Case 2.—In the same year, Madame B——, wife of a member of the Institute, consulted Sanson. I was told by him to examine her, and found that there was a region of the pupil of the left eye where one image only was seen. Sanson died, and Madame B—— consulted another practitioner of great eminence. By him she was treated for several months for amaurosis. Not finding her sight improve, she came to me. As I was about to examine the eye with a wax-light, she reminded me that I had employed the same means when she had consulted Sanson, and that I had found one region of the eye defective—a fact which had escaped my memory. This again I ascertained to be the case. I told her to use belladonna ointment; and the following day I discovered, through the dilated pupil, an opacity near the inner angle. One image only was perceived, and on examining attentively the eye at daylight, the circumscribed opacity became distinctly visible: my finger, placed before this region of the eye, was not seen. I consequently diagnosed incipient anterior capsular cataract. The correctness of the diagnosis eventually became evident to every one.—*The Lancet*, 1845.

Dislocation of the Pelvis.—At a meeting of the Academie de Medecine, M. Begin read a report on a memoir by M. Murville on *luxations of the pelvic bones*, of which the author narrates two remarkable examples. The first was the case of an officer who fell from a second-floor window, and lighted on the tubera ischii. The sacrum was displaced downwards by the weight of the body. On examination, the crests of the ilia were found to be almost touching the false ribs; the os coccygis, much shattered, projected considerably below. The patient complained of great pain in the sacro-iliac symphysis, with paralysis of the bladder and rectum, small pulse, and other signs of collapse. He was restored somewhat by stimulants, and when re-action was fully established, he was treated antiphlogistically, the displaced bones being maintained as motionless as possible. No attempt at reduction was considered advisable. This treatment was marvellously successful; not only did the patient survive, but the paralysis diminished, and in ten days the patient was able to walk with difficulty.

The second case is unique. An officer during a review was run away with, the horse at the same time plunging violently; in one of the plunges he was thrown considerably from his saddle, upon which he descended again with such force as to lacerate the left side of the pelvic arch, without injuring the skin. A second plunge of the animal added to the mischief, completely rupturing the ligaments of the symphysis pubis. When examined, a large inguinal hernia was discovered on the left side, and in the perineum a tumour projected as large as the fist, which could be pushed upwards into the pelvis. The symphysis pubis was separated to an extent which allowed the hand to be insinuated between the ossa pubis. The hernia was reduced, and the bones kept in apposition by bandages, and in three months the patient was able to walk. M. Murville upon this case founded some remarks upon the feasibility of the operation of division of the symphysis in labour. In a discussion which ensued, M. Malgaigne doubted that it was a case of simple dislocation, thinking it probable that there was also fracture.

Statistics of Lithotrity and Lithotomy.—After the presentation of memoirs on pellagra and vaccination, which are not of interest to the British reader, the discussion on lithotomy and lithotrity was resumed. M. Civiale, who opened the debate, gave a statistical account of stone operations in different localities. In Bristol, of 135 operations between the ages of one and ten years, 28 or one in 4·68 died. Of cases by Dr. Yelloly, on subjects under fourteen, 69 died out of 357 cases, or one in 5.17. Of 100 operations performed at the Hotel Dieu, 56 were cured and 28 died. Between the years 1836 and 1842, 73 operations for stone have been performed in the hospitals of Paris, on patients of all ages: of these 45 were cured and 25 died; in 3 the issue was unknown. This makes a mortality of one in 3. In 89 operations by Dupuytren, on patients under the age of fourteen, the recoveries were 70, the deaths 19,—that is to say, 1 in 4.66. Such are the results of the operation for stone. In opposition to this, M. Civiale adduced the following statistics:—Of 838 cases of stone which presented themselves to him between the years 1824 and 1845, 548 were heal'ed by lithotrity; the remainder were not considered proper cases. To these 548 cases he adds, 25 cases of lithotrity from relapses, 8 in which lithotrity was performed subsequently to lithotomy, and 10 recent cases, making in all 591. Of these 566 were cured, 14 died, and 11 were relieved. In recapitulation M. Civiale considers it established,—1. That by lithotrity properly performed, 98 patients out of 100 are cured. 2. That by lithotomy, performed without distinction of age, 20 or 30 per cent. are lost. 3. In infants 9-10ths are saved; among adults and old persons, 60 to 70 per cent. are saved.

New Operation for Stone.—M. Maisonneuve presented a patient from whom he had removed a stone by a new method, which he calls the *rectal* operation. The description is as follows:—The patient being placed in the lithotomy position, a sound with a wide groove is introduced into the bladder, and depressed towards the rectum by an assistant. The surgeon then introduces the index finger of the left hand into the rectum, and feeling for the staff, inserts the nail into the groove. This being done, a sharp-pointed bistoury, perfectly guarded, is slipped along the finger as a director, until its point impinges upon the groove of the staff; it is then made to divide the walls of the rectum and the urethra. This incision made, the bistoury is withdrawn, and a double lithotome is inserted in a similar manner, until it reaches the groove of the staff; when withdrawing the left finger, the surgeon seizes the staff, and raises it a little, while with the right hand he pushes the lithotome into the bladder. The staff is then withdrawn, and the surgeon introduces the left index and middle fingers into the rectum below the lithotome, which is then withdrawn, so that its separated blades make a bilateral incision in the rectum, through which the stone is removed.—*Provincial Medical & Surgical Journal.*

Case of Axillary Aneurism, for which the Subclavian artery was tied with success.—By James Syme, Esq., Professor of Clinical Surgery in the University of Edinburgh.—Having already placed upon record two instances of life being preserved, under very peculiar circumstances of axillary aneurism, by amputation of the shoulder-joint, I have now the more pleasing duty of relating a case of the same disease, remedied by ligature of the artery without removal of the limb.

A gentleman, aged 34, from the north of Scotland, commended by Dr. Ross of Tain, applied to me on the 25th of July, on account of an axillary aneurism of the right side. It was of a large size, filling the axilla, and pressing forward the pectoral muscle, so as to be distinctly perceptible through the clothes. The patient stated, that about sixteen years ago he had fallen down a stair, and by an involuntary effort to save himself, had seized the railing with his right hand, and consequently sustained a very severe wrench of the limb. With exception of some pain, and the ordinary uneasiness attending such an injury, he had not afterwards suffered any noticeable inconvenience further than an occasional difference of temperature in the hands, until about ten months ago, when he began to suffer from pain in the little and ring fingers, which gradually became almost constant and extremely distressing. More lately, the axillary tumour had attracted attention; and on the 29th, with the assistance of my friends, Drs. Duncan and Mackenzie, I tied the subclavian artery, where it emerges from the scalenus anticus, by a single silk ligature, drawn with all the tightness in my power. No inconvenience whatever was experienced—the ligature separated on the fifteenth day, and the patient at the end of another fortnight returned home, perfectly free from pain, and with hardly any perceptible remnant of the tumour.

In performing the operation I made an incision along the clavicle, so as to extend over the edges of the sterno-mastoid and trapezius muscles, and another from the centre of this upwards, parallel with the edge of the latter muscle. The dissection was conducted entirely by the knife and forceps. The needle was passed under the artery, with its convexity upwards, and the ligature was tied by the unaided effort of the fingers. It has been advised to pass the needle with its convexity downwards, or towards the clavicle, with a view to protect the vein from injury. But this vessel is not at all in the way, while the cervical nerves are so situated in regard to the artery, as in general to render it