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THE

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ORIGINAL COMMUNICATIONS.

ART. XXIV.—*Traumatic Emphysema.* By WALTER HENRY, M.D., Inspector General of Military Hospitals, &c.

I have read with interest a good case of traumatic emphysema from broken ribs, well treated and well described, in the November number of the Chronicle. Having had a good deal of experience in such cases, and also in more serious ones, where a ball or a pointed weapon wounds the lungs, I send you a few brief remarks on the subject, hoping that a communication from an old medical campaigner in the Peninsula may not be unacceptable.

Fracture of the ribs, with emphysema, is generally, and where great violence has not been the cause, more formidable in appearance than reality. To an inexperienced surgeon, the sight of a man in great pain and distress, breathing with difficulty, and with his chest inflated like a barrel, is very alarming. Every bystander, of course, considers the case quite hopeless; yet, in the majority of such instances, there is no great danger. Under judicious treatment, adapted to the opposite conditions of collapse and reaction, restricting the action of the external respiratory muscles, and making the breathing as much phrenic as possible, with the employment of suitable medicines, nature soon effects a cure.

The first thing usually done after recovery from the immediate shock, is to apply a bandage round the chest; and, under ordinary circumstances, and when there is no hæmorrhage from the mouth, this is, doubtless, quite right. But it should be borne in mind, that a common calico or linen bandage, however scientifically applied, will soon slacken, cease to confine the chest effectually, and become nearly useless for the chief purpose of its employment. As soon, therefore, as the patient is removed to his own residence, or an hospital, a hempen or coarse linen vest, doubled, should be prepared and put on, which must be tightly fitted, and sewed, or laced down the back, and have straps to support it over the shoulders. This appears to me to be almost indispensable to the proper treatment of the case.

It is true that in some instances this constriction cannot be borne, being incompatible with respiration from the first; and in others it must be relaxed when inflammatory symptoms set in, even at the expense of disturbing the process of reunion in the broken ribs: still it is the most effectual treatment, but may be modified according to the state of the case, and the requirements of urgent symptoms.

When air is extensively diffused through the sub-cutaneous cellular tissues, and the patient is elderly or cachectic, the capillary circulation is so much impeded by its pressure, that the skin becomes cold and of a livid, or nearly livid color, threatening gangrene. This is a most dangerous symptom, and the worst result is to be apprehended. I have only seen two instances of this bad description, both of which ended fatally, though stimulating liniments, gentle local friction, warm flannels, and appropriate constitutional treatment were sedulously employed.

In cases where there is no danger of this kind, friction and liniments are also useful in hastening the absorption of the extravasated air. Emphysema occasionally disappears rapidly, and I have seen a chest nearly one-fourth larger than usual restored to its normal dimensions in a single night. The precise *modus operandi* of this absorption is as mysterious as marvellous. The air cannot be supposed to re-enter the wounded bronchi, which have contracted, and a healing process is going on in them. The lymphatics, it must be supposed, are inadequate to absorption on this scale. It is difficult to believe that the veins are the agents, because we know that air in any great quantity in these vessels destroys life. Cases have occurred where the internal jugular vein has been wounded during the excision of a deep-seated cervical tumor, in which the suction of a gulp of air has been audible, and instantly fatal. When emphysema suddenly disappears, many cubic inches of air must have been absorbed in a few hours, and I believe that physiology has not yet settled how this is accomplished, nor some other difficulties of the process of absorption generally.

I have never seen emphysema of the chest unaccompanied by costal fracture or a wound; but we know from the authorities that this sometimes happens. Yet in some of the recorded cases, including the squeeze from an elephant, quoted in the article referred to, there is reason to suspect that undetected costal fracture may have taken place. Under certain circumstances of extensive emphysema, the crepitus of a broken rib may be very indistinct amidst the crepitus of the integuments. Limited, and what we may call idiopathic, emphysema has been caused occasionally by the violent efforts of puerperal women in restraining their breath.

This extravasation is not a very unusual accompaniment of sword and bayonet thrusts, and also, but more seldom, of bullet wounds. In the

course of the Peninsular War, and the Nepaulese War in India, I have seen and treated many such cases, of which reports were forwarded to the proper authorities at the time. After a lapse of 35 years, or thereabouts, it is, impossible to recollect them with distinctness; but my impression is that the presence of emphysema was considered a subordinate matter, and little regarded. It was even supposed, that when air thus found its way to the surface, there was less risk of hæmorrhage and internal inflammation.

In these cases, friction and stimulating unctuous applications were employed, and when the emphysema was extensive, and the skin tense, scarifications were attended with much benefit.

Of one case I retain a vivid recollection, because the patient was a friend and brother officer. He was wounded in one of the actions in the Pyrenees in July, 1813, by a musket ball, which passed deeply into the right lung and there remained. There was profuse hæmorrhage from the mouth immediately, with dreadful dyspnœa, and extensive emphysema over the upper part of the body. For the first three days he was in a most dangerous state, half suffocated, and only kept alive by frequent bleedings. During this time he lost more than two hundred ounces of blood, besides from the hæmorrhage.

My patient is now a General officer, residing in the south of England, in good health. He still carries the ball in his chest, where it has become encysted, nature having made a nest for it and the bits of cloth it carried in. It appears to rest upon the diaphragm, and the only inconvenience experienced from its presence is when sudden or violent bodily exertion is made; then alarming phrenic spasms occur. On this account the General, who was always fond of riding, although he still mounts his horse, cannot canter nor trot with any comfort.

A case of emphysema from broken ribs, very remarkable on account of the attending circumstances, occurred in Quebec in 1836. A soldier of the 66th Regiment, named Ramsay, was sitting on the outer edge of the rampart of the Citadel, gazing at the first spring ships coming round Point Levy. The place where he sat was immediately above the precipice, rising from the Lower Town, where there was no ditch nor glacis. By some carelessness he lost his balance and fell, first to the foot of the rampart, thirty-five feet, and then tumbled from rock to rock three hundred feet more, until he alighted on the roof of a house in Champlain Street.

I was then Surgeon of the 66th, and hastened to see the poor fellow. He was alive, but pulseless and insensible, and apparently dying. There were many bad cuts and lacerations over the body, from which the blood was still issuing; the chest and back were swollen and emphysematous, through which I could perceive the crepitus of broken ribs, though I

could discover no fracture of the skull, nor other bones. After an hour's labor in restoring consciousness, he at length recovered his senses, and was able to swallow a little brandy and water. I then proceeded to make a more careful examination of his body, and was pulling up his shirt for this purpose, when, after two or three deep sighs, he found utterance. It is natural to suppose that an expression of gratitude for his wonderful escape would have been his first exclamation, but poor Ramsay had other thoughts. His first words were, "*Ah, Doctor dear, dinna tear my sark!*"

This man had three of his right ribs broken, besides a large number of minor injuries. No doubt the numerous rocks projecting from the precipice broke his fall, and probably saved his life. His clothes were nearly cut to pieces, and each of these rents and tears was, no doubt, a quantity, however small, in the sum of resistance to the force of gravity. Besides, it is probable that the ribs were broken by the first fall to the foot of the rampart, when emphysema would take place. He was thus furnished with an elastic integument round the upper part of the body, which would, to a certain extent, defend him in his perilous descent, besides diminishing his specific gravity.

Ramsay was carefully removed to the Regimental Hospital, where his case excited much interest. In the evening there was great reaction, with high pyrexia and dyspnœa, such as might be expected under the circumstances, and large bleeding was required to subdue the inflammation. But after passing through a dangerous week, he finally recovered, without permanent weakness or injury in the chest, and was discharged from hospital in about a month.

Montreal, Nov. 7, 1853.

ART. XXV.—*Cases of Fracture, with observations on the results and modes of treatment.* By WILLIAM E. SCOTT, M.D., Professor of Clinical Surgery, McGill College, and Physician to Montreal General Hospital.

I have been induced to prepare the accompanying statement of fractures, which have occurred in my practice during the last fifteen months, together with brief remarks on the nature of injury and results of treatment, in consequence of having examined a similar table, containing a large number of cases, published by Professor Hamilton, in which it appears that a most unsatisfactory issue has been obtained in a large majority of fractures in the long bones which he has been able to collect: for example—I find that 41 cases of fractured clavicles are reported,

out of which, when union had taken place, 23 were found to be from a quarter of an inch to an inch and a quarter shorter than the corresponding bone.

Of fractures of the radius and ulna, 34 instances are mentioned, in two of them only was there observed any shortening.

71 fractures of the thigh are recorded, of which shortening took place in 48. The deformity varied from half an inch to four, five, and even seven inches. It may be remarked, that nearly two-thirds of these cases have subsequently been lame for life.

Tibia and fibula, examples of the fracture of which, are 73. When cured, shortening from a quarter of an inch to an inch and a half existed in 40.

I regret much that Dr. Hamilton, to whom great credit is due, has not been enabled to state, in every instance, the description of splints employed, the duration of their application, and the general treatment adopted in the unfortunate cases, as to their results, which he has collected and printed in his tables.

As may be observed from the following arrangement, I have not alluded to any cases, on account of not having retained notes of them, which I have treated previously to the last 15 months, otherwise the number arising both in hospital and private practice would have been considerably augmented. The varieties given, however, with the exception of the fatal cases, having been universally successful in their termination, and free from all deformity, contrast most favorably, as far as they go, with the results met with in similar fractures reported by Dr. Hamilton. (Table on next page.)

REMARKS.

No. 1. A very severe injury in the case of a sailor, who had fallen from the rigging of a vessel on the deck, striking on the top of his head. He lived sixteen days. On post mortem examination, a fracture was discovered extending from the occipital to the temporal bone, passing through the petrous portion. There was considerable extravasation of blood from laceration of the lateral sinus.

2. Occasioned by the bursting of a pistol. The man was aiming at a bird in an elevated position, his hand being raised even with his forehead. When fired, the barrel burst, and the screw which attached the barrel to the stock, about two inches in length, was driven, the head entering first, through the middle of the frontal bone, near the coronal suture. A young man who accompanied him, extracted the screw with difficulty. The patient walked to my house, about three miles, after receipt of the injury. On careful examination, I acquainted him of his dangerous situation. A considerable discharge of disorganised cerebral matter escaped through wound. He died four days after from inflammation of the brain.

TABLE, showing the Results of Treatment of 27 cases of Fracture.

No.	Name of Bone.	Point of Fracture.	Character of Fracture.	Name.	Age.	Sex.	Time under Treatment.	United or not United.	Perfect or imp Union
1	Os Occipit.....	Near lateral sinus	Simple	J. M.	17	M	16 days	Died.	
2	Os Frontis.....	Near coronal suture	Compound	J. M.	22	M	5 "	Died.	
3	Inf. Max.....	Near symphisis	Simple	M. S.	24	M	23 "	United.	Perfect.
4	Clavicle	Middle	Do	J. W.	15	M	20 "	"	"
5	Do	Outer third	Do	W. G.	18	M	23 "	"	"
6	Do	Do	Do	W. G.	45	F	20 "	"	"
7	Humerus.....	Through condyles	Complicated with wound of joint	J. M.	17	M	16 "	Died.	
8	Rad. and Ulna	Middle	Simple	E. R.	9	F	28 "	United.	Perfect.
9	Do	Lower third	Do	Mrs. T.	62	F	36 "	"	"
10	Do	Do do	Do	J. Mc.	43	M	28 "	"	"
11	Do	Do fourth	Do	M. W.	22	M	21 "	"	"
12	Rib, 2	Near angles	Do	J. D.	62	M	20 "	"	"
13	Femur.....	Superior third	Compound	W. F.	16	M	100 "	"	"
14	Do	Middle third	Comminuted	J. W.	15	M	45 "	"	"
15	Do	Do do	Simple	M. A. D.	9	F	35 "	"	"
16	Do	Lower fourth	Do	C. L.	54	F	56 "	"	"
17	Do	Do third	Do	J. B.	14	M	42 "	"	"
18	Do	Do fifth	Do	Mrs. N.	44	F	60 "	"	"
19	Do	Do third	Do		13	M	Under	treatment.	
20	Tib. & Fib.....	Do fifth	Comminuted	A. McM.	28	M	30 days	United.	"
21	Do	Do third	Simple	P. S.	34	M	40 "	"	"
22	Do	Do fourth	Do	P.	46	M	35 "	"	"
23	Do	Do do	Do	J. B.	30	M	43 "	"	"
24	Do	Do do	Do	J. M.	45	M	51 "	"	"
25	Do		Comminuted	M. B.	68	M	62 "	"	"
26	Do	Lower third	Simple			F	24 "	"	"
27	Do	Do fourth	Complicated with wound of joint	J. D.	58	M	65 "	Died.	

3. Fractured by falling from a cab. Treatment, pasteboard splint, and four-tailed bandage.

4. A transverse fracture. It occurred in the same boy as No. 14. The figure of 8 bandage, with pad in axilla, was employed. On account of the position necessary to retain the patient in consequence of the fractured femur, and the impossibility of preventing him raising the sound arm, which relaxed the bandage, when the clavicle united, the sternal extremity was slightly prominent, although no shortening was apparent.

5 and 6 were similar cases to the above, although the union in each instance was more complete. In both of these patients Dr. Crawford's "Adjuster for Fractured Clavicle" was employed with most advantageous results. For a description of this valuable apparatus in these fractures, reference can be made to the third number of the Chronicle, where may be found plates of the instrument, with remarks for its application, published by the inventor. I may mention, that I had previously observed cases treated with the "Adjuster," followed by equally satisfactory cures.

7. This fracture existed in the sailor, No. 1. An angular splint was employed.

8, 9, 10, and 11, were simple fractures, treated with straight splints and bandage.

12. The ordinary bandage in such fractures was applied.

13. This lad was thrown from a gallery 20 feet in height, falling upon his side. The upper portion of the femur protruded through the vastus externus muscle. The extremity was bandaged, and the long straight splint was placed upon the outer side of the limb, with a shorter internal, and a superior one. To allow the discharge of pus, which was profuse, it was necessary to cut a deep notch in the external splint. Great difficulties were experienced in this case. The description of fracture, restlessness of the patient, situation of wound, the extreme heat of the weather (month of July), and copious suppuration, necessitating for a long period almost daily attendance. After closing of the aperture produced by the fracture, a large collection of matter formed upon the anterior aspect of thigh. This was opened, and continued discharging for some weeks. The patient was placed upon cod liver oil and nourishing diet. He has now been able to walk, assisted by crutches, for two months. The leg is exactly the same length as the other, and is daily improving in strength.

14, 15, 16, 17 and 18, were all cases of simple fracture. One was comminuted, the boy having been run over by a loaded cart. These were all treated in the manner adverted to in the above instance. The limb having been first bandaged, a splint, extending from the nipple to

about four or six inches below the foot, was placed externally; a shorter one, reaching from the perineum to the condyle of femur, was placed internally, and an anterior one placed between Poupart's ligament and the superior border of patella. The whole being well padded, and secured with strips of bandage.

19. A similar case, progressing favorably. Still under treatment.

20 to 27, were all put up in the following manner. A couple of straight splints are provided sufficiently long to extend from the head of the tibia to two or three inches below the foot. Before applying these, I generally fold them in a piece of strong unbleached calico, about a yard in length, and as wide as the splints are long. One splint is wrapped at one end of the cotton, and the other at the opposite, until a space is left between them of sufficient width to place the fractured leg in. The splints are then brought up on each side of the limb, protected by cotton wadding, and retained by two or three ties of a bandage. This method of applying splints to the leg answers equally well for compound as simple fractures. Cold application may be employed, or one side of the splint can be let down, and the wound, if any exists, can be examined and dressed, without any disturbance whatever to the fracture itself. In the case of No. 27, the man had fallen from the roof of a four story house, and received a severe injury of the spine, occasioning paralysis, from the effects of which he died about two months after the accident.

I have stated in the foregoing cases, that where union of the fractures had taken place, no deformity in any case existed. Reference in this observation is, of course, only made as to shortening. All the cases reported being of recent occurrence, there has not been sufficient time for the enlargement at the seat of fracture, caused by the provisional callus, to have been absorbed. Also, where the fracture has been in close proximity to an articulation, some slight impediment to its free motion may still exist. This, it need not be mentioned, only requires a certain amount of time to be removed.

In conclusion, I am anxious to have it distinctly understood, that I am not in the slightest degree desirous of attributing to myself any peculiar merit in the treatment of these cases. The success that has attended these patients I attribute to my having placed the fractured extremity in a favorable position at the commencement of the treatment, and by frequent careful examinations of the limb, preventing any deviation from that position during the first two weeks; after which period, the person becomes accustomed to the recumbent posture, and the muscles of the extremity lose that tendency which they at first possessed of displacing the fractured bone. I am, therefore, of opinion, that unless the fracture be of a very serious character, or that there exist some severe complication, shortening to the extent mentioned in Dr. Hamilton's tables should

provided the surgeon reside within a convenient distance, never take place; and which, if the cases published in the tables referred to had been under Dr. H.'s treatment, I am satisfied never would.

ART. XXVI.—*Dislocation of the Os Humeri on the Dorsum Scapulæ.* By JOHN REDDY, M.D., L.R.C.S.I., &c.

A gentleman was admitted into the Montreal General Hospital on the 11th October, 1853, under the care of Dr. Scott, suffering from delirium tremens, towards midnight he became very restless, and wandering about the ward, was attracted by a string attached to the window over the door, which acts as ventilator. Supposing it to be a bell-pull, he seized it with his left hand, and while pulling, it suddenly gave way, by which means he was turned half round, falling on his face, the arm still extended, and by the fall brought across the chest. The nurse went in just as he had risen, and finding him difficult to control, came for me. I found him sitting at the bedside, drawing the sheet through his hands. He did not complain of being in pain, nor did I observe anything peculiar in his appearance. He became tranquil, and I left him in charge of the orderly during the remainder of the night. Next day he frequently complained that his "old rheumatism had seized him again, and that he had suffered much from it." On the morning of the 13th, (36 hours after the fall), he complained of his shoulder paining him, and on examining, I found that the head of the humerus had been thrown backwards upon the dorsum of the scapula beneath the spine. He could move the arm freely, bring it close to the side, but was unable to elevate it higher than about 12 inches. The depression beneath acromion, with flattening, existed as in ordinary dislocation, the former, however, most marked in front; the shoulder was very much widened, slightly upwards and backwards. During rotation the head of the bone could be distinctly felt, while at rest the arm was semi-flexed, the elbow close to the side. Dr. Scott saw him shortly after my visit, and also detected the nature of the accident. We tried reduction by manual efforts, but failing, had recourse to "Jarvis' Adjuster," having first administered chloroform. Considerable extension was required, and after some time, while the Doctor pressed upon the head of the bone, I elevated the arm towards the head, then bringing it across the chest, the bone suddenly snapped into its place with a loud noise. The arm was confined to the side with a roller, and in a few days he left quite well.

REMARKS.

The subject of the above accident was a man of great muscular power, 14 stone weight, 5 feet 9 inches in height, measuring 13 inches at centre

of biceps. The amount of deformity I expected to find, did not exist, as the tumor produced by the head of the bone, though striking, was not very great. At first we experienced considerable difficulty in our efforts at reduction, but, persevering steadily in the use of the chloroform, at the end of about half an hour the muscles began to relax, and we effected the double purpose of reducing the dislocation, and relieving the disease, as he slept soundly the entire day afterwards, without the slightest tendency to delirium, which was most active up to the time the chloroform was used. My reason for recording the case is the rarity of its occurrence, many surgeons in extensive practice having never seen it—Sir Astley Cooper but twice in 38 years.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XVI.—*A Treatise on Operative Ophthalmic Surgery.* By H. Haynes Walton, F.R.C.S.E., Surgeon to the Central London Ophthalmic Hospital, and Assistant Surgeon to St. Mary's Hospital. First American from the first London Edition. Illustrated by 169 engravings on wood. Edited by S. Littell, M.D., author of a Manual on the Diseases of the Eye, &c. &c. Pp. 599. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson. 1853.

We feel pleasure in having an opportunity to record our approbation of the highly important addition, bearing the above title, that has lately been made to ophthalmology. An attentive examination of it has afforded us much gratification and information, and we feel assured that no one will rise from its perusal without experiencing admiration for the talents and industry which have produced a work, remarkable alike for its scientific details and sound precepts, and feeling thankful to its author for having made them public.

The reader will find a lucid description of the states of the eyes requiring operation, their signs, causes and consequences; the surgical procedures which have been devised for their removal; the principal methods and plans first fully stated, and then reviewed with ability, after which the author describes his own practice, particularizing wherein it agrees or differs with that of others. The unfavorable results that may attend operations are noticed, as well as the best means for their relief, and the whole is fully interspersed with a narration of his experience in private and public, together with the record of numerous cases, both original and selected.

The merits of the work may be best determined, however, from the following synoptical view:—

Mr. W. questions the opinion that the common source of failure after the operation for symblepharon is the adhesion of the surfaces, and is disposed to refer it for the most part to the occurrence of contraction in the new formation. He has been induced to attribute all forms of entropion to one and the same cause—muscular action—and from dissections which he has made, finds that the orbicularis is about twice as thick for about the one-sixth of an inch over the edges of the lids than elsewhere, redder, larger, and more compact, although it is generally said to be thinnest and weakest there. The older anatomists seem to have given a natural description, but it has been subsequently overlooked and neglected. He adds a very full anatomical account, speaking of it as a distinct muscle, and represents it in a drawing. Mr. Key considered the inverted tarsus to arise from the action of the orbicularis; and M. Desmarres has not overlooked its influence, but he does not recognise its general operation, and neither of these gentlemen have shewn with the precision and correctness of Mr. W., its exact bearing upon the affection in question. He also suspects that, in many cases, diseases of the dense fibro-cellular tissue in which the cilia bulbs lie, play no inconsiderable part in producing permanent entropion. In operating for staphyloma, he is in the habit of leaving the lens, contrary to general practice, for, after the irritation of the eye has been removed by the operation, all unhealthy action is at an end, and the lens is not, as is supposed, likely to become osseous or cretaceous, and is a preventitive to the escape of the vitreous humor. Has not found decided benefit in staphyloma of the sclerotica, with disorganization of the eye, from the evacuation of watery fluid wherever accumulated, as it will be sure to recur, unless suppuration ensue, and directs, that after pricking the projecting point to let out some of the fluid to make it flaccid, to remove what may seem requisite, or a part of the cornea, for a more symmetrical stump. It has long occurred to him, that the lenticular coloration of age is, now and then, in itself intense enough to produce cataract. Morgagnian cataract is shewn not to result from opacity of the fluid between the lens and capsule, as no such fluid exists, but from a change in the transparent nucleated cells, which naturally connect the two together. In treatment of prolapsus iridis avoid all irritating applications, as nit. silver, &c., as well as snipping it away, and endeavor merely to keep the eye quiet. The only exception to this line of treatment lies in staphyloma iridis, when he employs excuration.

In operating for the radical cure of trichiasis, his manner is the following:—An assistant behind the patient makes the lid tense, by drawing the external angle outwards with the one hand, and with the other raises the brow "With a scalpel I cut through the skin in the direction of the lines, meeting at their ends, and enclosing an ellipsis, the one nearly

parallel with the free border of the lid, the other three or four lines from its centre, and arched nearly like the eyebrow—the enclosed flap is dissected off, without interfering with the subjacent muscle, and commencing at the inner angle. The edges are then brought together by 3 or 4 sutures." In extirpation of the cilia, he has lately practised the following operation, which, by saving the skin and preserving the natural appearance of the edge of the lid, is an improvement on the usual mode. Three incisions are made, one at each corner, and one close along the margin of the lid. The flap of skin is then raised and held back, the cilia dissected off, and a few sutures applied. No lashes need be left behind, if great caution be observed, the tenaculum forceps used, and sponge nicely applied by an assistant, so that the operator may clearly see the several steps of his course. In his operation for entropion, he makes incisions like these in trichiasis; but, in removing the included flap, is specially careful that it shall comprehend the muscle, the success of the operation depending upon its thorough ablation. No ligature ever been needed, for an arterial jet has been checked by temporary pressure. Sutures as in trichiasis. It is seldom that any trace of the operation is seen after the interval of a few months, sometimes weeks. He has operated in about 50 cases, and in none has bad symptoms supervened.

In cutting for squint, his success has depended in cases where there has been conjunctivitis, upon thorough division of the scaly conjunctival cellular tissue, which normally is very thin, but then is much thickened, and is frequently divided under the idea that it is muscle or tendon—a mistake which may be avoided by never raising the hook until the tendon-like surface of the sclerotic is seen. He makes an artificial pupil in closure of this aperture from inflammation, &c., with a clear cornea, in this way:—The lower lid being in charge of an assistant, he raises the upper, with the same fingers steadies the globe. He divides the cornea at its outer part with an iris knife, which he carries across the anterior chamber and penetrates the centre of the iris, thrusting the blade up to the shoulder. The aperture thus made is about the third of the diameter of the iris, elliptical and vertical. Its great advantages are being executed through the cornea, certainty of making the pupil at the desired spot, and division of the iris before the aqueous humor is lost.

We observe that Mr. W. has invented a few instruments, and improved some old ones. He has diminished the proportions of Beer's knife for cataract extraction, so as to measure from point to shoulder 8-10ths of an inch, and across the broadest part 4-10ths—a change which Dr. McKenzie, however, believes to be fraught with disadvantages. A very ingenious instrument, lately contrived, is a guarded curette. The point is concealed by a little guard, so that when the instrument is closed, it is dull, in consequence of which it can with great ease

and safety be carried to the required spot, when it is opened by pressure on a trigger in the handle, used, then allowed to close by remission of the pressure, and withdrawn.

The second chapter is devoted to the consideration of ophthalmic instruments, and gives a full account of those in more common use. Speaking generally, Mr. W. prefers wooden to ivory handles, as they can be held with more ease and freedom, and those which are smooth to those which are crosscut. Recommends the points to be tested on a drum of kid skin, stretched over a cylinder; by its mere weight the instrument should insensibly penetrate the tissue. Scissors are best tested by closing the blades on wet bibulous paper gently, and without lateral pressure, if sharp they will readily divide it.

A new instrument has been invented for operating in capsular cataract, which was brought out in the great Exhibition: it is very simple and ingenious. The blades are brought into play by a canula, which encloses them; shutting when the canula is pushed forwards, and opening when it is withdrawn. They are made either with tenaculum or sharp capsule points. At the shoulder is a screw to adjust the length of blades for the canula to work over.

We had prepared a digest of each of the chapters of this important work, which want of space alone prevents us laying before our readers. In lieu, we shall make a very few notes of their contents or most prominent features. The 3rd chapter treats of injuries from mechanical and chemical causes, and embodies a complete account of the various pathological states by which they may be followed. The various consequences of injuries, as rupture of eye coats, laceration and detachment of iris, displacement of lens, &c., are spoken of. Wounds of the various parts are then investigated; and, lastly, chemical injuries from combustion, gunpowder, lime, &c. In the 4th chapter he speaks of foreign bodies; and we find that Dr. Jeannett's recent proposition to dissolve particles of iron from the cornea by sol. sulph. cupr. gr. j–iij. to ʒ j water mentioned as useful in the absence of the surgeon, but not a substitute for mechanical removal.

Chap. V.—Affection of eyelids. Not unfavorable to transplantion of eyelashes; for if the follicles are perfect, why should not the hairs be nourished by the living tissue in which they are imbedded? There is a complete description of en and ektropion, from which we have already drawn. He details Dieffenbach's plan of operating on the lids by lateral sliding, but says he has no practical acquaintance with it and knows of no surgeon who has.

Chap. VI.—Affections of puncta, canaliculi and lachrymal tube. A delicate fusiform probe is depicted and described as superior to the thin flexible wire for exploration. Obstruction of lachrymal tube is regarded as

generally of a scrofulous origin; and a very remarkable case is given that got well solely by change of climate. The best guide in passing the style is a spot a little below, and internal to, inferior punctum, the usual guide—the tendo oculi—not being available when disease exists.

Chap. IX.—Incision of conjunctiva in chemosis. For this purpose he makes four cuts from "spot of reflection and chemosed conjunctiva on cornea, carrying it along the sclerotic to sinus of lid, then depressing the handle, and including within the curve of the blade the swollen conjunctiva of the lid."

Chap. X.—Strabismus. Many of our readers doubtless know that this operation has fallen into disrepute from the liability of the deformity to recur. Mr. W. has never had a case of failure or relapse—believes want of success due to the operator not effectually dividing the muscle. Has operated on many when first operation failed in other hands, and has always found a piece uncut. Dissents to division of other than recti muscles. When operation on external rectus not enough, must resort to ligature, after the method of Wilde, which he details.

Chap. XI.—Tumors. The various kinds as they spring from the different parts—the lids, conjunctiva, sclerotic, cornea, orbit, &c.—are all fully discussed and amply illustrated.

Chap. XII.—Protrusion eyeball from—I. Causes within the orbit, including those arising from anœmia, rheumatic inflammation within the orbit, periostitis of the orbit and disease of the optic nerve. II. Causes external to the orbit, including morbid changes in the cranium, zygomatic fossa, maxillary sinus, nasal fossæ and sphenoidal sinus.

Chap. XIII.—Staphyloma. Mr. Jones' explanation is adopted, "that corneal staphyloma forms, when the iris is partly exposed by the loss of the cornea, being covered by an opaque, firm tissue, like that of a cicatrix. The liability of the lens to become osseous or calcareous, is clearly established. Recommends early removal of a greater or less part of the tumour as the best preventitive to total collapse of globe.

Chap. XIV.—Conical cornea. Chap. XV.—Removal of opacities of cornea. Prefers trusting to nature than to paring, more especially while any existent inflammation. Introduce the subject of transplantation of the cornea, of which investigation has removed all hope of its efficacy.

Chap. XVI.—Cataract. Of the operations, he considers displacement essentially bad, from making the cataract a foreign body in the eye, and should only be resorted to when extraction would be dangerous or positively unsuited. The difficulties of extraction have been greatly exaggerated; and in performing, prefers upper flap. Uses curved needle in displacing. Does not describe simple depression as it is now superseded. Breaking up he takes to be the safest as regards immediate danger,

and is most successful in congenital cases. Adduces strong arguments in favor of advantages of anterior over posterior operation.

Chap. XVII.—Entozoa within the eyeball. Chap. XVIII.—Artificial eyes. Chap. XIX.—Malignant affections. After an accurate statement of the histology and anatomy of their growths, he discusses, at length, the question of operation. Conceiving the sore or tumor to be merely the outlet of the materies morbi lodged in the system, interference, he believes, must lead to disappointment. No combination of circumstances can warrant extirpation in encephaloid disease of eyeball; and no unequivocal case of success is on record. Cannot speak so positively of schirrus, but is adverse to operation, judging from results of operations on other parts than the eyeball, similarly affected. Operation in melanosis more fortunate, but extended inquiry is necessary. As a rule, some remarks apply to malignant disease of orbit and lids. His mode of operation has already been stated.

Chap. XX.—Artificial pupil.

Chap. XXI.—Extirpation of the eyeball. In conclusion, we would especially allude to the present edition of Mr. W.'s work. With the exception of the 1st chapter on the history of ophthalmic science, it is in every particular a faithful copy of the English prototype. Dr. Littell has enriched it with frequent valuable notes. Many contain some very useful hints, as application of extemporaneous nitrate silver, by dipping a silver probe in nitric acid, while others embody fundamental information of great value, as his note upon the ocular fascia, p. 303. Dr. L. has found the best treatment for the stubborn affection known as granular lids to be occasional application of nitr of silver gr. x. xx. to ʒ of water. We congratulate the publishers in having obtained the services of so talented an editor, one who has already acquired considerable fame as an oculist.

XVII.—*A Manual of Obstetrics*. By J. F. Cock, M.D., Physician to the New York Lying-in Asylum, to Bellevue Hospital, &c. Pp. 239. New York: S. S. & W. Wood. Montreal: B. Dawson.

Our young friends, who are preparing for examination, and wish to be up in obstetrics, will find Dr. Cock's manual to be just the book they need. It is incomparably the best *multum in parvo* we have seen. In a few short pages it gives the chief points of the subjects within its province. The style is didactic, the expressions terse, and verbiage has been eschewed. It is the sort of production the student aims at in taking notes of lectures. As an example of the plan followed, it may be mentioned, that the description of the forceps gives a *precis* of its history, value, varieties, use, action, frequency of use, results, cases for, not appli-

cable, period for operating, considerations in, summary, preliminaries, position, introductions, special rules for different positions, dangers, caution; and all this within five pages. Here a few bold strokes have dexterously pourtrayed the figures, and it would have been well, for the uniformity of the picture, if Dr. C. had always observed the same practice, instead of breaking it by occasional excess of shading. Thus, under chlorosis, we find, "when the tongue is clearer and bowels are free, conjoin iron with aloes, tinc. fer. mur., vin fer., mist. fer co., carb., iod., sulph., acet., lactate, citrate, persesquinit. pulv. fer., or "Quevenne's metallic iron," Vallet's mass, iron with myrrh, carb. fer, pulv. myrrh et pulv. zinjib, sulph. fer with sulph. quin. ferri et port. tart." A few more, and the list of martial preparations, officinal and magistral, would be complete. The situation of the pelvis is so important, that it is given first "positively," next "relatively," and then "usually." In such a work, the phraseology is necessarily peculiar, and if not carefully minded, makes strange sense, as "*number of bones* composing (pelvis): in adult four; in early life more; for obstetrical purposes four principal." The strangeness here lies in the concluding part, which leads one to enquire what other bones there are for obstetrical purposes than the principal—whether the four principal are the same as, or different to, the four in the adult; and what are the peculiarities of bones adapted for obstetrical purposes?

The fullness of detail noticeable here and there is really pleasing. For instance, we find the terms for the period of the final cessation of the catamenia to be "change of life," "term of life," "critical time or age," "dodging period," "meno-pause." The coupling together of means subservient to a common end is now and then so surprising, that it cannot fail to leave a durable impression on the memory. Among the measures for the cure of chronic leucorrhœa are, "shower bath to loins and pickled towels."

The same may be said of such amusing sequences as this, met with among observations on menstruation. "Instances of 9 months, 18 months, 2 years, 3 years, &c., (query, should girls ever marry until menstruated,)" so that if you say no, you virtually admit that some may be mated at uncommonly tender periods.

It is more important, however, to notice that the explanations of occurrences are sometimes defective, as the cause of quickening, which is thus stated, "while uterus is in pelvis, which has not nerves of sensation, motion is not perceived; rising into abdomen, motion is appreciated." Here a fact—the rise of the uterus—is stated, and its expression so run into that of a falsehood—no sensory nerves in pelvis—as to be passed off for a rationale of the fact itself. The more astonishing, because, even if admitted for argument's sake, it does not unravel the intermission and rare accidence of quickening.

We do not subscribe to the following practice in vaginal examinations. "Position on back, covered completely, aperture in sheet for speculum," by which is meant, that the patient be covered by a sheet with a hole in it, opposite the vulva, for the insertion of the instrument, instead of using it in the common obstetric position, and scarcely necessitating exposure, as in the simple plan followed without parade or indecency.

If there be any part of Dr. C.'s work better than the rest, it is that in which he arranges and discusses the various forms of uterine hæmorrhage. We observe that he touches on several practical topics, recently much noticed, as primary removal of placenta in placenta prævia, placental apoplexy, value of chloroform, &c. The greatest novelty to us is the alum plug, or the application to the cervix of a lump of alum. Whether it is the Doctor's own or not we are uncertain: we rather think not; as he gives us to understand his work is but a compilation, and makes no pretensions to originality. This last circumstance should have cautioned him against recording statements as true, which are really of very questionable veracity. He says, "the menses is blood mixed with vaginal mucus and uterine epithelium," and as he has given no authority for this, we must be doubtful as to its source. We know that Bouchardat shewed that the elements of this fluid are those of arterial blood; but this does not establish an identity, for when the analysis is extended, it is found the proportions vary, and the blood globules have lost important characters; so that the menstrual fluid is a secretion: a view made more evident by the researches of LeCanu and Denis, which prove that it contains more water, less albumen and globules than blood. So great are the differences that medical jurists have tests for the discrimination of the stains of the two, and accoucheurs have long since recognised profuse menstruation from uterine hæmorrhage. Dr. C. is right about its admixture, but it would have been more correct to have said with utero vaginal mucus and epithelium.

XVIII.—*Diseases of the Liver*. By GEORGE BUDD, M.D., F.R.S., Professor of Medicine in King's College, London, and Fellow of Caius' College, Cambridge. Second American, from the last improved London edition. With Colored Plates and Woodcuts. Pp. 468. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

This, the last edition of Dr. Budd's invaluable treatise on diseases of the liver, has been brought out in first-rate style, capitally finished, well printed, on excellent paper, in clear type, and illustrated by four splendid plates, the coloring of which is admirable, and done with singular beauty

and accuracy, so as to preserve the whole of the original effect intended. We question if it be possible to excel their execution.

This edition is merely a transcript of the latest copy published in London, and has not had the advantages of an American editor, which we think is rather an omission, as it materially lessens the value of the work, for all will agree that its utility would have been greatly enhanced by the addition of notes illustrative of the peculiarities or similarities of liver disease on the American continent, where a much more extensive field of observation is afforded than that to which the European practitioner is limited. The balmy south, which is ever breathing forth its bilious remittents, yellow fever, cholera, &c., and whose every sigh is opposed by a profuse expenditure of calomel, cannot but be a hot-bed for every species of liver affection, and be a last resting-place for myriads of its victims. Why, then, was not the present edition consigned to a censor well versant in such matters, who, by his experience, might have instructed the practitioners who, like himself, are called upon to meet the foe in its stronghold, and thus have made this volume more suited to their actual requirements. Before the issue of another edition, we would have Messrs. Blanchard & Lea duly consider the subject. In Canada, the most common of the diseases treated by Dr. Budd are cirrhosis; fatty degeneration; gall stones; jaundice; congestion; excessive and defective secretion of bile and cancer. He has treated each of these elaborately, and no other work will be found in which they are so satisfactorily and scientifically discussed, and we hold any practitioner culpable who attempts to undertake their management without first making himself master of their detail, as given by Dr. B. Upon some of the subjects, even acknowledged authorities have gone sadly astray. Andral, the renowned pathologist, states the proximate cause of cirrhosis to be an hypertrophy of the white, and an atrophy of the red substance of the liver; displaying thereby not merely his primitive notions of hepatic structure, but his vague idea of the nature of the action instituting the abnormality. This error arises from the excessive cultivation of clinical study, and the utter neglect of physiological anatomy and organic chemistry, healthy and morbid. Dr. B. has avoided it by a judicious combination of the three grand elements necessary to acquire a knowledge of the workings and signs of disease, and this is one great reason of the superiority and excellence of his learned production.

XIX.—*Principles of Medicine; comprising General Pathology and Therapeutics, and a brief general view of Etiology, Nosology, Semeiology, Diagnosis, Prognosis, and Hygienics.* By CHARLES J. B. WILLIAMS, M.D., F.R.S., &c. Edited, with additions, by Meredith Clymer, M.D., &c. Fourth American edition, revised. Pp. 476. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

We have always regarded Dr. Williams' Principles of Medicine as the best treatise on general pathology that could be placed in the hands of the student of medicine. It contains so much varied and important information, treated in a clear, concise, and practical manner, it cannot fail to be highly instructive to all who study its pages. That it has attained a great popularity in America, is sufficiently evidenced by the fact, that the volume lying before us is the fourth edition; and, so satisfied are we of the soundness, in general, of the principles it contains, we hope the enterprising publishers may soon have to issue a fifth edition.

The author has made new and extensive additions, embodying "most of the facts and established deductions made available to the science and art of medicine during the last few years." Among the new matter, are some remarks on the rationale of cod liver oil in the treatment of cacoplastic and aplastic diseases. An opinion has very generally prevailed, that cod liver oil owes its efficiency entirely to the iodine and bromine which it contains. Bennet, Neligan, Pereira, and others have given this view the sanction of their authority. The French School of Medicine has entertained the same idea; for, no later than last year, the Academy appointed a committee, consisting of MM. Guibourt, Souberain, Gibert, and Ricord, to enquire into the therapeutical properties of a combination of iodine and oil, which M. Marchal had employed from 1848. Formulæ for the iodined oil had been proposed, likewise, by MM. Personne and Deschamps. The report of the committee was favorable. More recently, M. Trousseau has recommended patients to butter their bread with a preparation containing the iodide of potassium.

Dr. Williams "thinks it scarcely necessary even to advert to this supposition, still entertained by *a few*," but adopts the views of its action held by Dr. Ascherson of Berlin. Dr. A. first discovered that when albumen is brought into contact with fluid fat, it coagulates and forms a thin film enclosing a particle of oil; and he pointed out that, in the process of nutrition, oil globules are essential to the formation of cells. In tuberculosis there exists a mal-nutrition, arising from a deficiency of fat, of which the rudimental molecules of all the textures of the body consist. This deficiency the cod liver oil supplies, and thus sustains nutrition and vitality. Other oils, he believes, would act quite as beneficially. This explanation of the *modus medendi* appears very plausible, but recent

observers, who have tried different oleaginous substances, have failed to obtain from them results as satisfactory as they have obtained from the employment of cod liver oil. Dr. Cotton in an essay "on the Nature, Symptoms and Treatment of Consumption," states, that "with a view of ascertaining the value of substances bearing more or less analogy to cod liver oil, I have made repeated trials of train oil, the oil of the spermaceti whale, and neats foot oil, as well as of linseed, almond and olive oils." The conclusion he arrived at was, that these oils possess in a very slight degree the remedial properties of the cod liver oil. A third opinion has been announced by Falker of Heidelberg, who believes its virtues depend on the gum-resin it contains.

It is our opinion, that the remarkable therapeutical properties of this oil are not to be attributed to any *one* of the ingredients entering into its composition—to the iodine, bromine, fatty matter, or gum-resin alone; but to the peculiar combination of the whole, which naturally exists in the oil as obtained from the liver of the morrhua vulgaris. And we believe, that the artificial substance which approaches nearest, in composition, to the natural oil, will be the one which approaches nearest to it in its effects in cacoplastic and aplastic diseases.

XX.—*Physician's Visiting List. Diary and Book of Engagements for* 1854. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson.

Medical men have complained that from the hurry and complexity of business, they have often forgotten appointments of consequence, and omitted to insert entries in their blotters. As a natural consequence of this, they have suffered both in fame and pocket. This serious misfortune need not again be incurred, for the spirited publishers, Lindsay & Blakiston, have brought out a *libellus* with the above title, in which the practitioner may always have by him his list of patients, his professional engagements and his day-book, as well as a diary or memoranda. Its cost is but a trifle, and as its utility is unquestionable, no one should be without it. It can be had so as to answer for 25 or 50 patients per week. We have been favored with the smaller copy which may do for the coming year, but we hope to need the larger one in 1855, and would have our liberal friends treat us accordingly.

CLINICAL LECTURE.

Clinical Lecture on Wounds of Blood Vessels of the Lower Extremities. By WILLIAM LAWRENCE, F.R.S., Surgeon to St. Bartholomew's Hospital. (Condensed from the Medical Times & Gazette.)

Large extravasation of blood from rupture of a vein (?) caused by a fall on the leg.—Henry Connell, 45, temperate, admitted January 8th, 1847. Although always healthy, he was probably of hæmorrhagic idiosyncrasy, having ten years before bled profusely for two days and nights, after extraction of a tooth. Two weeks before admission he struck the front of the leg against the stump of a tree, and fell into a ditch, feeling so little uneasiness at the time that he continued his usual employment. The evening following, the limb became painful, and in two days more was considerably swollen, red, hot and tensive. He applied at a dispensary, where, with other treatment, he was bled to 20 oz. On admission, the leg was greatly and equally swollen from the knee to the toes, bright red and acutely painful. General health not impaired. The upper part in the fibular side, fluctuating, was incised by the House Surgeon.—About 8 oz. of black blood, partly coagulated, partly fluid, escaped, with immediate relief. 9th—Slept well, but lost many ounces of blood in the night, requiring the use of the tourniquet. Pulse 60 and weak. No pulsation in the tibials. From the great swelling, tension, hæmorrhage and want of pulsation, my colleague, the late Mr. Earle, and myself, concluded that an important vessel had been injured, and as the situation of the injury could not be made out, we determined on amputation, but the man objected. Cold was applied, tourniquet removed; slight bleeding during the evening. 10th—Bleeding to a few ounces during the night. To ascertain its source, the former incision was enlarged, and found, that the effusion was under the integuments. The incision was now extended up and down, exposing an immense cavity from which between 1 and 2 lbs. of blood, fluid and solid, were turned out, but no bleeding vessel could be seen. A small artery, cut in one of the incisions, was secured. The wound's edges were loosely approximated and cold cloths put on the limb. About 3 lbs. of arterial blood escaped during the evening from numerous minute orifices, rendering the pulse very slow and feeble. An opiate at bed time. 11th—Slept well; slight bleeding, its source not discoverable, as it seemed to be the upper part of the wound, this was closed by plaster and subjected to pressure. Leg elevated by pillows and covered by wet cloths. Circulation kept up by wine. 13th—Hæmorrhage has not recurred, and the limb is quite easy. Pus discharging freely from the wound. Healing went on favorably, and was completed by the end of February. It is not improbable that there was a rupture of a vein or veins in this case, and that the alarming continuance of bleeding depended on peculiarity of constitution.

Deep stab in the left groin; profuse and nearly fatal hemorrhage; ligature of the external iliac artery on the second day; death on the sixth; wound of the circumflexa ilii.—James Walsh, 55, stout, intemperate, generally healthy but had a cough for the last few weeks, was brought to hospital May 18, about 3, a. m., countenance was of deathy paleness, skin cold, pulse extremely feeble and occasionally imperceptible, nearly unconscious and as if dying from loss of blood. Clothes from the neck

down, and bed on which he had lain, soaked with blood, and much recent coagula about the left side of the abdomen and pelvis. These when removed, exposed an incised wound between one and two inches long, parallel to Poupart's ligament and a little above it, not far from the anterior superior spine of the ilium. A director was passed backwards and inwards for four or five inches as if towards the iliac vessels. At the time, no history could be got, but subsequently he stated that about 1 a.m., while standing at his door he was stabbed from before, the blow being directed from above downwards; that blood instantly gushed out, but that he walked up stairs alone, and it continued to flow for 1½ hour, no effort being made to check it. He said he had been drinking, but was not intoxicated. His trousers and a very thick pocket had been cut through by the blow. On careful examination it was thought the peritoneum was not wounded. The arteries of the limb pulsated very feebly, like those of the wrist. Slight oozing of colored serum from the wound, but no bleeding. He was placed in a warm bed, and had brandy and water from time to time, the wound being covered by wetted lint. He slept much during the day; in the evening the pulse had improved, but was still feeble; countenance and skin had got their color and warmth. 19th—Had slept well; no more bleeding; slight serous exudation; no pain nor tenderness; no pulse in left femoral till near the middle of the limb, when can just be felt. Postr. tibial pulsated feebly, but not the anterior, though an artery, which probably supplied its place could be felt near the outer side of the foot. Right femoral perceptible in entire course; pulse improved. We now considered the propriety of adopting some proceeding to discover the source of the bleeding, as it was expected to return when the circulation regained its strength, since it had ceased from weakness. In his enfeebled state the loss of a few ounces of blood might be fatal, while the difficulty of exploring so large a wound, when filling with blood, would be almost insuperable, especially at night. With the approval of my colleague, I determined to enlarge the wound and discover the wounded vessel. The iliacs were suspected, from the absence of pulse in the upper part of the limb, as well as from the course and depth of the wound. He was chloroformized during the operation, which was tedious from the depth of fat under the skin, and the thickness of the muscular parietes. The outer wound was enlarged both ways, the subjacent parts divided and turned aside, so as to expose the external iliac, which was tied just above the origin of its branches. Not more than a tablespoonful of blood was lost. The wound was closed by sutures and plaster, and leg covered with cotton wool. As he was restless, at bed time 3ss tr. opii was given. 20th. Slept well, though numbness and aching were felt in front and back of thigh, down to instep and foot, and still continue. Both limbs of same heat (97 F.); no tenderness round the wound, though it feels sore; bloody serum, mixed with oil globules flows from it. Pulse 136, small and compressible; skin warm and moist; thirst. Wine 6 oz. and porter one pint daily. 21st. Noisy towards last evening, but slept some without opium. Pulse 116, full, but compressible; thirst less; appetite good. 22nd. Bowels acted freely and copiously for first time since admission, after an aperient last night. At bed time, took tr. opii 3ss, and slept well. Weaker this morning, though less listless. Pulse 128; skin cool and moist. Wound less moist, dark, but not painful; discharge offensive. Left limb numb,

equally hot as the other; both a few degrees lower than yesterday. Was much excited about the middle of the day, and restrained with difficulty. Very thirsty; tr. opii gtt. xv in the afternoon, and xxx. in the evening. 23rd. Slept well; pulse 124, and very small; skin cool and moist, after profuse perspiration; mouth and tongue dry. Right foot 93 deg. F., left, 87 deg. 12 oz. of wine and porter. In the afternoon the pulse got very rapid and small; the hands out of bed were cold; general cold and clammy sweat; belly tympanitic. Strong stimuli were given, but he gradually sank, and died in the evening.

Examination 17 hours after death.—Surface completely bloodless and pale. Left leg and foot a little discolored over the superficial veins. Wound dark, and covered with a thickish offensive secretion; not inflamed; no attempt at repair. Peritoneum, even over the injury and seat of operation, as well as viscera, bloodless. Subserous cellular tissue considerably ecchymosed. A few short, very thin and transparent adhesions of sigmoid flexure of colon to neighboring peritoneum, evidently of old date. Heart small and empty, very little blood in coronary vessels. Brain and membranes almost bloodless. Some serum in the sac of the arachnoid, latter partly opaque over the cerebral hemispheres. Cellular tissue around the iliacs infiltrated with blood. Psoas and iliacus muscles ecchymosed and softened. No lesion of any large vessel in the course of the wound. Circumflexa ilii divided about an inch beyond its origin, but orifice closed. External iliac artery filled with a recent coagulum from ligature to common iliac, and had a similar but shorter one below the ligature, although tied close to epigastric. Hence, although a clot is prevented from forming on the cardiac side, when a ligature is tied close below a collateral branch, the same does not happen on the distal side under like circumstances. The internal and middle coats had been divided by the ligature; they were involved in the coagulum, and had not united. The external coat was entire, and with the ligature would have kept the vessel secure till the coagulum had permanently sealed together its sides. The inner seat of the femoral was considerably diseased, and its calibre greatly lessened in consequence—the most likely cause of the want of pulse in the upper part of the thigh. Patches of opaque yellow deposit in the inner coat of the external iliac artery. That the bleeding from the wound, in this case, although it ceased spontaneously, and was not renewed was the cause of death, cannot be doubted. It is equally clear that the blood came from the circumflexa ilii, about an inch from its origin. Fatal hæmorrhage is not expected from a vessel of this size; but the danger is from the magnitude of the trunk, and the vicinity of the wound to the origin of the branch. Mr. Liston related a case of bullet wound of the upper part of the thigh, when the blood flowed most impetuously and profusely, being thrown in jets to a considerable distance—it was said 2 or 3 feet. The patient was found almost lifeless, and was with great difficulty recovered from the syncope and depression. After death, from other causes, the bleeding was found to have come from one of the superficial branches of the femoral artery, about half an inch below Poupart's ligament, divided about an inch from the trunk. Again, the division of small branches of arteries, not of the first order, has been fatal. Thus a patient bled to death after the operation for strangulated hernia from wound of the pubic branch of the epigastric artery. In another like operation, the same result hap-

pened from wound of the same, or an equally small branch of the epigastric. The same has happened in France, *vide Medicin Operatoire* of Sabatier.

The history of the occurrence, as given after the operation, agrees with the dissection, that the bleeding was from the circumflexa ilii. If the external or internal iliac had been wounded, we cannot suppose he could have walked up stairs, bled for an hour and a half, and then recovered. Hence in estimating the nature of an injury, it is of first importance to know all that has happened subsequently to its infliction, and particularly the mode, duration, and quantity of the bleeding. The want of pulsation in the upper part of the thigh, added to the difficulty of the diagnosis, naturally suggesting wound of the external iliac artery.

Wound of the Femoral Artery on its posterior aspect—division of the vessel and application of three ligatures—recovery.—A girl, æt. 6, was admitted, under my care, in the summer of 1848, with a wound in the thigh, from which blood had been lost in a bright red stream with a powerful jet, made accidentally by a pair of tailor's scissors with which she had been playing. When seen, she was cold and almost pulseless, and the bleeding had ceased. There was a punctured wound, not exceeding 1-6th of an inch in its external dimensions, a little below Poupart's ligament, and between 1 and 2 inches externally to the femoral vessels. The hæmorrhage did not recur. The leg and foot were cold, and no pulse in artery of thigh or foot. She was placed in a warm bed, when the circulation soon recovered, and a damp cloth was kept on the bend of the thigh. In 3 or 4 days there was a slight fullness about the femoral vessels which pulsated, but no pulse felt in the arteries of the limb. The wound was now closed. As there was no doubt of the femoral being wounded, with the approval of my colleague, I proceeded to expose and secure it, and did so after more than anticipated difficulty and delay; for although the surrounding tissues were rather condensed, the artery was readily exposed below Poupart's ligament; it pulsated naturally and seemed uninjured. On its outside, however, I thought I saw a nick through the cellular tissue, which still connected the vessel laterally, and which seemed to be the end of a wound in its posterior part. So as to tie the vessel, I detached it cautiously, when arterial blood flowed freely from behind. To get enough room, Poupart's ligament was cut and I tied the vessel high up. Even after this the blood flowed, and with equal freedom. A ligature was necessarily placed below the wound; the bleeding continued. I next divided the artery between the two ligatures, and as blood issued from the upper end, a third ligature was put over the orifice just below the first, which effectually stopped the bleeding. She was put to bed in such a position as to bring the sides of the wound accurately in contact, which were covered by a damp cloth, neither suture or plaster being required.

The condensed cellular tissue around the femoral vessel impeded the operation. The position and extent of the arterial wound was unknown, from being out of sight. It might and perhaps did involve both deep and superficial femorals. The dissection had to extend above Poupart's ligament, and as this was doing, the trunk had to be compressed above. These circumstances, with the age of the patient, explain why the operation lasted over an hour, and could not have been completed cautiously in less time. Chloroform was given moderately all the time;

without it the object could not have been attained, or only with risk to life, from the continued and severe suffering and the greater loss of blood. Besides its primary effects, it facilitates the cure. After taking some fluid refreshment, she slept tranquilly for some hours. She awoke for a short time and then slept well for the night. At midday she was cheerful, seemed hearty, without illness or suffering. She progressed to complete recovery. The limb was kept warm, artificially, especially after leaving bed, as then it was most susceptible of cold. As she did not return after her discharge, it is likely this gave no further inconvenience.

This case is intelligible by assuming that the profunda femoralis arose between the two first ligatures, and that it afforded the bleeding which required the third. Of course, this could only be ascertained at the time of operation, and would have necessitated a dangerously extensive dissection.

THERAPEUTICAL RECORD.

(Braithwaite's Retrospect, 1853.)

Fever.—As a tonic, guaco (Mikania guaco) is a most valuable drug after the fever has passed off; its effects were magical, where quinine produced restlessness, thirst, and headache.

Erysipelas.—Apply the following to the skin:—Collodion 30 pts., castor oil, 2 pts., mix. Apply it once a day for three successive days to the part attacked. A cessation of the burning pain, and the disappearance of the redness takes place.

Hernia.—The rule of practice should be, that in cases of strangled hernia, the parts should be freed with the least possible delay. The taxis should not be resorted to where constitutional symptoms have manifested themselves, or in those cases where the local pain or tension show the encroachment of lesions which, if unchecked, must prove fatal; or lastly, where strangulation has been protracted beyond a few hours.

Chapped Nipples.—Balm for, ℞ ol. olivæ, ʒx., Venice turpentine, ʒij., cera flav., ʒi., rad. anchus, ʒss.; boil together, strain, and add of bals. of Peru, ʒiiss., camphor, gr. ix½, stir constantly until cold.

Lead Colic.—Comp. ext. colocynth, with calomel and opium, is the best purge. To prevent the constitutional effects of the calomel, combine these remedies with croton oil. Acute cases are relieved by a bath containing the sulphide of potass. in the proportion of 4 oz. to 30 gallons.

Menorrhagia.—During an attack of the hemorrhage, let the patient take of ext. matico alcohol, gr. v.; plumb. acet. gr. ij., m. ft. pil. ij. quarta horis. ℞ Secal cornut. sod. biborat. aa. ℥j., mist. acac. ʒss., aquæ cinnam. ʒiij. M. ft. haust. sumt. demid. cum pilulus. No styptic is more powerful than the combination of matico and sugar of lead.

Sarcina Ventriculi.—Give bicarb. potas. and inf. quassia to destroy the fungus, by removing the acidity so essential to its formation and development, and afterwards give sulphite soda to destroy its growth. This salt coming in contact with the acids of the stomach eliminates sul-

phurous acid gas, the destructive effects of which upon parasitic formations are well known.

Tetanus and Hydrophobia.—From the experiments of Dr. Marshall Hall, he arrives at the two following practical conclusions: 1st, That the tetanic patient be preserved from all external excitement absolutely. 2nd, The hydrophobic patient, whilst equally preserved from excitement, should be submitted to efficient tracheotomy.

Tic Doloureux.—Give the following in doses of two tablespoonfuls at once, if the pain is severe. ℞ Ferri potassio tart ℈ij. vini, opii, ♏ lxxx, aq. cinnam. ʒviij. *M.*

Ulcer Cancroid.—Give from one-eighth to one-fourth of a grain of ammonio-sulphate of copper, three times a day. It may be continued many months.

Ulcers of the Face.—Malignant.—Pour sulphuric acid on powdered saffron, and apply it in a soft state to the ulcerations. The paste dries and falls off in two or three days, and carries with it the eschar. It will be necessary to apply the eschar several times.

Gangrena Senilis.—Lessen the tendency to overaction by soothing means, confine the patient to bed; debar him from animal food in every form. Give doses of morphia, in proportion to his pain and restlessness. Avoid giving him stimulants, and cover the affected part with a linseed poultice. Under this plan the distressing symptoms gradually disappear, the slough ceases to extend, and the sore cicatrizes soundly.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

INSTITUTIONS FOR THE DEAF.

If there is one class of human beings which, more powerfully than another, appeals to the sympathies of our common nature, it is that class to whom it has pleased an All-Wise Providence to allot days of absolute silence. We know of no sight more deeply affecting, or more calculated to excite strong feelings of commisseration, than that of a fellow-being afflicted with deaf-muteism. One of the principal channels, by means of which the mind of the individual holds intercourse with the minds of those around him, and acquires correct conceptions of the external world, is completely closed. Harmonious sounds, and, sweetest of all music, the voice of friendship and affection, fall unappreciated on his ear. He sees nature in all her varied and enchanting loveliness—he observes change and motion constantly occurring in things which surround him; but in the absence of the sense of hearing, he fails to realize the meaning of what he sees. The key, wherewith he might unlock the secret, is wanting.

For ages, the deaf-mute has lived out the term of his natural existence in a state not more than a step in advance of the "brute that perisheth." Shunned, hated and ill-treated—designated by every opprobrious epithet that a coarse brutality could invent—obliged by inhuman monsters to perform offices of the most degrading and revolting nature—kennelled with dogs, filthy and half-starved, is it surprising that almost every trace of the god-like image of man was erased from his nature? By the Code of Justinian he was declared incapable of civil acts. The only nation among the ancients, whose laws threw an ægis of protection over the deaf and blind, was the Hebrew. "Thou shalt not," announced the great Jewish Lawgiver, "curse the deaf, nor put a stumbling block before the blind; but shalt fear thy God." (Lev. xix. 14). It was reserved for Christian philanthropism, however, to devise and carry into effect means of instruction, for the purpose of raising the deaf-mute to the position of an intelligent being, capable of exchanging thoughts with his fellows—exercising his reason, and apprehending his moral relations; for, even at the present day, in those countries where paganism holds her sway, his condition is as degraded as it was when Rome and Greece were at the zenith of their power.

Pedro de Ponce, a Benedictine Monk of Spain, was the first, of whom we have reliable account, to make a systematic attempt to instruct the deaf and dumb. He was a native of the kingdom of Leon, and flourished in the middle of the fifteenth century. He has been succeeded by many efficient workers in the same cause, among whom stand pre-eminent the names of De l'Epée and Sicard in France—Heinicke in Germany—Braidwood, Kinniburgh and Watson in Great Britain, and Gallaudet in America. On the Continent of Europe, and in the United States of America, institutions were, from the commencement, erected and supported by grants from the several governments. In Great Britain and Ireland, however, private benevolence anticipated legislative action, and many were in full and successful operation in various parts of the empire some time before the state came to their assistance. From a report presented by Mr. Harvey Peet to the New York Legislature, it appears that there are now 194 schools in the world, in which are employed 449 teachers, and which contain about 7000 pupils. The first was established in Scotland in the year 1760. Of the 194, there are in France 44; German States and free cities 28; Prussia 25; British Isles 22; United States 13; Italy 11; Austria 10; Belgium and Holland 10; Bavaria 10; Switzerland 10; Denmark, Sweden and Norway 5; Spain 4; Russia and Poland 2; Asia 2; Portugal 1; Canada 1. Since we first saw Canada credited in print for one deaf and dumb institution, we have made diligent enquiry as to its location, history, success, &c. All we have learned is, that it is situated at L'Industrie, and that it receives

£150 yearly from government. We know not how many pupils it contains; nor have we gleaned any information regarding the form of instruction adopted by the teachers, or the results which have attended their teachings. No periodical report has, as far as we can learn, been laid before the public. It will be freely conceded that an institution, such as the one at L'Industrie appears to be, is altogether inadequate to the wants of this rapidly increasing province; and it will afford satisfaction to every philanthrophic mind to know, that our Provincial Legislature has voted the sum of £20,000, "for the erection of Institutions for the Deaf and Dumb, and the Blind in Upper and Lower Canada." This sum, which appears in the Estimates for the year 1853, will not, we hope, be allowed to remain long unused. Five months have now elapsed since the close of the last session, and no step, towards carrying into effect the enlightened and generous intentions of the representatives of the people, has yet been taken; or, at least, no notice of any action in the matter has appeared in the daily press. Winter has now set in, and the most that can be done for the next six months is to decide where the buildings shall be erected, and to purchase grounds on which to erect them, so that the work may progress actively during the course of the approaching summer. The question of locality is important, and will, we presume, excite considerable attention. Whatever decision may be arrived at, it is to be hoped that, for once in Canada, merely political or party motives will not unduly influence it. Every minor consideration should give way to those more important ones which enter largely into the probabilities of the ultimate success and efficiency of the institution.

UNIVERSITY OF QUEBEC.

We have been informed that the present Quebec School of Medicine is about to become incorporated with this institution and to constitute its medical faculty. As such, however, it will not go into operation before the session of the following winter, 1854–55, since it has been found impossible to complete the arrangements necessary for its doing so sooner. It is the intention of the professors, after appointment, to make their University lectures as attractive and useful as possible, and they purpose sparing no expense by which this praise-worthy object may be attained. A pecuniary outlay of considerable amount will be made for the purchase of plates and apparatus to illustrate the subjects of the various courses, and it is confidently believed that in time their position and resources will contrast favorably with those of similar bodies elsewhere. It will be remembered that the University of Quebec is but the ancient Seminary of that city, which has recently received this designation and

been invested with all the customary powers and privileges of a University, from which circumstance it is feared that, as the Seminary was a Roman Catholic seat of learning, under the guidance and management of the priesthood, its subsequent affairs, in a newly-named edifice, with extended prerogatives, but without material change in its regime or directors, will be so conducted as to render it obnoxious to the charge of sectarianism; but there is as yet no justifiable reason for this apprehension, and it is improper to anticipate evil which may never occur, and against which we have been forewarned by the fate of exclusive institutions peculiar to single religious sects and biassed by uncatholic illiberalism, of which Canada has already afforded too many illustrations.

The communications from Dr. Marsden, of Quebec, and Dr. Peltier, of Montreal, will appear in our next.

ADDITIONAL EXCHANGES.

British and Foreign Medico-Chirurgical Review.—We have received the July and October numbers of this standard periodical from the Messrs. Wood of New York. The British and Foreign, considered as a continuation of Forbes' and the Medico-Chirurgical Reviews, has done more to elevate the standard of English medical literature, than any other similar publication. There are few journals which contain articles exhibiting such deep research and profound thought, as is frequently observable in its analytical reviews.

The excellent manner in which the American reprint is gotten up, reflects the highest credit on the publishers. Published quarterly, at $3,00 per annum.

The Southern Journal of the Medical and Physical Sciences.—We perceive by the columns of this journal that Dr. Scruggs, one of the corresponding editors, has fallen a victim to that fearful scourge—yellow fever. Fearlessly pursuing the duties of his profession, with the thought ever before him, that he was liable, from constant exposure, to be cut down at any time by the disease, he exhibited that moral courage, the manifestation of which constitutes the most elevated heroism, and which has so eminently distinguished, during seasons of plague and panic, members of our noble profession.

The Family Dental Journal. Edited by Dr. D. C. Estes, dentist. Published monthly, at 50c. a-year. No. 1.—The natives, probably, of no other country in the world, possess teeth so liable to premature and rapid decay, as those of the United States. There is not the least doubt,

that a set of teeth, the most of which are in a state of caries, not only disfigures the appearance and pollutes the breath, but is conducive also to various derangements of the digestive organs. Hence, one cause of the great American malady "dyspepsia," for the cure of which nearly all their patent medicines are strongly recommended. As many precautionary measures can be adopted by individuals to preserve their teeth, the Family Dental Journal is a desideratum much wanted, and will, we hope, meet with success.

The New Jersey Medical Reporter.

The American Journal of Insanity.

The Scalpel.

BOOKS RECEIVED FOR REVIEW.

Paget's Surgical Pathology. Messrs. Lindsay & Blakiston. 1853; Ellis' Medical Formulary. Tenth Edition. 1854. Messrs. Blanchard & Lea; Bryan on the Human Ear. From the Author.

Return of Sick in the Marine and Emigrant Hospital, Quebec, from the 2d October to the 29th October, 1853, inclusive.

	Men.	Women.	Children.	Total.
Remained,	49	18	1	68
Since admitted.	84	25	5	114
	133	43	6	182
Discharged,	83	15	1	99
Died,	3	5	1	9
Remaining,	47	23	4	74
	133	43	6	182

Fever,	16	Ulcers,	6
Inflammation of Lungs,	5	Wounds,	2
Inflammation of Liver,	1	Contusions,	6
Inflammation of Bowels,	1	Meningitis,	1
Rheumatism,	10	Febricula,	6
Dysentery,	10	Amenorrhœa,	1
Dropsy,	1	Pregnancy,	3
Diseases of Skin,	1	Debilitas,	4
Inflammation of Testicle,	5	Varicocele,	1
Syphilis,	13	Feb. Intermittent,	3
Fractures,	3	Delirium Tremens,	1
Concussion of Brain,	1	Strangulated Hernia,	1
Abscess,	9	Subluxatio	1

C. E. LEMIEUX, House Surgeon.

Quarterly Report of the Montreal General Hospital from 1st August to 31st October, 1853.

Remaining from last Quarter,	72	Discharged cured,	309
Admitted,	307	Died,	25
		Remaining,	54
	379		379

In-Door Patients.		*Out-Door Patients.*	
Males	212	Males	311
Females	95	Females	337
	307		684

Diseases.	Admitted.	Died.	Diseases.	Admitted.	Died.	Diseases.	Admitted.	Died.
Apoplexy pulm.	2		Emansio Mens.	1		Purpura	1	
Ambustio	1		Epileps. Alcohol	1		Pleurodynia	2	
Adenitis	1		Elephantiasis	1		Pneumonia	2	1
Abscess	2		Fungus Cancer	2		" Typhoid	1	
" Mamm.	1		Fractura	7		Paraplegia	11	
" Lumb.	1		Feb. Com. Cont.	47	1*	Phthisis	10	2
Amaurosis	1		" Typhus	46	11	Porrigo	1	
Amenorrhœa	1		" Typhoid	2	1	Peritonitis	1	1*
Asthma	1		" Relapsing	2		Paralysis	1	
Albuminuria	2		" Intermitt.	6		Periostitis subac	1	
Bronchitis	12	1	Gastrodynia	2		Pertussis	1	
Bronchi ectasis	1	1	Gonorrhœa	2		Rheumatism	5	
Bubo syphil.	1		Gastritis,	1		Rupt. Urethra	1	
Cystitis	3		Hepetalgia	1		Rupia	1	
Cholera, Canadeu	2	1	Hypochondriasis	2		Rectitis	1	
Conjunctivitis	6		Hysteria	1		Syphilis	3	
Contusio	7		Hemiplegia	2		" Tertiary	1	
Curved Spine	1		Insania	2		Synovitis	2	
Coup de Soleil	1		Iritis	1		Scrofula	1	
Corneitis ch.	1		" Syph.	1		Staphyloma	2	
Catarrh	1		Lumbago	2		Strictura	1	
Cataract	1		Lichen Trop.	1		Tumor	1	
Catarrh Rh. Ophtl.	3		Labium Leporis	1		Tonsillitis	1	
Debilitas	1		Meningitis	1	1	Ulcus	10	
Delirium Tremens	11		Ophthalmia Tarsi	1		Vulnus Com.	5	
Diarrhœa	10		" Traum.	1		" Sclopit.	1	
Dysenteria	8	1	Ovaritis	1		" Colli	1	
Dyspepsia	5		Orchitis chr.	1		Variola	13	2
Erysipelas	3		Œdema	3		Varicella	1	
			Phlegm. Dolens	1				

N.B.—A star affixed to a death shows the admission was in a previous quarter.

Operations during the Quarter.

Lithotomy; Excision of Superior Maxilla, of Fungus Cancer of Cheek, of Cancer of Pinna; Hare Lip; Paracentesis Abdominis; Cataract; Synechia Posterior; for Hydrocele; Onychia; removal of Phalanges, 3—Total, 13.

Fractures treated, (intern.) 7; (extern.) 1; Dislocations Reduced, 3—Total, 11.

Minor Operations.

Opening Abscesses, &c., 20; Bleeding, 2; Cupping, 15; Leeching, 8; Extracting Teeth, 8; Vaccination, 4—Total, 95.

Attending Physicians, Drs. Campbell & Wright.

John Reddy, M.D., House Physician and Surgeon.

MEDICAL NEWS.

Professor Agassiz being sympathized with on account of a recent illness of great severity contracted in ichthyological pursuits, said, "Ah yes, I have been very sick, but no matter, I have found a fish without ventrals."—An idea has been broached that the disease of potatoes is in consequence of the non-observance of the precepts of Moses, who ordained that the soil should be left fallow during every 7th year, as God rested on the 7th day.—James Thomas, of Liverpool, set up a claim for a license that he was the father of 35 children.—Quacks and quackery flourish more in England than in any other country; there are nearly 30,000 persons practising one or more departments of medicine and surgery without qualifications.—The cultivation of the camphor tree (*camphora officinarum*) has recently been introduced in Louisiana.—Dr. George C. Shattuck, of Boston, has recently given $14,000 to Harvard University, for the purpose of placing on a permanent foundation the chair of morbid anatomy in that institution. The Professorship is to be called the "Shattuck Professorship of Morbid Anatomy."—An exchange gives the following definitions:—Medical Colleges. Places where professional dignity is inculcated, and personal indignities practised: Physicians. Men who *at*tend upon others, and *con*tend with each other.—About 400 authors have written works on the Dental Art.—Cholera has made its appearance at Lambeth, Bayswater, and in the House of Correction and Cold Bath Fields, London. Cases have occurred at Ipswich and Grays, Essex.—M. Milier is on a mission from the French Government to watch the progress of cholera and its mode of treatment in England.—John Morton, a resident of Arkansas, is the father of twenty-nine children, by three wives, viz., nine sons and twenty daughters.—Amurath III., a Sultan of Turkey, who died in 1595, at the age of 50, left 200 of his own children in the Seraglio at his death.—A Mr. Lutterbach is preparing a treatise on the "art of utterly changing and re-modelling the features by the exercise of a power inherent in the muscles."—At Exeter (England), a child was recently born with thirteen fingers on one hand.—When General Washington was in New York, a year or two after the revolution, it is said he had a set of false teeth inserted by the only dentist in the city. There are now practising in New York nearly one thousand dentists.—Africa has had a year of health.—Gleason's pictorial newspaper says that a physician on the margin of the Western Railroad desires to sell out to a person who wishes to acquire a knowledge of surgery.—Dr. Marshall Hall is now in the Southern States. He intends going to China ultimately.—Old Kieu Long, Emperor of China, talking of the English system of physic, after wondering that a single Englishman could be in good health, said, "Let me tell you how I treat my physicians. There are four to whom my health is confided. They receive a certain sum every week; but the moment I am taken ill their salaries are stopped until I get better. It is scarcely necessary for me to add that my complaints do not last long."—Dr. T. J. Trundle, of Union, Boone Co., Ky., has been arrested, accused of kidnapping slaves.—Dr. Wm. Hunter, now in prison at Camden, N. J., is accused of having four wives. Report says he has had as many as twenty in different parts of the County, and yet he is but 28 years old.—The section of medicine at the recent scientific congress at Amiens, after a long discussion, decided the question of the contagion of cholera in the affirmative.—M. Charrier, veterinary surgeon at Rheims, extirpates the ovaries of cows by an incision through the superior wall of the vagina, safely and with little pain. Cows thus treated continue to give excellent milk for a long period; their weight is doubled, and their flesh is greatly improved in quality. The benefits of this discovery are valued by the scientific congress at twelve millions of dollars.—The State of New York is not far enough advanced in civilization to legalize the dissection of the dead.—Dr. Chairétes, of Athens, has published cases which he deems illustrative of the curative powers of Asparagus in Hydrophobia.—Professor A. Litton has been appointed chemist to the Geological Survey of the State of Missouri.—Owen Duffy, of Ireland, is 122 years old. When 116 he lost his second wife and soon married a third, by whom he had a son and daughter. His eldest *boy* is 90 years old.—The Nashville Journal recommends "Travelling Doctors" to adopt the following mode of advertising:—Dr. A. B. will stand the following season, during the months of April and May, at the town of A., &c., &c. He will be happy to patients either by the season or insurance at the reasonable price of $10 the season or $20 to insure. PEDIGREE. Dr. A. B. was trained by Dr. C, D. and graduated at the University of New Yankeedoodle, and is, therefore, up to snuff, and warranted not to flash in the pan.