

for which arose as much from the disagreeable deformity of the face as from the evident ill-effects on the system that the constant flow of saliva occasioned. The writer was encouraged to this attempt by the very perfect success of a Taliacotian nose, made a short time before by him at Constantinople. The operation, in which he was assisted by the advice and skill of his intelligent friend Mr. Millingen, was performed by removing from the upper part of the throat a triangular portion of integuments, whose suitable form and size had been judged of, by measuring a model of the lip and chin adapted to the deficiency. This segment was now reflected, the twist being made immediately on the point of the chin, and its two angular points attached by ligatures to the commissures of the mouth, previously made bare by scarifications, as was also the whole of the former cicatrized surface. The flap was further supported by adhesive plaster and bandage, and the wound on the throat brought together by the same means. The parents were directed to keep the child in a recumbent posture, and to feed her sparingly on pap. The wound was looked at on the third day; on the fifth the dressings were changed, when adhesion had taken place on one side very completely, and, on the other, although the ligatures had cut through, there was no opening of the wound: there existed no symptoms of excessive inflammation of the parts, or of irritation of the system. In fifteen days the cicatrices were perfectly formed, and the wound on the throat almost closed. On closing the mouth the artificial lip seemed very well adapted to the other, and even when partially open retained the saliva, and very materially diminished the unseemliness of features. It cannot be yet determined whether or not the second set of teeth, with their alveoli, have been so much destroyed as to prevent the great help derivable from their growth, by supporting the flaccid flap. On the whole, the result of the operation was very satisfactory, especially at Constantinople, by exalting the practice and utility of surgery amongst the Turks, and encouraging them to submit to operations beyond the barber's province of bleeding and tooth-drawing.

Glasgow, 12th April, 1831.

X. *A Manual of Analytical Chemistry*; by HENRY ROSE, Professor of Chemistry, at Berlin. Translated from the German, by JOHN GRIFFIN. London: Tegg. 1831.

To every one who desires, or is called upon to turn his chemical information to practical account, as well as to the professed analyst, this work is literally invaluable. Before its

appearance, the analytic student, in this country, had no competent guide to direct him in his experimental researches; but here he will find the requisite information given with the utmost simplicity, and arranged with the greatest perspicuity. We anticipate, through its means, a wide extension to the *practice* of chemistry, particularly among our manufacturers and apothecaries, whom it enables to qualify themselves for an examination of the chemical substances, in the purity and value of which they are interested.

By the general student of chemistry, the work will be perused with much interest and profit, from the clear and methodical manner in which the chemical characters of the various substances are set forth, and the tests by which their presence is detected, specified and explained.

To give some idea of the nature and value of the information which the medical student may derive from this Manual, in cases where he may be called upon to apply, professionally, his chemical knowledge, we subjoin Professor Rose's instructions for detecting the presence of salts of peroxide of mercury, (including corrosive sublimate) in solutions where the examination is complicated by the presence of soluble, vegetable, or animal matter.

“ When hydrosulphuret of ammonia, or liquid sulphuretted hydrogen, is added in excess to solutions of mercury which contain much organic matter, a precipitate of sulphuret of mercury is produced; but when the solutions are strongly coloured, the precipitate is commonly difficult to be seen. That it may be determined with certainty, whether the precipitated sulphuret contains mercury, it must be filtered, dried, mingled with soda in a little glass tube closed at one end, and heated before the blowpipe. If mercury be present, it is reduced and sublimed. But as the presence of certain organic substances has the effect of making the sulphuret of mercury remain a very long time in suspension in the solution, and frequently of partly or totally preventing its filtration, the operator must employ sulphuretted hydrogen as the precipitant, only when the quantity of mercury is very considerable. To detect a very small quantity of mercury in such solutions, it is best to employ blank copperplate. This is placed in the solutions, which must either be neutral or not too strongly acid; though, indeed, the mercury can be precipitated by copper, even from an alkaline solution. The precipitation is also thus effected, even when the solution is very deeply coloured and contains organic substances of every description. The copper, after some time, acquires a grey coating, if the solution contain the slightest traces of mercury. The grey

coating, on being rubbed with paper, gives a silvery appearance to the copper, but one which a gentle heat is sufficient to drive away. When the quantity of the mercury in solution is extremely small, the silvery appearance produced upon the copper is less distinct, because the characteristic colour of the copper shines through the thin coating of mercury. In this case, the operator must heat the copper in several spots, and thus restore its own pure colour. The slight silvery appearance on the places which have not been heated, is then rendered more striking by contrast."

XI. *Cases of Aneurism.* Communicated by Dr. PERRY, one of the Surgeons to the Glasgow Royal Infirmary.

THE following cases came under my care, while surgeon in the Glasgow Royal Infirmary, in 1820.* The first case is chiefly remarkable for the secondary hæmorrhage which occurred several weeks after the operation of tying the artery, and the manner the hæmorrhage was suppressed. Unless it had taken place in a public hospital, reasonable doubts might have existed that there was some deception; but the nature of the hæmorrhage was fully ascertained, by a number who witnessed it, and when Dr. Wallace, the house surgeon, was summoned from his apartment, he purposely removed the pressure, and allowed the blood to flow, that he might fully ascertain its character. From the size of the tumour, and the small space left betwixt it and the clavicle, the artery must have been tied very near its separation from the subclavian, and the introduction of the probe may have disturbed the clot formed, while the adhesion of the sides of the artery had not fully taken place.

This patient, M^r Arthur, called at the hospital at the visiting hour, in the month of February last, for the purpose of receiving a certificate of his situation, as he had been called, along with the other pensioners, to appear before the district surgeon, that his fitness to serve his Majesty might be ascertained. In the site of the aneurismal tumour there is now a hollow, and the skin firmly adherent to the upper and lateral portion of the thyroid cartilage, the slightest pressure upon the part excites a sudden feeling of suffocation and coughing. The pulsation of the temporal and labial arteries cannot be distinctly felt. In other respects in good health.

* At that time very few successful cases of the operation for carotid aneurism were on record, its not being published at the time was in great part owing to the want of a local Journal.