

patient suffered, and the severe local affection of the lungs of which he had been the subject, we cannot be surprised either at the absence of all attempt at reparation or at his death.

*The Second Quarterly Return, containing the substance of information recorded in the Register from the 1st October to the 31st December, 1844. By D. Martindale, Esq., Secretary.*

Table showing the number admitted during the Quarter:—

| Admitted.      | No. | Died. | Discharged. |
|----------------|-----|-------|-------------|
| October,.....  | 25  | 2     | 16          |
| November,..... | 28  | 0     | 25          |
| December,..... | 34  | 2     | 27          |
|                | 88  | 4     | 68          |

Classification with regard to colour:—

| Admitted.      | White. | Coloured. | Black. | Total. |
|----------------|--------|-----------|--------|--------|
| October,.....  | 8      | 3         | 14     | 25     |
| November,..... | 9      | 3         | 17     | 29     |
| December,..... | 8      | 8         | 17     | 33     |
|                | 25     | 14        | 48     | 87     |

Classification with regard to colour:—

| Admitted.      | Males. | Died. | Females. | Died. | Total. |
|----------------|--------|-------|----------|-------|--------|
| October,.....  | 19     | 2     | 6        | 0     | 25     |
| November,..... | 17     | 0     | 11       | 0     | 28     |
| December,..... | 26     | 2     | 8        | 0     | 34     |
|                | 62     | 4     | 25       | 0     | 87     |

Showing from what Parish and Foreign Places:—

|                   |    |                  |    |
|-------------------|----|------------------|----|
| St. Michael,..... | 42 | St. Andrew,..... | 0  |
| St. Joseph,.....  | 9  | St. Peter,.....  | 0  |
| St. George,.....  | 1  | St. John,.....   | 13 |
| St. Charles,..... | 8  | St. Lucy,.....   | 2  |
| St. Thomas,.....  | 1  | St. James,.....  | 2  |
| St. Philip,.....  | 1  | Foreign,.....    | 8  |
| Total,.....       | 87 |                  |    |

Surgical operations performed during the Quarter:—

|                                       |    |
|---------------------------------------|----|
| Amputations below the knee,.....      | 8  |
| Amputation above the knee,.....       | 1  |
| Extirpation of Tumor from Cheek,..... | 1  |
| Congenital Phymosis,.....             | 1  |
| Removal of Metatarsal bone,.....      | 1  |
|                                       | 12 |

**CASE 8th.—Chronic Ulcer on Leg—Cartilaginous Tibia diseased—Amputation below the Knee—Recovery.**—William Flood, aged 22 years; a native coloured man, by occupation a fisherman, admitted into Hospital into Lower Bishop's Ward, under care of Dr. Cuttings, on 29th July, 1844. States that he has always been very healthy, and never had any ailment until three years ago, when he received a wound on the front of the lower part of the leg from a projecting piece of old sheet copper that was on the bottom of a boat. The wound has never healed, and there is now a large indolent ulcer on the front of the right leg, occupying the space of the middle and lower third of the tibia; in the centre of the ulcer the tibia is exposed, and in the lower part the tendon of the tibialis anticus is sloughing. On scarifying the ulcer, the knife cut through a very thin bed of granulations resting on a thick cartilaginous material. The edges of the ulcer were hard, everted and thick; everything that could be thought of was done, with a view to save the limb, but

after mature deliberation, amputation was determined on, and performed on the 14th November; he was discharged well on the 14th December.

**REMARKS.**—On examining the amputated part, a state of disease was exhibited which at once pointed out the propriety of the operation. The integuments in the neighbourhood were not only thickened, but the cellular tissue of the leg had been converted into a semi-cartilaginous substance, becoming more tense as we proceeded from the surface inwards towards the bone, and a number of bony granulations grated under the scalpel in the mass; both the tibia and fibula were softened, and gave out an oily fluid. The ankle joint was also diseased, the cartilage covering the ends of the bones of the leg and foot being absorbed, and a quantity of rosy reddish-coloured fluid effused in the cavity of the joint.

**CASE 9th.—Chronic Ulcer on Leg—Loss of part of Heel from injury—Amputation below the Knee—Recovery.**—Thomas Taylor, aged 60 years, a black native, admitted into Stott's Ward on 22nd July under the care of Dr. Clarke. He states that he has had for the last ten years an ulcer on the leg, consequent on an injury which he received from a waggon, which, passing over it, the calcis, completely destroyed the greater portion of it. The toes are drawn permanently downwards, and the arch of the instep is very much increased. The heel is drawn upwards by the shortening of the tendo-achillis; from inaction and the use of the crutch, the muscles of the leg have wasted much. Amputation below the knee was performed by Dr. Clarke. The wound healed readily, and he was discharged cured on 16th September.

**CASE 10th.—Diseased Bones of Foot—Several fistulous openings on instep and sides of Foot—Amputation—Recovery.**—Syke Jennings, aged 24 years, a native of Bermuda, by occupation a seaman, admitted into Stott's Ward on 25th November, under care of Dr. Clarke, suffering a good deal from a diseased condition of the foot. He states that a year ago, when in North America, he was severely frost-bitten in the same foot, but did not lose any of the toes; shortly after leaving the States, many boils formed on the instep and side of the foot, which discharged pus, and without any difficulty healed, and as often formed again, until at length they became as permanent open sores, discharging a thin yellow fluid. The Metatarsus is very much flexed downwards, as in Club foot. On the 5th December, amputation below the knee was performed by Dr. Clarke, and he was discharged in good health on the 11th January, 1845.

**REMARKS.**—On examining the foot, the parts were found to be much diseased. The cellular tissue was so much condensed as to leave but little distinctive difference in appearance between it and the tendons which were newly marked as lines running through it; the bones act easily, being soft and spongy; the ankle joint contained a reddish ropy fluid, and the cartilages of the ends of the bones were being rapidly absorbed.

**CASE 11.—Ulcer of long standing on a leg affected with Chronic Angioleucitis—General health suffering—Amputation below the knee.**—William Payer, aged 45, by occupation a groom, admitted into Commissioners'