

mencing ramifications so congested that effusion into, or dropsy of, the peritoneal cavity is induced. The nutmeg liver is an incipient condition of cirrhosis, in which the portal system of vessels in the organ is congested. In both conditions, the hepatic cells are more or less fatty and atrophied. The fatty degeneration in nutmeg liver may be seen to commence at the circumference of the lobules, whereas in the advanced stage of cirrhosis, all the cells are more or less diseased, some loaded with fat, and others with yellow pigment. Notwithstanding the great organic changes which are frequently observed in this disease, danger is not so much to be apprehended from interruptions in the functions of the liver, as from the ascites induced by the constriction of the large abdominal veins, which, by distending the abdomen and compressing the lungs and liver, so interferes with those important organs, that death is occasioned.

The treatment in cirrhosis must be purely palliative, and directed to diminishing the ascites, by means of diuretics and diaphoretics. The question of drawing off the fluid by paracentesis is one which may arise, in case the swelling is very great, and the embarrassment to the pulmonary and renal organs, extreme. Even then, although temporary relief may be obtained by the operation, there is every reason to believe that, in the majority of cases, life is in no way prolonged.—*Monthly Journal of Med. Science Aug., 1852, p. 166.*

## NEW METHOD OF PERFORMING TRACHEOTOMY.

By Dr. C. GERSON.

For the performance of Tracheotomy, Dr. Gerson has contrived an instrument consisting of three moveable branches, which join at the end, so as to form a sharp point, and can be separated by means of a vice at the other extremity of the cone. By turning the vice from left to right, the branches diverge and form a cone, of which the base is turned towards the wound, and which thus resists the tendency of the cartilages to expel it from the aperture.

In operating, an incision of two or three *centrimètres* (four-fifths of an inch to one and one-fifth) is made through the skin, the veins are put aside, and the incision, gradually diminishing in length, is continued until the space between two of the cartilaginous rings can be distinctly felt with the nail of the fore-finger. The trachea is then fixed; and the instrument is glided along the nail of the fore-finger, and is made to penetrate into the space between the rings for about three or four *millimètres* (about one-seventh or one-ninth of an inch). An expansion about a quarter of an inch from the point, prevents the instrument from penetrating too deeply. The instrument being held steadily, the handle of the vice is now turned, and the branches of the instrument caused to diverge. When the opening is sufficiently wide to allow the canula to pass between the branches of the instrument, it is introduced into the trachea. The loss of blood is inconsiderable; and the air escapes with so much force, that it would expel every drop which might be inclined to enter the bronchi.—*London Journal of Medicine, October, 1852, p. 982.*