

REVIEWS.

ART. V.—*Contributions to Operative Surgery and Surgical Pathology.*

By J. M. CARNOCHAN, Professor of Surgery in the New York Medical College, Surgeon in Chief to the State Emigrant's Hospital, etc. With illustrations drawn from nature. p. p. 32. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson & Son. Price 75 cents.

This is the first fasciculus of a series of contributions to Operative Surgery, to be issued quarterly until the number ten is attained. The author, Dr. Carnochan, is justly celebrated as a surgeon in the United States, and is rapidly acquiring a European reputation. He is still young, and, if his life be spared, he will probably, in a few years, be the first operative surgeon on the Continent of America.

The present number contains:—Case of Amputation of the Lower Jaw—Remarks on Amputation of the Lower Jaw, and Elephantiasis Arabum successfully treated by ligature of the Femoral Artery, with cases.

The case of entire removal of the lower jaw is one of special interest, as it is the first carefully recorded case of the kind in the annals of Surgery. Perry, in *Med. Chir. Transactions*, vol. xxi. p. 290, certainly relates having removed the whole of the lower jaw in a case of necrosis, but his operation differs from Dr. Carnochan's in the circumstance that the bone was removed at three different times, instead of at one sitting. He first removed the front of the bone by making an incision from one masseter muscle to the other, dividing it on each side with the saw and nippers. On the next day the right ascending branch, which had dropped a little, was removed without difficulty; and three weeks after, the left, which adhered rather more firmly. Dr. Carnochan removed the bone for necrosis, ensuing on typhus fever in an emigrant aged 43. The details are as follow:—The patient being seated in a chair, and the assistants properly arranged, an incision was first made, commencing opposite the left condyle, passing downwards towards the angle of the jaw, merging at about two lines in front of the posterior border of the ramus, extending thence along the base of the jaw, and terminating by a slight curve on the mesial line, half an inch below the free margin of the lower lip. The bone was now partially laid bare, by dissecting upwards the tissues of the cheek, and by reflecting downwards, for a short distance, the lower edge of the incision. The tissues forming the floor of the mouth, and situated upon the inner surface of the body of the bone, were separated from their attachments, from a point near the mesial line,