

then, with a gentle jerk, snapped it off, and immediately had the satisfaction of seeing the leg most perfectly straightened.*

Thus far in the operation 22 minutes had been expended, during which time the chloroform was applied at very short intervals, and was continued, in all 43 minutes, the remainder of which was occupied in applying sutures, dressing the wounds, and fitting it up securely on Amesbury's Fracture Apparatus with lateral splints. I was fearful of discontinuing the use of the chloroform before all these operations were completed, lest he might become restive as the influence of the chloroform vanished, and send his nearly divided leg to the other end of the room; however, there was no excitement of this kind. He recovered from its effects just as a man awaking from quiet sleep, and said he had experienced no pain whatever. About a quart of blood was lost by the operation as the tourniquet was not tightened; no vessel of any size was wounded, not a ligature was applied; and in the after treatment, which consisted only in keeping him on the inclined plane for about eight weeks, there was not a bad symptom, with the exception of an attack of dysentery at the end of five weeks, which lasted him eight or ten days, during which time, of course, all further improvement was arrested in the process of union already begun; but now, at the end of the ninth week, the union of the bones is so far advanced, and the wounds so nearly healed, that he is commencing to hop about on crutches, and there is little doubt that after a time he will be able to walk almost as well as ever, as there is not much shortening, perhaps about three-eighths of an inch, and the limb is as straight as a line. The measurement of that piece of the tibia which is removed, would be accurately described by imagining an isosceles triangle, the base of which would be three quarters of an inch, and the apex the ordinary transverse diameter of the bone above its middle. I feel myself much indebted to my medical confrères for their assistance on this occasion, Dr. Horne, Staff Surgeon; Dr. A. Morson, and Dr. Newton of Quebec.

In reference to chloroform, within the last ten days I have again had occasion to avail myself of its truly wonderful effects in a case of amputation of the leg, in consequence of severe compound fracture. Its effects were equally satisfactory.

Bytown, July 17, 1848.

ART. XXXVII.—No. 1.—*The Medical Practitioners' and Students' Library. The Principles and Practice of Midwifery*: by JOHN TUCKER, M. D.,—*Professor of the Principles and Practice of Medicine,—with numerous illustrations.* Philadelphia, Lindsay & Blakiston, 1848. Small 8vo.; pp. 405.

It is a pleasure to us to witness the effort made by the publishers of the "Medical Practitioners' and Stu-

dents' Library" to advance the cause of medical science, by placing within the reach of practitioners and students, works upon the various important branches of their profession.

Two of their publications have reached us; and the first of the series is the work before us, treating upon the important subject of Midwifery.

The several physiological questions connected with this subject are concisely arranged, and detail the latest information on the several points. We more particularly allude to the subjects of menstruation, generation, utero-gestation, and the various questions connected with the ovum.

While expressing an opinion on the merits of the work, we desire to act impartially; and it is not through any feelings of hypercriticism, when we state that, in many places, the work exhibits evidence of hasty composition, both with reference to its style and matter. Thus the author, when describing the effects produced on the uterus by pregnancy, observes, that "the uterus will rise more rapidly in narrow pelves than when the excavation is contracted," (page 119). Among the modes of detecting pregnancy, the author alludes to *ballotement* in the following terms:—"This is a passive movement of the foetus, obtained by placing the hand on the hypogastrium, while the finger of the other, introduced into the vagina, must force up suddenly the presenting portion of the foetus which will be found resting on that portion of the uterus comprised between its cervix and the symphysis pubis. This movement is dependent on physical causes, so that when the impulse is suddenly and quickly given to the presenting portion of the foetus by the finger in the vagina, the movement is felt by the hand placed on the abdomen,"—(page 120). The author, here, reverses the mode in which this operation is usually performed, and converts a test of facility into one of comparative difficulty. In the author's remarks on the development of the uterus during pregnancy, on page 129, we quote the following inaccuracies.—"But not only does the bulk of the organ increase, but its size, as we shall presently see, changes greatly."—We presume the author means form or parietal thickening. Again, "the vaginal portion of the cervix is softer to the touch than in the unimpregnated state, when it is hard and cartilagenous." Instances of these inaccuracies and inelegancies of expression might be multiplied. We adduce them to prove that the work is not faultless. The practical department is not characterised by the same faults. Its descriptions are clear and concise, and the rules of practice and treatment judicious.

No. 2.—*Elements of General Pathology*: by ALFRED STILLE, M. D., *Professor of Pathology and the Practice of Medicine, in the Philadelphia Medical Association.* Philadelphia, Lindsey & Blakiston, 1848. Small 8vo.; pp. 483.

This valuable work is the second of the series, and we can confidently recommend it to our readers as one of the most complete and accurate works on the subject. The introductory chapter on "medical truth," is highly creditable to its author,

* The saw used on this occasion was a metacarpal saw. Hey's saw would answer much better for dividing the fibula as it will work in about one-third of the space required for another saw, and, consequently, the incision through the peronei muscles, &c., need not be of near the same extent. The reason for snapping off the fibula was to prevent the further destruction of the soft parts with the scalpel for more room for the saw.