

pression; deep-seated pain in the wound, from which a few drops of blood oozed; the intellectual faculties unaffected. The patient was gradually improving, when, on the tenth day he suddenly fainted and expired. Dr. F. states that the patient was able to survive such a length of time with so severe a wound, in consequence of the formation of a coagulum in the left ventricle, which closed the wound.

46. *Sudden Death from the Entrance of Air into the internal Jugular Vein.*—An instance of this is recorded in the *Medicinische Zeitung*, 1834, by Dr. ULBRICK. In extirpating a tumour which occupied the side of the neck, and included the vessels and nerves of that region, Dr. Ulrick discovered that he had opened the internal jugular vein. Not a drop of blood escaped, and the walls of the vein did not collapse, but remained distended like an artery. The inner surface presented nothing remarkable; but externally a whitish appearance was observed which is not natural to a vein. The assistants thought they heard a hissing noise when the vein was cut. Immediately a bloody froth escaped from the lower orifice; the patient fainted; experienced slight convulsive motions of the face, and was attacked with opisthotonos. The countenance was pale, the pulse small, the respiration slow, and death took place in about a minute. Twenty-two hours after death, scarcely any evidence of putrefaction existed. The integuments of the cranium, when divided, poured out a considerable quantity of blood, and the brain was firm, and presented red points. The carotid, the trachea, and vagus nerve, were found to be uninjured. The internal jugular was imbedded in the tumour, and a little above the point at which it was divided, was obliterated. On opening the pericardium, the right auricle was found distended and elastic. It immediately collapsed on being punctured, although no blood escaped. The blood contained in the right ventricle, and in the body generally, was black and fluid.—*N. A. Archives, from Journal des Connais. Med. Chirurg.*

47. *Strangulated Hernia relieved by extract of Belladonna.*—Dr. FRANKEL has successfully treated six cases of strangulated hernia, with the extract of belladonna. Five of these cases were crural hernia, in females. The sixth was an umbilical hernia.—*Grafe und Walther's Journal, B. XX. S. 4.*

48. *Case of Ununited fracture of the Femur cured by the introduction of a Seton.* By E. M'DOWELL, Esq.—“Michael Flood, aged twenty-five, was admitted, under my care, into the Richmond Surgical Hospital, Brunswick street, January 16th, 1830, with ununited fracture of the left femur. The fracture was below the centre, and was very oblique; the bones overlapped, the muscles were wasted and flabby, and on attempting to bear any weight on the limb it bent inwards: the limb was useless.

“*Previous history.*—Has been very healthy; never had syphilis. The fracture occurred two years previously, and splints were kept on for two months. Being then urged to use the limb, he got out of bed; and, in the first attempt to bear on it, the recently-connected parts separated. Splints and very firm pressure were employed for three months longer; but no union: a blister was afterwards applied; but at the expiration of twelve months the fracture was still disunited. He then came to Dublin, and was in Stevens' Hospital for nearly six months. A bandage, previously dipped in glue, was applied; short splints, firmly bound on; and he was allowed to go about on crutches. At the end of six months there was less yielding at the fracture, but no union; and a useless limb. He then came under my care. The period for using mercury, to excite a sufficient degree of action in the parts, and thus favour the formation of callus, had gone by. On the 20th of January, an incision was made down to the fracture on the inside of the thigh; and a long seton needle, with a thick seton of silk, was passed between the overlapping bones, and these brought out at the outer side of the limb. The operation was bloodless. The limb