Part Second.

REVIEWS.

Clinical Memoirs on Diseases of Women. By Alfred H. M'Clintock, M.D., etc., etc. Dublin: Fannin and Co.: 1863.

A Handbook of Uterine Therapeutics. By Edward John Tilt, M.D., etc., etc. London: Churchill and Sons: 1863.

Two well-known authors appear simultaneously presenting to the profession elaborate works on the diseases of women. This comparatively modern or recently isolated field of medical science and practice, the diseases of women, has its interest and importance amply attested by the copious authorship which increases upon it. Under these circumstances, it is the duty of the critic to aid and to guide the profession in judging the new writers, who are ambitious to teach, as well as to exert an influence on the authorship itself in the way of encouraging, correcting, or repressing. For these purposes we have taken these two works together, and they are well adapted for a short notice, being both characteristic productions of an era of great activity in all departments of science.

"Medicina tota est in observationibus" is the appropriate motto of the carefully prepared and philosophical work of Dr M'Clintock. From its first page to its last it exhibits that clinging to facts which is the best security against all kinds of license and of looseness so common in medical authors; and it also shows that carefulness in appreciating what is and what is not a fact, without which an author may be clever, ingenious, or speculative, but can never claim the high character of a good observer. Good observations abound in Dr M'Clintock's work; they form the foundation of all that is valuable in medical science, and they are far more rare than we believe to be generally supposed.

The work of Dr Tilt is written on quite a different plan from the work of Dr M'Clintock. It contains few observations, and these of little value. The book is not based on observation, and it is a waste of space to insert histories which prove nothing, and for the most part illustrate nothing.

The work of M'Clintock is one which will bear careful scrutiny, and is of permanent value. It is written in the style of a scientific book. It aims at presenting no startling novelty or ingenious hypothesis, but is the plain production of one well versed in gynaecology, presented to his brethren of the same science and art, and it will command their attentive perusal.

Dr Tilt's book differs from it toto coelo. It forms a clever and
valuable exposition of a kind of practice which is well seen only in large towns and in wealthy communities. As such, it is interesting and important, and many members of the profession will be grateful to Dr Tilt for collecting together and arranging so great a mass of therapeutical resources.

It is undeniably true that the number of therapeutical measures recommended for any disease is in proportion to the obscurity of its nature and progress, and also to the inefficiency and uncertainty of the medicines. Dr M’Clintock’s work treats of pelvic inflammation and abscess, procidentia uteri, inversio uteri, fibrous tumours of the uterus, polypus of the uterus, tumours of the vagina and vulva, pelvic, pudendal, and uterine haematocele, stone in the bladder, mammary inflammation and abscess, secondary haemorrhage after parturition, dropsy of the ovum, cystic disease of the ovum. These are not diseases that strongly affect ladies living in ease and idleness. They are all substantial tangible entities, too important to escape careful study, too serious to be trifled with or treated by any kind of juggling with drugs. They are among the gravest, the most painful, and the most dangerous of the diseases of women. But they are not exciters of those agonies, tortures, and excruciations which are perfectly familiar symptoms of what may be called the minor diseases of the uterus, and which so often form a cherished part of the wretched livelihood of women in idleness and ease. They are maladies not to be dallied with by novel prescriptions, ingenious bread-pills, or by a mere skilful withdrawal of the attention from the disease.

The diseases of women, to which the work of Dr Tilt is mainly addressed, are of a kind often designated under the name of the minor uterine ailments. Not long ago, many of them would have been confused together and treated as hysteria, or whites, or piles, or biliousness, or dyspepsia, or mere weakness, or fidgets, or ennui, or utter fudge. Now they receive different designations from patients and practitioners. They are called ulceration, version, flexion, squatting, eruptions, spasms, stricture, catarrh, pruritus, congestion, hypertrophy, neuralgia of the ovaries, uterus, vagina, or vulva, as the case may be. These names indicate real acquisitions of modern science, and the field of many noble achievements of modern practice. But they indicate also a rich field for female curiosity, suspicion, alarm, and claim for sympathy. They give unlimited scope for unscientific, empirical, haphazard, ever-varying treatment. These names indicate a class of cases in which the name is sometimes the great point, and in which the mere name of the medicine is, in due correspondence, the great point. These diseases require the utmost skill of the physician to diagnose, on account of their frequent obscurity, on account of the frequent triviality of all that is discoverable by the senses, aided or unaided, and on account of the great amount of reliance that must be placed on the statements of the patient, be they honest or dishonest, plain
or varnished, exaggerated or the reverse. They also require the utmost wisdom in their treatment. It is to cases of this kind that Dr Tilt's book chiefly refers, and its tenor indicates his ardent wishes as much as his deliberate convictions. Practitioners will find in it abundant suggestions, many sagacious advices, and often a spirit of wise caution against remedies that are dangerous in a degree not justified by the gravity of the disease treated.

But we wish that Dr Tilt had been more reserved, or cautious, or reticent in his therapeutical suggestions. Our brethren with scanty whiskers or snub noses will despair when they read that in treating the diseases of women they "must not be ugly." Our busy brethren will avoid this specialty when they read that they must reason their patients, not laugh them out of their fancies, however ridiculous—Sisyphus like. Our worthy, guileless brethren will shrink from a profession in which they can succeed only by a kind of play-acting, the direction of the look, the tone of the voice, and every point in outward manner and expression being done by regulation. Readers, in general, will be interested by the curious measures recommended or noticed in some cases; powdering the sheets with camphor; sponging the head with camphor water and eau de Cologne when the symptoms indicate a tendency to insanity; eau de Cologne, with as much camphor as it will dissolve, rubbed into the scalp for pseudo-narcotism, amounting to stupor; "the occasional use of matrimony," the Chelsea pensioner, an air-pessary curing amaurosis, etc.

Let us now turn for a little to the work of M'Clintock, and open it at any part. To take a somewhat novel subject, we fix on an interesting chapter on uterine or pelvic hæmatocele. Many practitioners will join with him in calling to mind cases of this recently re-discovered disease, which, at the time, were obscure and perplexing, but which he now has little doubt were examples of pelvic hæmatocele, and upon this supposition only can he explain their course and symptoms. In his notice of its history we find the names of Ruysch, Recamier, Vellpeau, Bernutz, Goupil, Nélaton, Voisin, Robert, Vignes, Puech, Oulmont, Nonat, Trouseau, Becquerel, Genouville. In England, Tilt, Bennet, West, and Simpson were the earliest observers.

In regard to the intra-peritoneal and extra-peritoneal sites of the effusion, we find the following remarks:

"The cases where the haemorrhage has taken place within the peritoneum have been distributed under two heads, viz., the encysted and the non-encysted. In the former the extravasation is smaller in quantity, and arises slowly, so as to give time for the circumscribing of the effusion by lymphy exudation and adhesions. This is much the more common variety. In the non-encysted variety the amount of extravasation is very great, and takes place rapidly, so that the danger to life is imminent, and death generally ensues as the effect of the shock, or in consequence of the profuse loss of blood. The extra-peritoneal or sub-peritoneal variety of hæmatocele is considered to be less dangerous than the other. M. Nonat attaches much weight to this distinction of intra and extra peritoneal hæmatoceles. 'In the latter case,' he says, 'the tumour forms behind and below the os tinea, pushing it forward; and the swelling itself, when seen from the vagina, has a violaceous colour, which he regards as
sign of considerable importance for the diagnosis." Some of the French pathologists, who have given attention to this subject, entertain doubts as to the possibility of a uterine hæmatocele forming outside of (or underneath) the serous membrane. The major part, however, recognise the two forms; and some even affect to be able to diagnose between them during life. M. Bernutz is one of those who strongly contend that the sub-peritoneal or extra-peritoneal variety of pelvic hæmatocele is only met with during pregnancy or the puerperal state; and he stoutly maintains that there is not on record a single irrefragable example of its occurrence at any other time. His opinion upon this point is entitled to the highest respect, as he has studied the whole subject of pelvic hæmatocele with the closest attention, not only in the writings of others, but at the bedside and in the dissecting-room. The existence of this extra-peritoneal form of pelvic hæmatocele has been very seldom verified by post-mortem examination; but if, as may naturally be supposed, it is a less dangerous form than the intra-peritoneal, the opportunities of demonstrating its presence in this way must be more rare. The latest writer on pelvic hæmatocele, viz., Dr Matthews Duncan of Edinburgh, states that this has always appeared to him to be, probably, a common form of the disease."

As is well known, the tumour can be easily felt in most cases. But it has never appeared to us unlikely that a recent intra-peritoneal non-encysted effusion may present no definite characters to the examining finger. Should, however, such a patient survive the first dangers of the effusion, the educated finger would not long have any difficulty in discovering the hæmatocele.

"The possibility of feeling this tumour from the earliest stage is considered a matter of certainty" by nearly every writer upon this disease. M. Sireday has published a case, however, which completely subverts this opinion. It occurred under the observation of M. Aran. The woman presented the symptoms of intra-abdominal hæmorrhage, but no trace of retro-uterine tumour could be detected by internal examination during life or after death. On laying open the abdomen, the pelvis was entirely filled with blood; and this peculiarity was observed—the coagulum was not in any way bound down or encysted by adhesions or lymphy effusion of any kind. In reference to this case, M. Bernutz very justly observes that it should put us on our guard against too hastily concluding that there is no sanguineous extravasation because there is no perceptible hypogastric or retro-uterine tumour, or because the tumour is slow in developing itself."

In continuing this subject, Dr M‘Clintock makes valuable remarks on the diagnosis and treatment of the disease, which latter, he evidently thinks should be, in the main, expectant. Another and still rarer kind of hæmatocele next comes under consideration, namely, spontaneous pudendal thrombus. In the same chapter are given examples of the various kinds of perineal, labial, and vaginal hæmatocele, or thrombus. This is the only chapter to which we shall call special direction, and we conclude with an extract regarding what may be called the true uterine hæmatocele:

"Let me now turn to that very rare variety of thrombus in which the lip, or the lower part of the cervix of the womb, is the seat of extravasation. To all such cases I would restrict the term Uterine Hæmatocele. The late Dr Montgomery drew attention to this subject in a short paper published in the Dublin Quarterly Journal of Medical Science for May 1851. Denman, whose acute observation nothing escaped, had, however, distinctly noticed the accident. He writes,—The uncoloured mucous discharge from the vagina which pretty generally occurs before labour, on its accession is usually tinged with blood, or a small quantity of pure blood is discharged. This sanguineous
discharge, which varies in quantity and appearance in different women, is popularly called a show; and it happens more particularly at two periods of a labour,—when the os begins to dilate, and when it is finally dilated. In the first instance it is probably occasioned by the separation of a few of those vessels by which the membrane which connects the ovum to the uterus was originally bound, and in the second by the effusion of some blood before extravasated in the substance of the os uteri; for this part, in some cases, acquires an uncommon thickness from that cause, independent of any edematous or inflammatory tumefaction."

After describing the history of a fatal case, our author adds,—

"At the necropsy the uterus was found well contracted down in the pelvis. On the left side of the cervix, about one inch from the os uteri, was observed a ragged, sloughy-looking opening, the edges of which were very irregular and of a black ash-grey colour. This opening, which was large enough to admit two fingers easily, communicated with a cavity the size of a small orange; it seemed to be formed in the substance of the cervix, and its external wall was found to be the projecting tumour before mentioned, as seen from the outside. On laying open this cavity, and washing away some loose clots (but carefully observing that there were no laminated coagula), the lining membrane was found rugous, of a firm consistence, and resembling very much the mucous membrane of the vagina. Opening into this sac were seen the mouths of five or six bloodvessels, large enough to admit a small bougie. The preparation of this uterus is preserved in the museum of the Lying-in Hospital. I had an opportunity of examining the parts in the recent state, and have little doubt that the case was one of thrombus forming in the structure of the cervix uteri, and bursting on the fourth day after parturition—the usual time when these bloody tumours give way. The displacement of the coagulum which had temporarily closed the mouths of the lacerated vessels occasioned a renewal of the haemorrhage, and in such quantity as to destroy life."

After some other cases and remarks we find the following interesting passage:—

"The haemorrhage which occasionally takes place in the second stage of labour (and to which Dr Hardy and myself have specially directed attention in our Practical Observations on Midwifery, etc.) may proceed from a ruptured thrombus of the uterine lip. Denman, as we have seen, notices the fact that a discharge of blood from this source sometimes occurs simultaneously with the passage of the head through the os uteri. I cannot venture to say how often in my experience haemorrhage at this period of labour has been so produced; as, to determine this point beyond doubt, a minute examination of the os should have been made soon after the birth of the child. But I have recognised it as a cause in more than one instance, and I have no manner of doubt that in some other cases the haemorrhage likewise proceeded from a ruptured thrombus of the os uteri. And this conclusion I came to from the tumid state of the lip before the head cleared it, and from the haemorrhage continuing after delivery, in spite of a firm contraction of the uterus, with a quiet state of the circulation.

"The rupture of one of these uterine haematoceles may also give rise to troublesome or dangerous haemorrhage post partum, for the restraining of which the most effectual treatment would be the direct application of cold, and plugging the vagina. If not already aware of the existence of this lesion, the persistence of the haemorrhage, with a firm contraction of the uterus, should, at all events, suggest the possibility of its presence, when a careful digital examination would, in all probability, remove any doubts that might exist."

These extracts will give the well-informed reader some means of guessing what he may expect to find in the other portions of the work. The chapters are all excellent, and contain much matter for reflection for the obstetrical student.
During the last few years, China has acquired a new interest in the minds of almost all classes in this country. Previously sealed against the admission of foreign influences, whether by means of religion, art, literature, or commerce, it was at once a source of mingled regret and curiosity; but now it is comparatively open to all comers. Since the late allied expedition, by which the kingdom of the celestials was shaken to its very centre, an entrance has been obtained for a more wholesome commerce than had hitherto existed, and an open door of admission has presented itself to the divine and to the physician, separately as well as in the combined office of medical missionary, without whose aid such remarkable facilities for intercourse with the Chinese can neither be sustained nor improved.

One of the first fruits of the expedition, in a medical point of view, is the book now before us,—a work which, independently of its purely medical matter, is rife with amusement and instruction. Medically, it is of importance to those who may hereafter have charge of troops in the same country, to whom the information concerning the climate, and the sanitary regulations requisite for the maintenance of health there, will be of the utmost value; and, for similar reasons, the civilian would do well to read it carefully.

The first chapter of the book is devoted to a review of the history of China, comprising notices of its more prominent features. The first place noticed in detail is the island of Hong Kong, in the estuary of the Canton or Pearl River, which was ceded to the British Crown in January 1841. The notoriety which Hong Kong obtained for its unhealthiness for a long time was scarcely second to that of the stations on the west coast of Africa. So great was the mortality amongst the troops, shortly after their settlement there, that in August 1841, out of a strength of 631, the 37th Madras Native Infantry had 386 men in sick quarters, chiefly suffering from fever, but many from exhaustion alone. A committee was constituted to inquire into the occasion of the sickness, and although no satisfactory cause could be ascertained, yet from that time things began to improve, and the character of the island was somewhat redeemed. Barracks were constructed on a better plan, the personal hygiene of the troops was more strictly regarded, and to these, as circumstances which have given rise to the improved condition of the residents, may be added the works which have been carried on for the development of the town of Victoria. Hong Kong is remarkable for the wetness rather than for the heat of its climate; the rain falls heavily through a large portion of the year, whilst in the remainder,—December, January, and February,—
there is scarcely sufficient water to be obtained in the island to supply the wants of the inhabitants. From meteorological observations, made by Lieutenant Courtenay of the Royal Engineers, during nine months of the year 1861, the following items are selected:

| Month   | Mean height of Barometer. | Mean Temp. | Rain in Inches. |
|---------|---------------------------|------------|-----------------|
| January | 30.068                    | 62.0°      | 2.500           |
| February| 30.095                    | 57.5       | 2.165           |
| March   | 30.020                    | 62.3       | 4.15            |
| April   | 29.903                    | 70.5       | 6.400           |
| May     | 29.803                    | 76.8       | 15.472          |
| June    | 29.768                    | 82.0       | 13.100          |
| July    | 29.738                    | 81.5       | 14.279          |
| August  | 29.605                    | 84.0       | 5.160           |
| September| 29.749                   | 81.3       | 10.277          |

The diseases most fatal to Europeans in the south of China are fevers and bowel affections. The fevers are of the ordinary types, but are remarkable in many points. Intermittent fever, for example, is peculiar in its erratic disposition, and from the fact that it frequently has no regular period of recurrence. Moreover, it is seldom complicated with enlargement of the spleen, although it adheres most obstinately to those in whom it has once obtained a seat. Dysentery and diarrhoea add largely to the mortality of the troops. The former, probably in most cases, comes on in the haemorrhagic or scorbutic form, the haemorrhage from the bowels being very profuse. Hepatitis is said to be of less frequent occurrence than in India, except where it forms a complication with dysentery, when it is perhaps fully as common. Phthisis is by no means rare; but to what extent the climate is responsible for the development and progress of this disease it is impossible to determine in the midst of so many other predisposing causes. Apoplexy and deaths from coup-de-soleil are not of frequent occurrence.

Respecting Canton, the author has not much information. The following, as touching the salubrity of elevated positions, may be quoted:

"There is a point in connexion with the healthiness, or rather the unhealthiness, of the British portion of the troops stationed at Canton, which becomes of very great importance if it be determined to retain a force there. Hitherto, the soldiers who occupy buildings and huts situated upon the 'heights,' and, as might be supposed, thereby removed from the malarious influences of the lower ground, have suffered very severely in health, and many have died from various diseases, especially from a very malignant form of remittent fever. At the same time the native Indian troops, whose barracks are situated upon the low ground, and, in the instance of one, surrounded on all sides by swamps and tanks, which are used as nurseries for frogs for the market, there has been no unusual prevalence of sickness. It may indeed be considered that this comparison between Sepoys and British soldiers proves nothing. Very probably it does not; and I will even admit, that to compare the one with the other in any way is reprehensible upon my part. There are, however, and have been, a considerable number of soldiers stationed in the centre of the city, and surely there can be no reason why their condition should not be compared with that of their comrades on the heights. While there the latter
were suffering from severe sickness, and were losing individuals of their number almost daily; those in the city were by no means unusually unhealthy. In endeavouring to assign a cause for this unexpected circumstance, I find myself altogether at a loss. It is, indeed, useless, with our present very limited experience of Canton as a military station, to speculate regarding it. Yet the circumstance deserves to be borne in mind by those who may hereafter have more extensive opportunities than have yet been afforded of extending inquiries regarding this and allied subjects."

The bulk of the volume is devoted to a description of the city and neighbourhood of Tien-Tsin, the port of Peking. This part of the work comprises a description of the character and customs of the inhabitants; the topography, zoology, climate, hygiene, mortality, and pathology of the city and its surrounding districts. The author's remarks are accompanied by many elaborate statistical tables, which, although based upon limited data, are nevertheless of great value.

Nagasaki, recommended by the author as a sanitarium for troops stationed in China, is the principal seaport and commercial city of Japan, situated on the S.W. side of the island Kin-Sin. The city is built on the slope of a hill, and has a population of from 70,000 to 100,000. The grounds upon which the author rests his recommendation of Nagasaki as a convalescent residence are not well supported by meteorological facts; not that these facts do not support him so far as they go, but they are scanty in the extreme, and insufficient of themselves to determine the value of the climate. That the reader may understand precisely what the author has to say in favour of Nagasaki, we quote Dr. Gordon's words:

"The climate, at the time of my visit, namely, towards the latter end of October, was remarkably agreeable, the temperature so moderate that, without inconvenience, we were able to walk about during the whole day, without the necessity for any protection from the rays of the sun. It does not appear that any extended series of meteorological observations have been instituted at Nagasaki; from various sources, however, I learn that the maximum summer heat does not exceed 88° Fahr. in the shade, and the cold does not descend below that sufficient for the formation of hoar-frost. The atmosphere contains a moderate amount of moisture, but, so far as can be learned, the climate does not merit the character of a particularly moist one. A copy of the Nagasaki Shipping List and Advertiser having fallen into my hands, I transcribe from the only series of observations on the climate that it has been my fortune to meet with. These were taken in the month of July 1861, the thermometer being placed in a veranda having a westerly exposure, and consequently showing a higher range than it would have done had it faced the north, as is usually the case.

| Date | S.A.M. | Noon | S.P.M. | Wind and Sky |
|------|--------|------|--------|-------------|
| July 1 | 80     | 83   | 80     | South-west, cloudy. |
| 2    | 82     | 84   | 80     | South-west, Calm, clear. |
| 3    | 80     | 87   | 82     | South-west, clear. |
| 4    | 80     | 87   | 80     | Cloudy and rain. |
| 5    | 83     | 87   | 80     | Calm, rain. |
| 6    | 80     | 83   | 81     | South-west, cloudy. |
| 7    | 81     | 84   | 83     | |
| 8    | 78     | 85   | 83     | |
| 9    | 82     | 85   | 83     | |
These few observations are very imperfect, and have evidently been made by a person unaccustomed to such matters. They are in one respect valuable, however, in showing that, in what is usually the hottest month throughout the year, the temperature here is really moderate. We learn that there are no such extremes of climate experienced at Nagasaki as there are on the adjoining coast of China; and we are informed that this arises from a cause of an ana
gous nature to that which gives to the British isles their moderate summer
heats and comparatively mild winters. An offshoot of the great equatorial
oceanic current having passed upwards along the channel which separates
Formosa from the mainland of China, continues its course thence in a north-
easterly direction to Nagasaki, and then from here onwards. Thus, it is to
the island of Kin-Sin much what the Gulf-stream is to the south of England.
Japan is, in fact, in geographical position and its climate, much in the same
relation to the eastern great continent what the British isles are to the west-
erin; and it seems to me that this circumstance will sooner or later attract that
importance which it deserves in reference to a station for ships of war and
troops."

Dr Gordon's book is full of interest, and will doubtless be read by many, both professional and non-professional, readers, to whom it will afford information of an entertaining and instructive char-
acter. To those who are about proceeding to the locality which he describes, Dr Gordon's work must necessarily be of immense
importance; but we may safely recommend it to our readers as an
agreeably-written work upon a variety of interesting subjects rela-
tive to China,—a perusal of which they may enjoy without ulterior views. We cannot close, however, without noticing what we con-
sider to be a very unfortunate blemish in the work. We refer to
the manner in which Dr Gordon speaks of the utility of medical missions. We need not reproduce his remarks; they are based
upon very silly arguments, which have been frequently refuted.
We hope there are few military, especially medical officers, who, with so much talent and energy, have so little heart for so good a
cause.

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Report of a Committee of the Associate Medical Members of the Sanit-
tary Commission on the Subject of Amputations through the Foot,
and at the Ankle-Joint. New York: Baillière Brothers: 1862.

It is satisfactory to know that amid the disorganization which has
been but too apparent in various departments of the Federal army, one at least has done its duty, and has merited and received the
full confidence of the public,—that department is the medical; and
it is highly honourable to the profession that our transatlantic brethren have evinced an unselfish devotedness which would be
even more appreciated were it less common than it actually is. No
doubt, amid the hundreds who were suddenly attached to the medical
staff, there may have been some unfitted and unworthy to assume
its grave responsibilities, but these have been the rare exceptions,
and have been entirely lost sight of amid the general good conduct of
the others.
The Report before us is published under the circumstances thus detailed in the preface:—"The attention of the sanitary commission has been directed to the fact, that most of our army surgeons, now in the field, are unavoidably deprived of many facilities they have heretofore enjoyed for the consultation of standard medical authorities. It is obviously impossible to place within their reach anything that can be termed a medical library. The only remedy seems to be the preparation and distribution, among the medical staff, of a series of brief essays or hand-books, embodying, in a condensed form, the conclusions of the highest medical authorities in regard to those medical and surgical questions which are likely to present themselves to surgeons in the field, on the largest scale, and which are, therefore, of chief practical importance. The commission has assigned the duty of preparing papers, on several subjects of this nature, to certain of its associate members, in our principal cities, belonging to the medical profession, whose names are the best evidence of their fitness for their duty."

The object of the Report is to determine whether Chopart's, Syme's, or Pirogoff's operation gives the most favourable results, and is therefore to be recommended for general adoption by military surgeons.

A minute description of the mode of performing the three operations is first given, and then follows an estimate of their relative merits as determined by, 1st, the comparative danger of the operation; and, 2d, the comparative usefulness of the stump. After a careful consideration of the various statements which have been adduced in favour of, or in opposition to the three modes of operating, the following conclusion is arrived at:—"Of the amputations through the tarsus or at the ankle-joint, preference should be given to Syme's operation as affording a minimum mortality, with a stump best adapted to an artificial limb." To this report are attached the signatures of several of the first American surgeons, including that of Valentine Mott. It must be gratifying to Professor Syme to find the merits of his operation thus authoritatively recognised; and we have no doubt that the decision arrived at by the American surgeons will be, in course of time, universally accepted. Many of the so-called improvements of Mr Syme's original operation, which have been from time to time suggested, have had for their object the overcoming of imaginary disadvantages, and the great cause of the non-success which has attended some operations is to be found in their neglect to follow out accurately Mr Syme's instructions. Performed as originally directed, we are confident that no other operation, in this situation, will give, either immediately or permanently, such satisfactory results.