

nually 21,000 cases, and its income is seven thousand pounds. It has one ward devoted altogether to cancer.

At King's College Hospital, I was fortunate in seeing Sir William Ferguson tie the subclavian artery twice. The first case died a few days afterwards, but the second recovered. The second was a case of traumatic aneurism of the axillary. The man had been wounded by a hay fork. During that same month (February, 1871,) the subclavian artery was tied four times in London. I also saw excisions of the knee performed by Ferguson, Wood and Smith. In all of them, the incision was oval. Engrafting was attempted in the healing of indolent ulcers. Some of the cases did very well, but a good many of them failed.

The expenses of this hospital are over £7,000 a year, and the new building which is now being enlarged cost upwards of £100,000.

At St. George's Hospital, I visited the orthopaedic department altogether, and followed Mr. Brodhurst. In treating hip-joint cases, he does not use Liston's splint at all, but employs instead a large gutta-percha splint well padded, which secures the whole pelvis. He extends the limb by the weight and pulleys, and counter-extension by means of bandages passed under the armpits, and attached to the head of the bed. He considers subcutaneous section of the adductor longus, gracilis and tensor vagina, as advised by Bauer, of no use whatever, and scouts the idea of its being antiphlogistic. Barwell, on the other hand, employs it, but only in the third stage.

I saw two cases where the chin was bound down to the sternum, caused by the contraction of cicatrices, the result of burns. He made several parallel incisions which relieved the deformity considerably. These incisions left large gaps into which he engrafted some portions of skin taken from the side of the neck. He covered them with lint and left them for several days. Healing went on rapidly from those centres, and in four or five weeks, they were quite well. The first of these cases is mentioned in his book on "Deformities," published last February. The second one I saw in March. Mr. Brodhurst is a great advocate of *brisement forcée*, and advises tenotomy beforehand, so that the influence of the muscles may be perfectly removed. He says that this operation of *brisement* is very frequently misunderstood, as some surgeons consider that it means forcible extension, and consequently the force is mis-applied, that instead of flexing the limb, it is extended. He says when this is done, it is apt to lead to mischief, but when the force is applied in flexing the limb, no danger can happen. He very kindly took me to see this opera-