

would enjoy comfort and health for that period of time, which was certainly something in favor of the operation. On making a section of the tumor, it presented a very beautiful illustration of acute scirrhus, and on scraping the cut surface with the scalpel, it contained the juicy matter so characteristic of this form of disease. So rapid were the healing powers in this woman, that the entire wound was closed in a remarkably short space of time, permitting of her discharge from the hospital quite well.

*Excision of Tonsil.*—A boy, aged 18, whose left tonsil extended almost completely across the isthmus faucium, and which interfered with deglutition, had it removed in the following simple manner, at King's College Hospital, on the 8th July, by Mr. Ferguson. The tumor was seized with a pair of forceps, the tongue being depressed with the handle and finger; a blunt pointed curved bistoury, the nearest half of the blade of which was wrapped in lint, was then introduced, and the tonsil shaved off, cutting upwards. This operation was performed with the greatest ease, and was very neatly done. Mr. Ferguson is not in the habit of employing any other method, and never uses the tonsillotome. I have, however, seen this last instrument frequently used by M. Guersant on children, at the Hospital des Enfants in Paris, and I think there can be no question about the propriety of using it in them, from the difficulty experienced in keeping them quiet. In the adult, however, with ordinary care, the tonsils are more satisfactorily removed by the bistoury, in the manner described, than with the "guillotine," as it is sometimes called. It must be confessed, that with the latter instrument, as the cutting edge is abruptly drawn through the tumor, there is a liability at any moment of forcibly tearing, instead of cutting through the gland.

*Talipes Varus in an Infant.*—A child, aged 11 weeks, with a congenital talipes varus of the right foot, was given chloroform. When anaesthesia was produced, Mr. Ferguson introduced a sharp pointed tenotomy knife through the skin, and divided the tendo-Achilles, while that muscle was put upon the stretch. The foot was bound up with adhesive plaster, and subsequently put up in a short splint. This case presented one of the simplest varieties of this form of distortion, and required no other division than that of the tendon mentioned, which will prove quite sufficient for cure. The patient was one of the youngest to whom I had seen chloroform given, but Dr. Snow (who officiated here) informed me that he had given it to an infant as young as 10 days with the most perfect safety.

G.

(Conclusion in our next.)