease.

25th.—The operation was performed as described in Mr. Guthrie's Lecture at the College of Surgeons, (THE LANCET, April 21st, 1855,) excepting that the ankylosis was freed by means of a lever, and the pieces of bone were extracted by modified gas-fitters' pincers, which served admirably, and may now, in a more scientific or civilized form, be obtained of various instrument-makers. The bone is found to be bare on the outer side, and there is a white, softened, and of course exsanguine portion passing transversely from side to side, close beneath the cartilage or rather its remains, for true ankylosis had taken place to the tibia.

The day following the operation the patient had a slight bilious inflammatory fever, relieved by low diet and effervescing salines, &c. After this he received good diet, and progressed very favourably.

Three weeks later the splint, put on in the operating-theatre, was changed. We were particularly struck with the immense force required to cut or break the astragalus into three pieces previous to extraction, and for which none of the ordinary surgical forceps would be at all strong enough; accordingly the procuring of the immensely strong gas-fitters' pincers or pliers seems an essential preliminary in undertaking this operation.

July 27th.—Nine A.M.: Feels much better; slept well last