

and the patient had an attack of diarrhœa. The pulse was 120 on the 21st, and the delirium had returned. The same treatment was continued, and on Oct. 4th the pulse was down again to 102. From this time the recovery was tedious, but uninterrupted, the patient's strength increasing, under tonics, wine, &c. The femoral ligature did not come away until the 4th November. By the 1st of January, 1864, the wound had entirely closed, and he was able to move about with the aid of crutches. Mr. Spence makes some most interesting remarks, on the case, but we have only room for the following:

"The age of the patient may seem to explain the favorable result. It has been said that in young patients, from the greater remedial powers of nature, and the smaller surface caused by the operation in them, the operation is likely to be more successful; but this is very questionable. The remedial powers in young persons are no doubt great, when once a certain point has been passed; but the first effects of shock either from accident or operation, and especially the loss of blood, are not well borne by such patients, and these, together with the irritability of constitution, which is often marked, in a great measure, I think, counterbalance the remedial powers observed in them. Then, as to the less amount of cut surface, though less absolutely, it is quite as great comparatively to the size and vital powers of the patient. The amount of mutilation, the consequent derangement of the circulation, and all the risks depending on these conditions, are at least as great relatively in the boy as in the adult. From what I have observed in the case of primary amputations in young children, the patients sometimes sink rapidly and without any very apparent cause, whilst even the successful cases are often attended at first with as urgent constitutional disturbance as in adults. Indeed, the state of the patient whose case I have recorded, shows how great was the constitutional shock during the first four days, and how slowly full reaction set in. The true causes of success will, I think, be found in the nature of the injury, the small amount of blood lost, and the comparatively little shock he was subjected to after the occurrence of the accident."

Mr. Spence still continues to advise amputation by a long anterior flap. It prevents the possibility of the occurrence of those ulcers which often appear on stumps, owing to long continued pressure on the cicatrix. We have seen Mr. Spence operate in this way, and certainly his stumps are everything that a surgeon could desire.

Dr. Fraser, writing from Dublin, gives us the following items of medical news:

"Surgeon Butcher is, I understand, preparing a new work on surgi-