

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

THE MEDICAL CHRONICLE.

VOL. I.]

MONTREAL, OCTOBER, 1853.

[No. 5.]

ORIGINAL COMMUNICATIONS.

ART. XVII—*A Lecture on the Diastaltic Spinal System.* By MARSHALL HALL, M.D., F.R.S.L. and E., Foreign Associate of the "Académie de Médecine" of Paris; &c. &c.

(Concluded.)

Exp. 2. I now remove the head and all the viscera, and with these the ganglionic nervous system. The phenomena remain unchanged.

There is therefore in this decapitated and eviscerated frog, absolutely nothing but the spinal system—the *diastaltic spinal system*—with its own peculiar and exclusively excito-motor phenomena. This is demonstration.

Exp. 3. But I proceed further. Having isolated the spinal system anatomically, I wish now to shew you the dissection and the demonstration of the diastaltic nervous arcs, of which it is essentially composed. Taking one of these, the phenomena of which has been elicited, I observe, or rather repeat, that the *origin*, or commencement of such arc is in the integument; its *in-going*, or *eisodic* course is in the femoral and lumbar nerves; its central point in the spinal marrow; its *out-going*, or *anisodic* course again in the lumbar and femoral nerves, and its *termination* in the muscles.

From this lower part of a lower extremity, I strip the skin, removing with it the origin of the eisodic nerve. I now, as you observe, irritate the toe of that limb in vain. There is no movement.

On this other side I divide the lumbar, (or it might be the femoral,) nerve. The same result is observed. There is the absence of all excito-motor phenomena.

Still the anterior extremities preserve their reflex or diastaltic actions. These are annihilated, as you see, by destroying the upper portion of the spinal marrow. In this manner the existence and course of the diastaltic spinal arc, the nervous or anatomical agent in each reflex or diastaltic action is demonstrated, and for the first time.

Exp. 4. I now, in another decapitated frog, irritate the upper portion

of the spinal marrow gently, and next the cutaneous surface energetically. In both cases we have violent movements. The first is the *type* of direct convulsive action, as in epilepsy, from emotion, for example; the second is the *type* of reflex convulsive action, as in epilepsy from irritation,—dental, gastric, intestinal, or uterine.

How do these facts simplify our views of the obscure class of convulsive diseases! Not many years ago, Esquirol wrote—“*Les symptomes de l'épilepsie sont tellement extraordinaires, tellement au dessus de toute explication physiologique; que,*” &c. I am happy to add—“I think no disease better understood in its physiology and pathology, since the detection of the diastaltic system, than epilepsy. All epilepsy is, in effect, direct or reflex spinal action, with its effects.

I may here be allowed a brief remark or two. How is all physiology comprised in every the most insignificant of animated beings! This frog, or the minutest insect, involves in itself every principle of life; and how is physiology involved in every case of pathology! There is, in effect a physiology of health and a physiology of disease. How is a knowledge of the spinal system become the source of diagnosis in all cases of disease of the nervous system! By it we learn to know and distinguish the cerebral, spinal, and ganglionic affections from each other. It is as the stethoscope to this class of maladies.

I may further remark, that affections of the spinal system, and especially epilepsy, have a special predilection for the neck and the larynx. Hence these affections are prone to assume tracheal and laryngeal forms. The most usual affection of the neck is that observed in torticollis, or fixed head. The most usual forms of the affection of the larynx in epilepsy, are the epileptic cry and the epileptic “struggle for breath,” or apparent strangulation, with closed larynx and dyspnœa.

Every mild and even severe form of epilepsy may result from trachelismus and its effects from compression of the veins of the neck. But the severest involve, I believe, laryngismus and dyspnœa, with their effects in inducing augmented purpurescence and tumefaction of the face and neck, augmented coma and apoplexy, asphyxia, &c.

And here an important question presents itself for consideration. In the case of laryngismus with its effects, what good may be effected by the performance of the operation of tracheotomy? a question for its determination requiring much and accurate knowledge of the pathology of epilepsy, much skill in diagnosis.

Some very puerile criticisms, not untinged by malevolence, having been made on the proposition for interposing tracheotomy between the laryngismus of epilepsy and its direst effects, I will here make a few observations on the subject. The remedy, though not so formidable as many suppose, may still be considered as heroic enough, and must not

be instituted without sufficient reason. The physician must well weigh the terrors of the malady, consider what part of these are the effect of laryngismus, and then determine on his own responsibility, first, whether the remedy be appropriate, and then whether it may be imperatively called for. I shall now proceed to notice some of the circumstances in epilepsy in which tracheotomy seems to me to be required, I shall conclude with a remark or two on the particulars of the operation itself requiring consideration.

There is then in epilepsy, a state of spasmodic closure of the larynx, or laryngismus, or there is not. In the former case, this laryngismus may appear to be the source of the coma, of the asphyxia, and of other diseased symptoms observed in epilepsy, or not. In the former case, again, these effects of laryngismus may, in the judgement of the observant physician, appear likely to yield to tracheotomy, by which the effects of laryngismus are obviated, or not. Let him use his own judgement and act accordingly.

After a severe attack of epilepsy, there is sometimes another form of laryngismus—the apoplectic or paralytic. There is stertor, and with this stertor, augmented coma, and danger to life. Tracheotomy has again suggested itself as the remedy. It has actually saved life in many instances! He who may regard the operation as having this efficacy, will of course adopt it; and *vice versa*. Each physician will use his own judgment in each case, and it comes under his cognizance and care. What occasion is there for criticism?

In any case of epilepsy, it will be the question whether the severer symptoms be in reality the effects of the laryngismus, and whether, if so, they be such as to justify the operation of tracheotomy. Who is to be the judge of these questions? Undoubtedly the attendant practitioner. If there be laryngismus in a fearful and protracted strangulation and ‘struggle for breath,’ attended by purple and tumid face and neck, and followed by stupor, and eventually by failing intellect, &c. Some will be disposed, and I am of the number, to give the poor patient the hope, the benefit of the operation.

And as the physician of the most sterling mind in the whole profession, whether in our own country or any other, observes:—If we relieve a-tenth part of our patients, in so dire a malady, we shall have reason for self-congratulation.

Now lives have been saved from imminent danger; enfeebled minds have been strengthened; fits have been prevented or mitigated. The good effects of the operation have been obvious on the condition of the face, the neck, the brain, the heart, the pulse!

And here a question occurs. Was the diagnosis always adequate to the exigency? Was the condition of the larynx, and the symptoms of

effects of that condition duly and justly appreciated, and the operation consequently perfectly appropriate? Who could judge of these things, except the eye-witness? This it never was my good fortune, in any of the cases of epilepsy in which tracheotomy has been performed, to be! I could therefore only advise, after adopting the judgment of others. In one of these cases of which I never heard before the operation, I certainly should not have advised the operation. In another I would have discarded the proceeding adopted.

I have asked whether the diagnosis was always adequate to the case. I now ask another question—Was the operation always adequately performed, and the tracheal orifice preserved adequately patent? And I answer unhesitatingly—No!

In general the tracheal tube has not been ample enough; in many instances it has been difficult to keep it free from obstruction by mucus; in two the tube had not been retained. All these events must be effectually guarded against before the remedy can be said to be duly instituted. But all this is obvious to the honest and impartial inquirer.

Gentlemen—I must not detain you longer. I have endeavored to show you the spinal system distinctly from the cerebral and the spinal, and to demonstrate the diastaltic arcs through which it acts. I have shown you its application to the physiology of all the acts of injection and ejection, and to the obstetric art; to the pathology and diagnosis of convulsive diseases, and especially to epilepsy, and, in this last to tracheismus and to laryngismus and its effects, and to the remedy in regard to those presented by tracheotomy appropriately, duly and efficiently performed. Much, very much requires to be done, but much also has been done, and I trust the hour which you have kindly devoted to the subject has not been thrown away.

RECAPITULATION.

I will conclude these observations by a brief recapitulation of the points brought before you. These are—

1. The diastaltic spinal system as distinct from the cerebral and the ganglionic.
2. The diastaltic arc and arcs as the media through which that system acts in every case.
3. The objects of this system in physiology, or the class of acts of ingestion or expulsion.
4. The application of the spinal system in pathology, and the class of convulsive diseases, especially epilepsy.
5. The importance of the neck and the larynx in epilepsy, and in the *ep. trachea* and *ep. laryngea* respectively.
6. The proposition to institute tracheotomy in the *ep. laryngea*, whenever spasmodic or paralytic laryngismus is the source of danger to life.

danger to mind, &c , that is, whenever in the judgment of the physician the *dignus vendice molus*.

7. Whilst the spinal diagnosis is our guide in the institution of tracheotomy, the importance of a tracheal opening at once efficiently ample and free.

CONCLUSION.

In conclusion, it may be observed in regard to the past use of tracheotomy for epilepsy—

1. That the diagnosis has not always been adequate.

2. That the tracheal orifice has not always been efficient, the tube having been too small, or clogged with mucus, or even removed from its place.

3. That, nevertheless, out of *ten* cases, in which tracheotomy has been performed—1. In three imminent danger to life has been instantly averted; 2. In two all future fits have been averted; 3. In three the subsequent fits have been so mitigated, and mind restored, that the patient contemplated returning to occupations long relinquished; 4. In two, I myself should either not have recommended the operation at all, or the operation as it was performed.

It must be borne in mind, that as long as there are fits at all, the looker on, to whom the slightest attack of epilepsy is a scene of horror, will be apt to say that they are as severe as ever.

Now there is no reason for supposing that tracheotomy will, as an immediate result do more than disarm laryngismus of its dire effects. Trachelismus may, or rather must, occur as before, at the first; and the ep. trachelea is formidable enough. But if the direst form of epilepsy, or the ep. laryngea, be made abortive, and changed into the less dire, or the ep. trachelea, this may move away with time. Now, this modification must occur if tracheotomy be efficiently performed, and it is difficult to anticipate what the degree of benefit conferred may be. But once more, ep. laryngea there cannot be!

In one case in which the tube was worn during three months, the mind and the general health have continued to improve, and the seizures to wane away since the tube was removed. It is true a quick medicine has been taken; so that it must be left to each reader to judge on which the amendment has depended.

Lastly, in, I believe, almost all the cases, the surgeon has declared that, under similar circumstances, he would again have recourse to tracheotomy.

Henceforth, it must be left to the judicious practitioner to weigh the Herculean malady in which spasmodic or paralytic laryngismus forms a part, against the operation of tracheotomy, which, however heroic, is surely not to be compared with the former: a truth which becomes of

still greater force, if, I am persuaded, this operation may be rendered still less formidable by adopting the plan which I have advised of dilatation instead of cutting, and a light, ample and open wire cage instead of the ordinary inefficient tube or tubes.

The question in regard to tracheotomy then, may be reduced to a very few words. If there be laryngismus and its effects; if these effects be of sufficient magnitude, severity and danger, tracheotomy *must* be performed, if we do our duty to our patient, and *must* be successful! If there be not laryngismus and its effects, in the degree proposed, we ought not to perform this operation.

This conclusion does not relate to epilepsy alone, but to any and every case in which tracheotomy is contemplated. In *practice*, the question is one of skill and in forming an accurate judgment and diagnosis of the spinal laryngeal character of the malady, and of efficiency in that of the operation. I am persuaded that in *both* these respects there has been failure. Notwithstanding which there is, even in the cases published, much to encourage, or rather to compel us to have recourse to tracheotomy, in cases which it was formerly not contemplated.

But we repeat that it is for laryngismus and its effects that this remedy is to be adopted. Even in Mr Brunnel's case, it was against laryngismus and its effects that the tracheotomy proved efficacious, although the operation was performed with another object. For the half sovereign was not extracted through the tracheal orifice. But the laryngismus, which before the operation was so fearful in its character, was disarmed, and the patient could adopt the inverted position without danger, and thus the coin was removed.

ART. XVIII.—*Cases treated in the Montreal General Hospital, with Remarks.* By W. FRASER, M.D., Professor of the Institutes of Medicine, McGill College.

CASE, No. 2.

Amputation of the Forearm. Reported by Mr. Robert Craik.

Nathan Duffy, aged about 37, a farmer residing near Plattsburgh, of a plethoric and somewhat scrofulous looking habit, was admitted into the Montreal General Hospital, on the 27th of May, 1853. He says that, on the 19th of April, while at work, he suddenly felt an intense itching in the middle finger of his right hand, which soon increased to severe pain. He applied to a doctor, who ordered a poultice of hops, indian meal, and charcoal. It opened spontaneously, and discharged a large quantity of black-looking matter. The poultice was continued, and in a few days the inflammation extended to the hand, one abscess forming on the palmar surface and another on the dorsal. The former was opened; the latter burst

of itself. The inflammation then began to extend up the arm, and on this account he was bled by the doctor before mentioned. The poultice was still applied, and in this state he consulted several physicians in Flatberg. Finding, however, that instead of healing it was becoming worse, he determined on coming to Montreal. When he was admitted, the finger was considerably ulcerated; the second and third phalanges being denuded of periosteum and exposed, there was very little inflammation in the hand itself, and the sinuses in the palma and on the dorsum, corresponding with the abscesses before mentioned, were so small as almost to escape notice. A poultice was ordered.

On the 30th, Dr. Fraser proceeded to remove the diseased bones. At the beginning of the operation, only the second and third phalanges seemed to be diseased, but it was soon found that the extremity of the first phalanx was so much diseased that it was necessary to remove it also. This was done, and the wound rapidly healed. The inflammation in the hand itself, however, began to increase, causing intense pain, although poultices and hot fomentations were kept constantly applied. The sinuses, formerly so small, soon acquired the peculiar fistulous appearance so characteristic of diseased bone.

About the 6th of June, it became apparent that the middle metacarpal bone was extensively diseased, and that the disease was spreading.—Dr. Sutherland was consulted, and agreed with Dr. Fraser that the removal of part or of the whole of the bone was necessary to prevent the disease from extending.

On the 8th of June, the patient being placed under the influence of chloroform, Dr. Fraser operated, and the metacarpal bone being found diseased throughout the greater part of its extent, was entirely removed. The operation was attended with a very trifling loss of blood, great care being taken to avoid injuring the palmar arches. A few branches which were bleeding, were tied, and when all oozing had ceased, the wound was brought together, and the patient sent to his ward. In about three quarters of an hour after the operation, however, the wound began to bleed freely, probably owing to the restlessness of the patient, which was extreme. Pressure was applied to the wound, and the brachial artery was moderately compressed by means of Signoroni's Tourniquet. This completely arrested the hemorrhage for the time, but it soon recommenced on the pressure being removed from the brachial. He was closely watched, and a sufficient amount of pressure maintained for several days, in hopes that when suppuration was properly established, the risk of hemorrhage would be at an end.

Suppuration commenced freely, as was expected, in a day or two, and on removing the compression all bleeding seemed to have ceased. The formation of pus, however, soon became excessive, and scarcely anything

like granulations could be observed. The inflammation extended along the tendons to the wrist and forearm, pus being formed in such quantities as completely to infiltrate all the textures in the neighbourhood of the wrist.

On the 16th, hemorrhage again took place suddenly from the palmar surface, as before, rendering it necessary to re-apply the pressure both to the hand itself and to the brachial. The compression easily arrested the bleeding for the time, but it was no sooner removed than the hemorrhage would recommence.

The hemorrhage was believed to proceed from the superficial palmar arch—from the fact that pressure on the ulnar artery almost completely arrested it. On this account it was contemplated to tie the ulnar artery at the wrist, but from the very diseased condition of all the parts it was considered doubtful whether the artery would bear the ligature.

From the frequent losses of blood, the patient's strength began to fail, and on the 20th he was ordered 4oz. of wine daily.

On the 21st, the hemorrhage commenced as usual on the removal of the dressings, and from the state of the parts the propriety of amputation was thought of, the patient himself being quite anxious to submit to it, rather than incur the risk of losing his life for the very doubtful chance of saving his limb. As there was, however, still some hope of arresting the hemorrhage, and the parts looking as if they might still heal, provided the bleeding was stopped, it was resolved to try compression once more. For this purpose, a piece of cork was so cut, that by applying it to the wrist, it would press upon both the radial and ulnar arteries. This was applied to the wrist, slight pressure being continued to the brachial. A solution of chloride of lime was applied by means of wet cloths, and the hand left untouched for three days. At the same time, in addition to the 4oz. of wine, he was ordered a pint of beer daily.

On the 24th, a consultation was called. The patient's strength seemed very much reduced, his pulse was about 130, and weak. He was very anxious to have the hand taken off. On removing the dressings, all hopes of saving the limb were at once abandoned. It seemed no longer much inclined to bleed, but the parts were in such a diseased state, that the carpal bones were completely separated, and quite moveable, and the parts to which the pressure had been applied were in a sloughing condition. As the disease extended considerably above the wrist joint, it was decided to operate about four or five inches below the elbow. He was immediately removed to the operating room, placed under the influence of chloroform, and the amputation performed by the circular method. Scarcely an ounce of blood was lost in the operation, and notwithstanding the weakness of the patient, he seemed to bear it remarkably well. On examination of the amputated limb, nearly all the

carpal bones and both bones of the forearm, close to the point of amputation, were found to be denuded of their periosteal covering. The ulnar artery, from a branch of which the hemorrhage proceeded, was uncommonly large.

On the 26th, the stump was dressed, and upon the whole looked healthy. A small slough had formed opposite the olecranon process, from the weight of the arm resting upon it, and another small one where the tourniquet had been applied over the brachial; both sores, however, looked healthy and granulating. His pulse was 124, and stronger than before the operation.

On the 1st of July he was continuing to improve, pulse 102. The stump looked healthy, but not granulating as well as was expected. His wine was increased to 6 oz. On the 2nd, on account of the inactivity of the stump, apparently owing to the deficiency of plastic lymph in the blood, he was ordered *vinum ferri 3j ter in die*.

On the 7th, he had slight diarrhoea, and was ordered a camphor pill after every stool till checked. Otherwise he was improving. The stump showed signs of more activity than formerly, pulse 104.

10th. The stump looked healthy, and altogether his system seemed considerably improved by the iron. He still complained of weakness, and was ordered a pint of porter daily instead of the beer.

11th, 12th, 13th. Continues to improve rapidly, with every prospect of soon recovering completely.

REMARKS.

The above case is an extreme example of a disease (paronychia) which has prevailed so extensively in this city, and I believe on this continent, for the last past few years, as to justify the inference that it is due to an epidemic cause, which so alters the quality of the blood, as predisposes to a derangement in the nutrition, (usually called inflammation) of the fibrous membranes entering into the formation of the fingers. Besides this general or epidemic cause, Duffy is a man of a highly scrofulous constitution, and the serious result above recorded was no doubt owing to the combined effect of both causes. The case illustrates the uncertainty which attends all surgical operations in persons of Duffy's constitution, especially at a season when any abnormal condition of the blood manifests itself in a number of persons.

The existence of the disease in question during the same period with a still more prevalent complaint, carbuncular inflammation, and their co-existence in some instances in the same individual, indicates such a close affinity between the two affections as to justify the assumption, that they are varieties of the same disease, originating from a common cause. What that cause is, and what changes it effects in the blood which predisposes to inflammation of the fibrous membranes surrounding the fin-

gers, and entering into the formation of the skin and its subjacent cellular tissue, become therefore questions of importance in reference to practice, but which are involved in the same obscurity as are the causes and effects of epidemic diseases in general. It is, however, encouraging to know, that the advances made of late years in human physiology are fast clearing up this hitherto obscurely understood though important subject, and that just in proportion as our knowledge of the processes of healthy blood-making, healthy nutrition and healthy secretion, becomes more perfect, so will the pathological conditions to which that fluid is liable to become better understood. Already many of these conditions have been traced to arrested secretion, by which the wasted elements of the tissues, usually secreted from the blood, and excreted from the system, are retained in that fluid, than which no more poisonous element can be introduced from without. The epidemic causes of such retention usually referred to atmospheric variations, yet remain to be investigated, but whether these are thermometric, barometric, hygrometric, electric, or consist of terrestrial emanations, which, by diluting the atmosphere, unfit it for purifying the blood, the effect is probably the same—arrest of secretion. The practice inculcated by this view of the subject in such diseases as those referred to, is purification of the blood, not by specific remedies, but by attention to the functions of the secreting organs, particularly to those of the lungs, liver, bowels, kidneys and skin, by which the waste of the system is chiefly carried off. That this is specially called for in individuals about to undergo surgical operations, rendered necessary in consequence of any prevailing disease, which manifests itself by phenomena characteristic of impure blood, is, I think, well exemplified by the case above recorded.

8 Little St. James Street, Sept. 1853.

**ART. XIX.—*Case of Malignant Fungus of the Mamma*, removed by
ARTHUR FISHER, M. D., L. R. C. S. E.**

Miss ———, ætat 29, came with her family to reside in Montreal about ten years ago, since when she has been under my care. Her parents enjoy average health, have an appearance the opposite of that indicating a scrofulous or cancerous diathesis, and do not remember any previous case of malignant disease in the family.

Up to June, 1852, when her present malady may be said to have commenced, I had treated her occasionally for diarrhœa, to which she is rather subject, and in the summer of 1847 for abscess round the rectum, which discharged copiously, and reduced her very low, lasting over two months, but from the effects of which she seemed to recover perfectly.

In June, 1852, she was attacked with obstinate pain in the lower border of the left chest, extending to the loin of the same side, apparently muscular. On the 2nd August, I find the following report among my notes:—Pain, left side, heart to loin. An indurated spot in the left mamma, tender to touch. Of this I thought little at the time; it enlarged however, slowly and steadily, till the 5th of March, when I noted tumour upper and inner part of mamma, size of hen's egg, painful.—Again, April 1, tumour rather discoloured, blueish, tender, shootings through it occasionally, slight bleeding from the nipple once in the course of last night. At this time, the pain in the chest and loin had nearly ceased.

June 12. Tumour more prominent and wider spread, very tender and shooting pains severe, broke and discharged a little bloody ichor, healed again.

July 11. Seen by Dr. Campbell, who agreed with me in pronouncing the case one of malignant fungus, and advised immediate extirpation as her only chance. To this I felt exceedingly averse, considering the local affection the mere index of a general dyscrasia of the whole body, the violence of which would only be increased by removing the safety valve, and probably soon reappear, perhaps in a more important organ.

While thus balancing the case in my mind, the tumour augmented, discharged from two or three places, a large quantity of watery ichor, the pains increased, extending to the axilla and even down the arm, so as to deprive her in a great measure of sleep. The constitutional symptoms got worse, such as loss of appetite, emaciation and diarrhœa, so that it appeared as though no step could render her position more precarious.

On the other hand, I felt encouraged to give her the chance of removal from having witnessed, in September, 1851, Dr. Campbell's operation on a man for osteocephaloma, described in the second number of the *Chronicle*, and which, contrary to my expectation, has not, so far, reappeared.

Further, the following circumstances in my patient's case, led me to hope for a favorable result. The disease, though evidently malignant, seemed perfectly circumscribed, the breast was quite moveable on the pectoralis muscle, the axillary glands had so far escaped, and in her general appearance there was none of the leaden earthy hue, which so commonly accompanies malignant constitutional disturbance. I hence determined to give her the chance of an operation, and accordingly on the 26th July, with the assistance of Drs. Barber, Campbell and Peltier, removed the whole mamma, with the fascia over the pectoral muscle, exposing the fleshy fibres distinctly over the whole surface occupied by the mamma.

The total removal of the diseased structure did not admit of saving integument sufficient to procure union by the first intention, the edges of

the wound were drawn to within at least an inch of each other by sutures, the unhealed portion of surface is now much reduced by granulation, and has a perfectly healthy appearance. The operation was performed under the influence of chloroform, which acted in a manner perfectly satisfactory.

The tumour, before operation, occupied the space in the mamma from the superior border nearly down to the nipple, protruded in a trilobular form, giving the appearance of two hens' and a pigeon's egg, was of a reddish purple colour and highly vascular, on applying a lighted candle to the opposite side, the light was transmitted, though very imperfectly.

There was a somewhat sanious discharge from these openings, but no bleeding for some days, the hemorrhage, in fact, had never been important.

The effect of the operation on the constitutional symptoms was almost magical: the appetite and sleep returned immediately, the pain and suppuration have been very moderate, and in fact, with the exception of a slight attack of lientery, lasting a couple of days, no untoward symptom has occurred.

The tumour, now in the McGill College Museum, though prepared by Dr. Howard with the greatest care and skill, can furnish but a very inadequate idea of the appearance which it presented before the operation, the drainage of the blood from its vessels having totally decolourized it, and reduced the bulk more than two thirds.

A section through the posterior portion showed a decidedly scirrhus bed, on which the anterior and fungoid portion lay, and the less diseased structure of the gland has become hypertrophied to at least three times its natural size.

ART. XX.—*Case of Severe Compound Comminuted Fracture of the Humerus at Elbow Joint, &c.* By FRANCIS CAMERON, M.D., Westworth, Canada West.

CASE 1.—*Severe Compound Comminuted Fracture of the Humerus at Elbow Joint.*

An Irish emigrant boy, 15 years of age, was thrown from the top of a high load down a bank, causing a compound fracture of the left humerus, just above the condyles. The external condyle was shattered into several pieces, so that I thought it prudent to cut several of the fragments away, as the joint was totally disorganized, and irritation would have been the consequence of allowing them to remain. A considerable portion of the superior part of the humerus at the fracture being detached externally, it must be evident that it was no easy matter to keep the ends of the fracture in apposition. The laceration at the outside of the joint

was fearful, and the whole case seemed to indicate that amputation was the only remedy. This was proposed, but positively objected to by the parents, so that the patient had to take his chance; and as it was in the heat of summer, rendering it impossible to keep worms out of the wound, that chance was a bad one; but through an attention to cleanliness, and keeping him strictly under antiphlogistic regimen, he, to the surprise of every body, got well, with the exception of a rigid joint. What I consider worthy of note in this case is, the lesson it teaches us not to be too precipitate in amputating in such cases, and to be cautious in our prognosis.

CASE 2.—*Penetrating Wound of Chest.*

A man about 30 years of age, fell on the sharp end of a harrow tooth, which, passing between the second and third ribs about two inches from the left side of the sternum, penetrated the left lung. Frothy and scarlet colored blood issued from the external wound with a gurgling sound, and in expiration the air would rush out with a hiss. The metal tooth had penetrated about 3 inches, by the appearance of the blood on it, and left an opening through which the lung was visible. I endeavored to heal the wound at first, by the first intention. His friends thought he was doing well as the wound seemed to heal, and only a little air escaped through it. I soon found, however, that the surface of the wound, bruised as it was with so blunt an instrument, must slough before healing could take place; and so made up my mind to let it fill up by granulations from the bottom. I dressed it with common dressings, under which treatment, it soon closed, and by combating a strong tendency to inflammation of the wounded lung, I had the pleasure of seeing my patient in a fortnight relieved from danger, and rapidly convalescing. The fact that to my mind seems most worthy of consideration in this case is, that, under certain circumstances, punctured wounds of the lung heal as rapidly as the same class of wounds in other parts of the body.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

IX.—*A Treatise on General Pathology.* By Dr. J. HENLE, Professor of Anatomy and Physiology in Heidelberg. Translated from the German by Henry C. Preston, A.M., M.D. Pp. 384. Philadelphia, Lindsay & Blakiston. Montreal, B. Dawson.

If in our wanderings through the walks of medical literature, we have read aright the indices which serve to point the direction in which the current of opinion on matters pertaining to medical education flows, there

is, at present, a marked tendency towards what is termed, *par excellence*, practical knowledge. We have observed, moreover, that not alone with a large class of practitioners, who glory in seldom reading a book or periodical does this opinion find favor. It is no less emphatically supported by men of learning and research, but whose devotion to the study of disease at the bed-side has, in a measure, warped their judgements, and led them to regard with indifference that which is generally, though erroneously, looked upon as the merely theoretical in medicine. All knowledge, we take it, which to any extent aids us in arriving at correct conclusions regarding the nature of diseases—which assists us to a more familiar comprehension of the causes, predisponent and exciting, of the same—and which unfolds to our view the parts of the organism most likely to suffer under certain determinate circumstances, is virtually practical. And he is the wise physician, who, while keenly observing disease in all its phases and complications at the bed-side, and the effects of remedies, neglects not to pursue in the quiet of his study the path of investigation—storing his mind with so-called theoretical knowledge.—By combining the two kinds of information in his mental laboratory, there results sounder views of disease and its treatment, than can possibly be acquired by him who places dependance on either singly.

General Pathology is one of those branches of medical science which should receive the attention of all who desire to attain a complete knowledge of their profession. To the student beginning his career, it more particularly commends itself; for, notwithstanding its apparent dryness, and poverty of interest, it serves to clear up much that in his after studies would otherwise be obscure and enigmatical. Individual diseases are, undoubtedly, more easily understood, and the knowledge of them acquired, by the student who is first well grounded in general pathology.

Dr. Henlé has, for some time, occupied a prominent position among German pathologists, and his writings are held in great esteem by German students. As Dr. Preston's translation is the first which has appeared, English and American readers are less intimate than their Continental brethren with the peculiar views of the Heidelberg professor.

The first hundred pages are introductory to the proper subject of the work, and contains a very large mixture of the *inutile* with the *utile*.—Like the majority of recent German authors, he appears to be deeply tinctured with the tenets of the transcendental school of philosophy. The works of Fichte, Schelling and Hegel, have evidently given a bias to his style of writing; for many of his sentences are vague and indefinite enough to suit even the taste of our young school of religio-philosophical "progress" men. Nor would this class be disposed to find fault with the heterodox opinions which he enunciates in many parts of his work. In the chapter on "Medical Systems," for instance, he complete-

ly ignores divine revelation, and represents religion as a theory originating with man. The good and the evil being ever present, man, he contends, recognized and personified the origin of all good as the Deity, and the source of all the misery of the world as the Devil. And he thus fancifully draws a parallel between the ideas which mankind primitively have had, *ab necessitate* as it were, of religion and medicine. They both begin with a personal dualism. The devil of medicine is disease. The angel of medicine is the *vis medicatrix nature*. "Between the medical and the theological devil, according to biblical notices and old-wives' fables, there exists not a mere analogy, but a complete identity

• • • Angel and devil strive with each other for the possession of the poor soul, which is here the body—in other words, disease and reaction contend in battle with each other." (p. 23.) Further on he represents transcendental philosophy as being "the child of Galvanism;" and that the latter was selected as a symbol of Spinoza's essentially pantheistic notion of the one "Absolute," upon which to found a worship for the multitude, who were incapable of fathoming the intellectual profundities of this celebrated man. Now this kind of irreverent writing and speculative nonsense may suit the many semi-infidel minds of France and Germany; but we question much, if the work containing such, will ever become a favorite with the matter-of-fact students of England and America, who, as a general rule, have a certain amount of old-fashioned reverence for matters pertaining to religion.

The second, or part proper of the work is divided into four sections—is more readable, and contains much that will interest and profit the medical enquirer. He will not be displeased to find, moreover, that his author no longer coquets with pantheism, or panders to that fashionable scepticism which laughs at all revelation. In fact, he now distinctly admits the personality of the Deity, and speaks reverently of the relations existing between the Creator and the creature.

Disease has been variously defined. While all have agreed to the general proposition, that it is a departure from a state of health, differences have existed as to what is a state of health, and consequently, as to what is the nature of its opposite, or the state of disease. Dr. Henlé defines disease; "the deviation from the normal, typical, that is, healthy vital process;" and the nature of disease, "the manifestation of the typical force under unusual circumstances." Type he regards as that condition of normality, which is presented by groups of organic bodies. This normality consisting of certain permanent and essential characters, which serve to distinguish one group from every other. "There is a type of genera, classes and species; there is within the species, again, a type of gender, of age, of single parts, of development, and of functions, which is always subjected to similar deviations. What is normal to the adult,

to man, may be abnormal to the child, to woman" (p. 104.) Normality and abnormality include the ideas of health and disease. In man, the normal-typical is health; the abnormal-typical is disease.

Typical force is that power which, operating through matter, determines the form of inorganic substances, and the peculiar and distinguishing characteristics of organic bodies. "The knowledge of the typical force of one species, allows a conclusion *a priori* for the individuals of the same species, but not for others." It differs from vital force, inasmuch as it may be present where no vitality is discoverable. In organic bodies it would appear, however, to exist as a modification of the vital force, rather than as a force distinct from it. Indeed, when we come to examine the subject more closely, the relations existing between the two are so intimate, it is hard to divest our mind of the idea that they are not identical. If we go back to the single primordial cell from which an organism has been elaborated, and from it, as a starting point, trace the successive and truly wonderful series of changes and metamorphoses which ensue, until the individual arrives at that state of perfection which is the normality of the genus to which it belongs, we perceive at every step of our investigation that the vital and typical forces advance *pari passu*; that, in fact, the type of each *whole*, and of the several parts which by their combination, constitute that *whole*, cannot be arrived at, unless through the energy of the vital force. There is between the typical force and the other forces which operate throughout nature, a mutual dependance, or "correlation." The former may be affected in many ways by the latter, and *vice versa*. The necessary conditions which ensure its proper action may be interfered with by varying changes in the amount and degree of the other forces, and, as a consequence, abnormality of action eventuate, which is essentially disease. Thus, a current of air directed on the globe of the eye, for some time, causes a disturbance in the amount of the force heat necessary to sustain the typical condition of the conjunctiva, and a deviation immediately ensues; or, in other words, inflammation sets in. Morbid growths exhibit what the typical force is capable of effecting when extraneous influences are in excess.

Section 3 treats of "disease in its relations of extent." The third division of this section, on "sympathy and antagonism," is one of the most important in the book.

Man, as an entirety, is made up of several organs possessing distinct functions and characters, but which, in the perfect physiological condition of the organism, are mutually dependant, and work in harmony. This interdependance of parts, so complete and so essential to the unity of the whole, fully explains why separate portions are reciprocally affected by changes, morbid or otherwise, occurring in each. "Two organs, which are thus excitable and changeable, the one by the other, stand

as we say in *sympathy* or *consensus*. Two different cases are possible, in which the consensus of two organs are perceptible:—1st. The change of the one occasions a homogeneous change of the other; increased excitement of A, occasions excitement of B; paralysis of A, paralysis of B. This is sympathy, or consensus in a narrow sense; the change of the second organ is called *sympathetic, consensual, or synergetic*. 2nd. The change of the first organ occasions the opposite in the second; the excitement of A depresses the excitement of B; congestion in the one part cancels the congestion in the other. These are the phenomena of antagonism; this change of the second organ is called *antagonistic*." (P. 184.)

Sympathies are either normal or abnormal. Normal sympathies are sympathetic phenomena, which in the healthy condition of the body take place in separate organs and structures. "Abnormal sympathies are unusual, either from the facility with which, or the extent to which they occur, or also from the fact that they take place between parts usually not sympathising." Sympathies are conducted either through the blood or nervous system. There are sympathies, however, whose source is unknown. In illustration of normal sympathies conducted through the blood, and which always manifest themselves in the form of antagonisms, we adduce what is commonly termed the vicarious action of organs. The skin, as is well known, secretes a greater quantity of azotized matter, whenever the functional activity of the kidneys is from any cause lessened; and conversely, the water of the urine is much increased when from the impression of cold, or other cause, there is a diminution in the amount of fluid evaporated from the surface of the body. When the lungs become so diseased, as in cases of phthisis, that the elimination of carbon from the blood is seriously interfered with, the liver, which is the great organ in the system for the consumption of carbonaceous matters, becomes "fatty," the increase of the adipose substance being caused by the increased amount of carbon element which it has to separate from the circulation. There is, likewise, a power of compensation existing between the lungs and skin.

Our author divides the sympathies of the nerves into five classes:—1st. Sympathies of the acknowledged cerebro-spinal nerves, that is, of the sensitive nerves of the external parts of the body, and of the voluntary motor nerves, with exception of the brain. 2nd. Sympathies of the splanchnic nerves, sensitive and motor. 3rd. Of the nerves of the cellular tissue. 4th. Of the vascular nerves. 5th. Of the psychical nerves." (P. 224.) The first class includes a wide range of sympathetic phenomena. "There are three dimensions according to which communication can take place. It proceeds, namely, from the irritated point:

1st. In breadth, to the corresponding cord and nerves of the other side. 2nd. In length or height, along the same cord, to a higher or lower homonymous nerve. 3rd. In thickness, from one cord of one side to the cord of the same side." (P. 225.) The history of symmetrical diseases affords numerous instances of communications proceeding to corresponding nerves at opposite sides of the body. Many cases of paralysis have exhibited it likewise. Marshall Hall, for example, by extending and elevating the right arm of a man hemiplegic on the left side, observed that the homonymous muscles of the left, paralysed limb, contracted, thus producing, unconsciously, similar movements. In toothache of one side, the corresponding teeth on the opposite side, frequently ache.

Proofs of communications ascending and descending on the same cord are afforded by the radiation of pain from the region of the affected part. Pain in toe or finger passes up the limb to the trunk—pain in eye radiates to the frontal and temporal regions, and so on.

Communications in thickness from the anterior cord of one side to the posterior cord of the same side, and conversely, include all those motions which result from the excitation of the reflex action of the spinal cord.

Section 4 treats of "The relations of disease with regard to time." It has three divisions:—"1st. Of the course of disease. 2nd. Of the termination of disease. 3rd. Termination in death." The first division contains two chapters:—"A. Duration of Disease. Type. B. Periodicity. Rhythm—Periodicity of healthy life—Rhythm in disease." The second also has two chapters:—"A. Termination in recovery—Lysis—Crisis. B. Metaschematism—Metastasis."

While we must confess that we consider Dr. Henle's treatise not so well adapted for a text-book on General Pathology as some others with which we are acquainted, we would at the same time state that, in our estimation, it will form a valuable addition to any medical library. It should be possessed by all who are desirous of acquainting themselves with the general views of disease held by authorities in the German school of medicine.

We hope Dr. Preston may receive such encouragement as will determine him in placing within the reach of English readers, Dr. Henle's works on Special Pathology. We cannot close this review without noticing the typographical excellencies of the work. They are such as to reflect credit on the well-known publishers, Messrs. Lindsay and Blackiston.

X.—*Fracture Tables*. By FRANK H. HAMILTON, A. M., M. D., &c., with a Supplement compiled from Dr. Hamilton's notes. By John Boardman, A. B. Jewett, Thomas & Co., 1853. Pp. 36.

We thank the author for his politeness and attention in forwarding us a copy of the above pamphlet. It comprises an analysis of 461 cases of fractures, which are so tabulated as to give the name of the bone, point of fracture, character of fracture, initials of patient, age, time since it occurred, united or not united, amount of shortening, perfect or imperfect. In addition to these are foot notes of special fractures, and some few general observations of interest. It will thus be seen to comprise a large body of evidence on different subjects connected with fractures, and which by some little trouble could be worked up to much advantage. We have looked closely into it and are rather astonished at some of the conclusions it has afforded. Thus of 41 fractured clavicles—union was only perfect in 15 and imperfect in 26, there being $1\frac{1}{2}$ inches shortening in 2, 1 in. in 2, $\frac{3}{4}$ in. in 2, $\frac{1}{2}$ in. in 14, $\frac{1}{4}$ in. in 3, and extent not stated in 3—an amount of deformity which we trust will be prevented in future, by the use of modern inventions, as the adjuster, which was figured and described in a late number of the Chronicle. Of 73 fractures of the Tibia and Fibula, union was imperfect in 50, in some the broken leg united shorter than the other by an inch, and half an inch of difference in favor of the sound leg seems quite common. Every surgeon interested in the subject should be in possession of Dr. H.'s statistics and a perusal of them will shew that they have been collected with care and assiduity and fill up some voids which existed in previous ones of a similar nature. Thus Lonsdale's table only gave the comparative frequency of fractures in different bones, while Dr. Wallace's which was made up from 197 cases treated in the Pennsylvania Hospital from 1757 to 1838, was confined to the number admitted and cured: days required for cure: died from immediate effects of injury: died subsequently: terminated by amputation: removed while under treatment.

XI.—*Address to the Graduates in Medicine at the University of Buffalo*, April 27, 1853. By FRANK H. HAMILTON, A. M., M. D., &c. Jewett, Thomas & Co. Pp. 15.

This is a sound practical valedictory and much to be admired for the sterling honesty of its precepts and for the bold uncompromising style in which they have been written. The author has evidently taken a just view of men and things in his experience with the world, and we sincerely hope that his exhortation will produce a lasting impression on the minds of his hearers and readers.

CLINICAL LECTURE.

Clinical Lecture on Wounds of Blood-vessels of the lower extremities.—By WILLIAM LAWRENCE F.R.S., Surgeon to St. Bartholemew's Hospital. (Condensed from the *Medical Times & Gazette*.)

When arteries under the calf of the leg are wounded, it is difficult to follow the well-founded and generally received rule, of exposing and securing them, even under the best circumstances; that is, if we see the case early, when there is no great swelling, and their natural relations are not obscured by ecchymosis. Frequently we do not know what vessel is wounded, nor the precise locality of the mischief. Sooner or later, and often very quickly, the whole limb is swollen by extravasated blood, while all the soft parts may be lacerated, contused and infiltrated with blood. Incisions to discover the injured vessel would obtain very little success; in such a state they might be attended with dangerous loss of blood, and must of necessity be extensive and deep. Hence amputation is sometimes demanded to avert worse consequences. We have an example of this in a patient still in hospital, although recovered from the amputation.

Violent contusion of the leg. Rupture of the anterior tibial artery. Amputation of the thigh. Recovery.—John Conner, 43, tolerably stout, intemperate, admitted 5th April, 1853, about 1 P. M., while very drunk. He had been knocked down by a fire engine, and one or both of its wheels passed obliquely over the back of the leg from below the calf to the knee. The engine weighed 26 cwt., and there were 14 men on it. Next day the limb, especially the calf was greatly swollen and tense, slightly livid, looking mottled. There was no external wound. The anterior and posterior tibials pulsated, but very feebly. Messrs. Archer felt at the same time, one an artery in the foot, the other the radial; the numbers corresponded. 30 leeches were applied in the evening, from increase of pain, which had become great during the day. 7th. Relieved by the local bleeding which had been copious: but he did not sleep. An opiate at bed time. 22d. Has had more or less pain and rested badly. Last night suffering in the calf greatly aggravated, extending to ankle and heel and still present, entirely preventing rest. Limb enormously swollen from ankle to ham, and as hard as a board, tension extreme, pain severe and unremitting, urgently requiring relief. Having found some little yielding to pressure, I made an incision 7 inches long, from a little below the head of the tibia downwards, and then opened the fascia, which was extremely tense, to the same extent. The integuments gaped widely, and the muscles protruded at the slit in the fascia. A little dark liquid blood escaped. 30 gr. tr. opii at bed time. 13th. Easier after incision, and slept tolerably during the early part of the night; but pain returned with great severity towards morning and it still continues in the calf, ankles and heel. Limb swollen throughout, with the same incompressible hardness, Pulse 92, small and soft; countenance worn and anxious. 15th. Great and continued suffering, little sleep, although two half drachm doses of tr. opii were taken each night. An incision of some inches was made through the integuments and fascia, on the inner side of the limb, where the tension seemed least, but without benefit. 16th. As there had obviously been some deep seated vessel or vessels injured and the state of

the limb not improved but threatening to become worse, amputation was the only means of saving life, and with the concurrence of my colleagues it was performed. The alternative of searching for the wounded vessel by an incision in the calf, and if it could not be found, proceeding to amputation, was mentioned. Such a course I thought objectionable as imminently dangerous to life. While under the influence of chloroform, the limb was taken off by the circular operation. Ecchymosis has extended up the back of the thigh above the incision, thickening and hardening the integument and subjacent structures but not so as to interfere with the operation. Being relieved from pain, he slept well and was better next day. Generous diet and wine were allowed and agreed well, and healing was completed quickly, without any unfavorable occurrence.

Examination of the limb.—Muscles of calf torn and bruised extraordinarily, gastrocnemius nearly severed at its middle. Soft parts covering the upper third of the fibula in same state. This bone had been broken transversely near its junction with tibia and the sharp edge of the fracture, driven violently against the tibia had cut across the anterior tibial artery just at its passage through the interosseous ligament. The posterior tibial vein was opened near the middle of the leg and there was a coagulum in the orifice. Among the injured muscles there were extensive coagula.

The pulsation in both tibials was felt for the first two days, before its extinction it was very feeble probably from the gradual extension of swelling to the foot. The anastomosis between these vessels, explains the detection of the pulse on the back of the foot after complete division of the trunk, in the same manner as the return of pulsation in popliteal aneurism after the femoral has been tied. It is natural to examine the state of pulsation in the branches when the trunk is thought to be divided. The persistence of pulse then does not prove that the trunk has not been wounded as is shewn clearly by this case and another of Mr. Paget's. In his a youth was brought to the hospital with a wound near the middle of the thigh, inflicted a few days before, and bleeding profusely, and yet the femoral below the wound and both tibials pulsated naturally. Bleeding having returned on the 21st day, the femoral was exposed and found cut longitudinally for not less than $\frac{1}{4}$ of an inch.

The effused blood under the calf in Connor, probably was from the posterior tibial vein, for the anterior tibial artery was wounded towards the front of the limb while the posterior vessels and nerve were undisturbed so that they had to be raised laterally to trace the seat of injury. In a patient of Mr. Stanley's the leg had been seriously damaged by the wheel of a carriage passing over it; there was great swelling as if the case were one of severe bruising and ecchymosis. After some time, inflammation set in and death followed. Rupture of the posterior tibial vein was found, with great extravasation under the calf. Serious results and even loss of limb may follow a much less formidable accident than Connor's. Inflammation may supervene quickly; aggravated if not excited by the presence of coagula, and the violent destruction of surrounding structure bound down by fascia and tendons and is not only a source of severe suffering but dangerous from its extent. The two next cases exemplify this.

Punctured wound of the leg. Partial transverse division of the posterior tibial artery and vein. Repeated bleedings about a month after

the accident. Amputation of the thigh and recovery.—William Walby 18; wounded himself with a pointed iron tool, which entered about an inch behind the inner edge of the tibia, and passed obliquely upwards and backwards to an uncertain depth. Profuse bleeding followed, but ceased spontaneously. When admitted, on Sept. 26, the limb was swollen and painful; the edges of the trifling wound in the skin adherent. 27th. Passed a restless night; tension and pain increased, pulse accelerated, V.S. to 12 oz. 12 leeches to leg. Oct. 1st. Leeches repeated on the 29th. Swelling, of incomprehensible hardness, occupies the whole back of leg. Heat and pain prevent rest at night; much constitutional disturbance. Aperient and saline draughts. 6th. 18 leeches applied on the 4th. Swelling and tension increased. Glands in groin enlarged and painful. Repeat leeches, as they have hitherto given temporary relief; they were also applied on 11th and 13th. 14th. Pain and distress being very urgent, the limb was carefully examined, when there being some softness, though no fluctuation, above the puncture, an incision was made to the depth of an inch and a half, but only a few drops of blood followed. 15th. A good night, no pain, and less tension. 20th. Leg becoming softer and free from pain; good rest at night. 22nd. A slight discharge of bloody matter from one corner of the incision, yesterday, a great deal escaped on enlarging the opening. Now a copious discharge of matter and blood. Rest at night with improved health. 24th. Considerable bleeding from wound yesterday, and since then an oozing of blood and matter; opening enlarged to ascertain source of bleeding which was considered venous. Faintness ensued and bleeding stopped. By the finger a boundless excavation was found under the call. 26th. Slight discharge of blood and matter has continued. Arterial hemorrhage during the visit. It being certain that an important artery had been wounded, the question arose whether an attempt should be made to expose and secure it, or remove the limb. The latter was quickly decided, for on his removal to the operating theatre, he was so faint, that we had to wait some time, and give wine freely. The limb was amputated above the knee, wine being given freely during and after the operation. The pulse improved and he was better in the evening. He went on favorably and left in December.

Examination of the Limb.—A cavity, from the back of the knee to within 2 inches of the ankle, and the entire breadth of the limb, separated the muscles of the calf from those immediately covering the tibia and fibula; it contained a large mass and smaller portions of solid blood with about a pint of thickish fluid, a mixture of blood and matter. When these were removed and the surface washed, it looked reddish as if inflamed, and was covered by a smooth layer of fibrin. A part of the coagulum remained adherent to the tibia, just above its middle. The adhering basis was like the fibrin of the sac of an aneurism, and it stuck firmly. When removed it presented a smooth cavity as large as a hazel nut. In the space to which this corresponded were the posterior tibial artery and vein, each about half divided transversely. The aperture in the first was oval, and there was no coagulum above or below. The upper end of the vein was closed; but the lower, although containing a recent coagulum, allowed a probe to pass easily.

THERAPEUTICAL RECORD.

(*Virginia Med. and Sur. Journal—Sept., 1853.*)

Calculi.—M. Denamiel proposes a new method of crushing calculi in the bladder, which he terms lithothliby. It consists in seizing the concretion between the ordinary steel sound and the index finger introduced into the rectum and pressing the sound with a sufficient force to fracture the calculus. The fragments are then treated in a similar manner. Lithothliby is, of course, only applicable to the treatment of large and friable concretions, and even in these cases, appears to us to be greatly inferior to lithotripsy. For the rest, the author admits he has little experience in the treatment of calculous disorders.

Carbuncle.—Dr. Caiffassi, recommends, that the best frankincense (*Boswellia thurifera*) should be powdered and made into paste, and spread on linen, for an application to carbuncles.

Colica Pictorum.—Dr. Swett, of N. Y., calls attention to the treatment of bad colic by strychnia, which he proposed a year or two ago, and which has become the settled practice at the N. Y. Hospital. Dr. Watson applies a cataplasm of tobacco on the abdomen, and sometimes a cigar into the rectum. Relief is generally obtained in 4 hours.

Odontalgia.—M. Buchaert has cured more than a hundred soldiers of the 6th regiment of line, of toothache by simply *extracting* the offending tooth and then allowing it to grow again in its place. The teeth thus replaced are dead and are exempt from morbid actions, and are only affected by physical and chemical causes, while the periosteum contracts adhesions with the alveolar process and continues to live.

Phthisis.—Avicenna considered sugar the best palliative of phthisis. Dr. Cartwright, of New Orleans, undertakes to cure phthisis by sugar, administered in the form of vapor. He requires his patient to spend many hours daily in a sugar manufactory. It appears that the saccharine vapours which pervades these establishments arrest phthisis almost instantaneously.

Puerperal Fever.—M. M. Paul Dubois and Grisolle, have employed tincture of aconite in this affection, in three cases; two of the patients died after a much longer period than puerperal fever usually requires to arrive at its fatal termination; the autopsy revealed numerous abscesses, pus in the uterine sinuses and other lesions of puerperal fever. The third recovered after presenting all the symptoms of purulent infection, left M. Dubois' ward perfectly well. M. Tessier, has recommended aconite in large doses in purulent absorption.

Typhoid Fever.—When meteorism, heat of skin, pain in the abdomen and attacks of colic are predominant symptoms in this disease, M. Sanders advises the application of ice to the abdomen. If nocturnal delirium, stupor and congestion of the head occur, a bladder of ice should also co-

ver the head. M. Sandras has long employed this practice at the Beaujon Hospital. The ice is mixed with linseed meal, which absorbs the water, and is frequently renewed. The tympanites yields first, then the pains of fever gradually diminish. In the hæmorrhages which occur during typhoid fever, there is no better remedy than ice.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERÏ.

MEDICAL EDUCATION.

Medical education is a subject of deep interest, and much importance to both the public and the profession. It determines in a great measure the ability of the future physician, his value as a servant to the community, and the position he is to occupy among his contemporaries. It is inseparably connected with the dignity of the profession, inasmuch as this depends upon the character of its members, and is elevated in proportion to their enlightenment. It holds at its disposal the great claim of medicine to rank as a noble science, and disown emulation with the meanest trades. And to it rational medicine looks for the faithfulness of her followers: since, as, the principles inculcated in early life manifest themselves in the actions of after years, and the views of maturity have a beginning in the communications of youth, so not a little of the empiricism now rampant, may be ascribed to unsound and deficient medical education.

Medical education was attended to in the most remote periods. Before the time of Hippocrates—upwards of 400 years before the Christian æra—several medical Schools existed, the most famous of these, were those of Cyrene, Rhodes, Cnidos, and Cos. It was from the third that the celebrated *Cnidian Sentences* emanated, a work now wholly unattainable, and almost unknown. In more modern times, the earliest medical school was that of Jondisabour, founded in the 3d century,—the most famous those of Bagdad and Salerno. The first was connected with laboratories and infirmaries, and attracted together at one season 6000 pupils. The latter flourished about the time of William the Conqueror, and being part of a University, conferred degrees on students of seven years' standing. Its fame subsequently descended to its successors at Montpellier, Bologna, Paris, Rome, Padua, Vienna, and Leyden, and when medical learning was earliest taught in the British Isles, Edinburgh was pre-eminently its seat.

The first Medical School in Canada was that which is now incorporated with the University of McGill College. It was opened in 1824.

Since then, it has gradually advanced in improvement, and has now reached a state of comparative perfection. Possessing advantages not inferior in character to those of more favored schools in distant countries, and not exceeded in number by any other school in America. From time to time it has been the theatre of changes, which have been intended to render more complete the means at the disposal of the student for acquiring a thorough knowledge of medicine in all its branches, and to afford him all the facilities for graduation, consistent with the usages of older and better known institutions. The curriculum of McGill College is differently arranged from those of the schools in the United States. In the latter the student goes through a full course of all the lectures delivered at the school each session, and at the end of the second may become a candidate for graduation. In McGill College, he is required to attend two full courses, but he may distribute them over four sessions, so that at no one is he compelled to take a full course. In regard to students coming from other schools of medicine, they are required to show that they have attended three sessions, and that they have either followed two courses of every branch required by the curriculum of McGill College, or that in their attendance at the one session which they are obliged to follow at that Institution, they will complete its curriculum. In all cases, a student of another College or School wishing to graduate at McGill College, must attend one session at the latter school, and follow four of its classes. In future, its students are to have the privilege of dividing their final examination into two portions,—the one on the elementary branches: Anatomy, Chemistry, Materia Medica and Institutes of Medicine; the other on the higher branches: Surgery, Practice of Physic, Midwifery, and Medical Jurisprudence,—to be undergone at different periods: in the case of students who attend the University, during their whole term of study at the third and fourth sessions; in the case of those who only pursue their last session in it at different months. Other alterations are contemplated, and the present statutes have been revised, but the new code will not come into force this session.

In this city, there is also the Montreal School of Medicine, the lectures of which are delivered in the French language. Since its incorporation by Act of Parliament in 1843, it has been well attended by gentlemen who prefer receiving instruction in their native tongue, to whom it offers excellent advantages. It is under the care of a staff of able lecturers.

Each school is connected, through its teachers, with Hospitals for clinical instruction. McGill College with the Montreal General and University Lying-in Hospitals; the Montreal School with the Hotel-Dieu, and La Maternité de Ste. Pélagie. Here the student receives from a teacher of his own school a practical exposition of the principles and precepts taught him in the class room.

Montreal, thus, holds out many inducements to the student to select it as the city of his medical education. It has already acquired a wide-spread reputation. Year after year students have come to it from different portions of the Province, and from the adjoining Union, while duly qualified practitioners have gone from it to all parts of the world, affording proof by their abilities of the capabilities of the source whence they sprang. Its worth is further attested by the many who after graduating at McGill College have visited transatlantic cities, and returned with honors and other flattering testimonials of proficiency. An achievement not so difficult of accomplishment, since the Royal Colleges of both Surgeons and Physicians in London, Ireland and Edinburgh, receive them on the most favorable terms, and award them all the privileges obtainable by those who have studied in the schools of Great Britain and Ireland.

A NEW ANÆSTHETIC.

Mr. Nunnely, a few years ago, instituted inquiries into the nature of several chemical substances, with the view of ascertaining whether they possessed anæsthetic properties or not, and was rewarded with the discovery of several such previously unknown. These, with those met with by other chemists, form a large class of anæsthetic agents, amounting, in all, to thirty or more in number. Some were a series of compounds of organic radicles, as ethyle, acetylc, formyle, and methyle, and all had one common character of being manufactured articles. Latterly, another substance has been added to the list, which, unlike the former, is an organic substance and a natural product. Mr. Richardson, in a late publication, directs attention to the anæsthetic properties of the *lycoperdon proteus* or common puff ball. We have not yet seen his pamphlet, but from a notice of it we learn that it gives the detail of a series of experiments on dogs that were made to inhale the smoke of the burning fungus, and appears to establish the following conclusions:—

1. That the narcotic principle is given off freely during the combustion of the fungus; and, as it exists, the fumes produced are highly volatile.

2. Combustion of the fungus in oxygen gas does not destroy the anæsthetic principle.

3. The anæsthetic principle is not quickly absorbed or destroyed, either by water, alcohol or strong alkaline solutions.

Unless puff ball has some marked superiority over chloroform, the present favorite, it is not likely to be adopted as a substitute or be received into general use. We think we have all that can be desired in

chloroform, and that as it produces its effect "tuto cito et jucunde," we should not be warranted in laying it aside for one which has probably not a single trial on the human subject to condemn or recommend it. Some may carp at chloroform producing insensibility *tuto*, and appeal, in justification, to the 33 deaths which have been ascribed to its influence; but the mortality when properly estimated, by extracting it from the gross number of instances of inhalation, and comparing both together, is very fractional, and is likely to be still less, if at all, in future, if advantage be taken of the improved modes of treating those endangered by its use. Of these, probably, the most entitled to consideration, is galvanism.

CALVANIC ABDOMINAL SUPPORTER.

This is an exceedingly ill-chosen name for an electro-galvanic apparatus, designed to secure, when applied, a continuous current of electricity of very low tension, through the pelvic organs and parts in the vicinity of the pelvis. It consists of one zinc and two copper plates, connected by means of two curved metallic springs. The zinc plate is placed above the pubis in direct contact with the skin. The acid perspiration acting on the zinc oxidises it, and an amount of electricity is generated sufficient for remedial purposes. This electricity is conducted by means of the two curved springs in front of the anterior superior spinous process, and above the crest of the ilium, to the two copper plates which rest on each side of the spinal column. The current is thus established. The amount of galvanism can be easily regulated by exposing a greater or less surface of the zinc plate to the action of the perspiring fluid.

Dr. C. H. Cleaveland, of Waterbury, Vt., who is now associated with Messrs. Seymour & Co. in the manufacture of "supporters," has published a pamphlet, in which he has collected the opinions of many distinguished European and American medical practitioners on the benefits to be derived from the application of galvanism, as a remedial agent, in certain diseased conditions of the body.

There are many cases of amenorrhœa, dysmenorrhœa, prolapsus uteri and constipation, which, we have no doubt, might be much benefitted by the employment of this apparatus; but, as galvanism is an agent powerful alike for evil as for good in diseases of the generative organs, Dr. Cleaveland has acted properly in adopting measures to prevent the galvanic supporter from falling into the hands of those dabblers in the healing art, who are ever ready to try the effects of new inventions and new remedies on the person of some unfortunate friend. The "supporter" may be obtained from Messrs. S. J. Lyman & Co., who have received instructions to dispose of them *only to medical men, or to persons presenting an order from a medical man.*

Annual Announcement of Rush Medical College.—We have received the eleventh Annual Circular of this Institution situated in Chicago, Ill. It presents a very favorable view of the condition of this seat of learning, and of the means at its disposal, for imparting a sound medical education.

To Contributors.—The "Original Communication" department of our journal has hitherto been well and ably sustained. On the average, four original papers have appeared in each number, and we do not anticipate any falling off in future; but we would most willingly extend the limits of this department were we certain of having a sufficient increase to warrant our doing so, and as we believe if this were accomplished, a great desideratum would be gained, we respectfully invite our subscribers, both in town and out of town, but more especially the latter, to avail themselves of our pages, to record passing matters of professional interest both for their own satisfaction and the improvement of their conferees.

NEW JOURNALS.

Peninsular Journal of Medicine and the Collateral Sciences. Edited by E. Andrew, A.M., M.D. Geo. E. Pomroy, Detroit. \$2 per ann. 48 pp. Nos. 1, 2 and 3.—This journal contains a large mass of valuable information, and is well deserving of patronage. We esteem it as a very important addition to our exchanges, and hail its arrival with delight.

Peoples' Medical Gazette. Edited by Jno. Davis, M.D. Geo. P. Evans, Abbeville. \$1 per annum. 32 pp. No. 1.—We have no doubt that the *Gazette* will find a large circulation among the people. Whether the able editor will please both the million and his brethren, remains to be seen. We hope he may.

Iowa Medical Journal. Conducted by the Faculty of the Medical Department of the Iowa University. Keokuk, Iowa. 32 pp. \$2 per ann. Nos. 1 and 2.—This journal has been added to the long list of American journals, principally "to promote the good of the (Iowa) institution and thereby to exercise a reflex benefit upon medical science and the profession at large." It is ably edited, contains a large share of valuable matter, both original and selected, and in return deservedly enjoys the support of a goodly number of subscribers, which we hope will be increased by each successive issue.

Books Received for Review.—Wilde on Diseases of the Ear: Blanchard & Lea, 1853. Budd on the Liver, second American, from last London, edition: Blanchard & Lea, 1853. Miller's Practice of Surgery, third American, from last Edinburgh, edition: Blanchard & Lea, 1853. Williams' Principles of Medicine, fourth American edition, revised:

Blanchard & Lea, 1853. Walton's Operative Ophthalmic Surgery: Lindsay & Blakiston, 1853. Bull on the Maternal Management of Children: Lindsay & Blakiston, 1853. A notice of Dr. Meigs' excellent Treatise will appear in our next.

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

Fungous Cancer of the cheek removed by excision.

M—I—, æt 53, residing in the country was admitted into Hospital on the 3rd August, 1853, under the care of Dr. Campbell, on account of a cancerous ulcer on the left cheek, having a purulent discharge.—When pinched up its base feels firm and indurated, it is excessively tender to the touch, producing a sharp, shooting kind of pain. Her appearance is stout for her age, and her health has always been good.

She states that she first observed it last winter, about 8 or 9 months ago, when she noticed that the skin on the part felt rough and looked whitish—which she first attributed to a frost bite—about two months afterwards, the skin broke, the surface became rough and wartlike, and the discharge commenced, since when it has not increased much in extent, and is only painful when irritated.

4th. The patient having been put under the influence of chloroform, Dr. Campbell excised the tumor, making a semilunar incision on each side of it and removing a small portion of sound skin along with it, a stitch was put in and a compress and bandage applied to prevent bleeding.

15th. The wound is now healed up, leaving only a wrinkle in the direction of the incision, and there being one in the same place on the opposite cheek, only those who are aware of the operation would observe any deformity. *Appearance of the tumor.*—About the size of a large pea, projecting below the skin and embedded in a large mass of fat, from which it was separated by a kind of cyst, its section had a whitish look and its consistence was firm and dense; its surface presented a small excavation, from which a small quantity of pus was exuded. Dr. Campbell stated that he considered the tumor to belong to the class of canceroid diseases described by Cæsar Hawkins, under the title of "Fungous cancer of the face of old persons."

Osteo-sarcoma of the upper jaw—resection of the right maxillary bone.

The operation was performed by Dr. Crawford on Nelson Smith, a boy of 13 years of age. The tumor commenced in the alveoli about 6 years ago, in all probability during, and in consequence of dentition. The boy had a healthy appearance, although he had suffered a great deal from hæmorrhage, about two years ago, which continued to return daily, and often more frequently, for about the space of a year, during which time the tumor increased considerably, and then began to discharge matter, apparently from its surface. He has not experienced any pain in the tumor, but suffered severely from headache, for some months, the cause of which is not very manifest. The tumor occupied the alveoli of the right superior maxillary bone, and extended along the palate process, pushing over three molar teeth to the left of the centre of the palate, it presses

out the cheek, and in a considerable degree filled the roof of the mouth, was an impediment to speech, and to the free movement of the jaw, the disease being diagnosed to be confined to the floor of the antrum and alveoli, the orbital plate and nasal process were preserved.

Operation. An incision was made, extending from below the outer canthus of the eye, in a semilunar form, and terminating at the commissure of the mouth, which when dissected upwards, and the ala nasi detached, formed a flap and exposed the diseased portion in front. An incision was then made longitudinally along the soft palate, and a second crossing this at the posterior part, which separated the velum and uvula from the maxilla; the diseased portion of bone was then separated by pincers cutting along the palate plate, and across the nasal process, and front of the maxilla, leaving the upper portion of the bone untouched, the lower portion was then depressed with the finger, and easily detached. A pair of Stubb's cutting pincers were used to cut the body of the bone, and gave great satisfaction. The whole operation occupied only twelve minutes. The disease was found to be wholly confined to the portion which had been removed.

The wound united by first intention, the sutures were removed on the 4th day, and he went home on the 13th day, the deficiency in the palate being in a great measure filled up, and his voice being pretty natural.

Single Hare Lip—Malgaigne's Operation.

Peter Nesbit, a seaman, was admitted into the Montreal General Hospital, under the care of Dr. Wright, for a sloughing ulcer of the right leg, which speedily healed under appropriate treatment. He had a single hare lip—the fissure accurately in the mesian line—neither complicated with solution in the continuity of the palate or superior maxilla, nor with projection or irregularity of the teeth. Although he was 43 years old, it had never been operated upon.

22nd August, 1853. The deformity was removed as follows by Dr. Wright:—The side of the fissure having been put upon the stretch, the nasal angle was divided, and a scalpel having been introduced there, it was made to cut in a direct line with the free border until the junction of the skin with the mucous membrane was approached. A similar flap was then formed on the other side. The lip was brought together, the raw margins neatly fitted and retained in situ by a needle passed deeply across the upper part of the wound, around which part of a thread was twisted. The flaps were next abbreviated to the required extent. A second needle introduced just above the muco-cutaneous junction and secured like the first: the flaps were then apposed, and having matched, were retained by a stitch. The needles having been cut, two light compresses were put over the labial commissures, and kept there by a strip of plaister, and a narrow bandage passed round the head and over the vertex. Scarcely any blood was lost. Before making the incisions, the coronary circulation was commanded by Mr. Rintoul.

25th. The needles and stitch were removed; the thread and part of plaister on wound left undisturbed. Additional support given by plaister shaped and applied purposely for hare lip and by former bandage.

29th. Plaisters, &c., dropped off, exposing perfect union. A narrow white cicatrix runs straight down the centre of the lip, and, with a slight

continuation on the mucous membrane, is the only mark of the operation: it fairly halves the lip, and the two portions are perfectly symmetrical. Instead of the centre of the prolabium being notched, it is rather dependant, as in lips supposed, physiognomically, to indicate the faculty of concentration. Although union seemed firm, straps, &c., were re-applied by way of precaution, and advised to be kept on a few days longer. He left the Hospital this afternoon to join his ship at Quebec, as she was to leave on her homeward voyage the next day.

The subjoined cuts, taken from drawings made by Dr. A. C. Mac-Donell, are faithful representations of the lip before and after the operation:—



RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 31st July to the 3rd September, 1853, inclusive.

	Men.	Women.	Children.	Total.
Remained,	61	15	2	78
Since admitted,	120	34	10	164
	181	49	12	242
Discharged,	117	22	4	141
Died,	7	3	1	11
Remaining,	57	24	7	88
	181	49	12	242

Fever,	72	Amenorrhœa,	1
Inflammation of Lungs,	5	Rubeola,	2
Inflammation of Bowels,	1	Febricula,	7
Dyspepsia,	2	Disease of Knee Joint,	2
Rheumatism,	6	Pregnancy,	1
Dysentery,	10	Albuminuria,	1
Small Pox,	1	Ophthalmia,	2
Dropsy,	1	Subluxatio,	2
Diseases of Skin,	2	Feb. Intermittent,	1
Syphilis,	12	Scorbutus,	4
Fractures,	3	Strictures,	1
Abscess,	3	Necrosis os Maxil,	1
Ulcers,	4	Delirium Tremens,	1
Wounds,	2	Insanity,	1
Contusions,	11	Paralysis,	1
Burns and Scalds.	1		

C. E. LEMIEUX, House Surgeon.

MEDICAL NEWS.

Dr. J. M. Neligan, the editor of the Dublin Quarterly Review of Medical Science, has conferred upon him the honorary degree of Doctor of Medicine of Trinity College, Dublin.—During June, 9,699 lbs. of opium were imported into England, and during the five previous months, 63,354 lbs.—The authorities of Madrid have prohibited the drawing of teeth in the public streets, because it is derogatory to the dignity of the dentist's profession, and on account of its "staining the streets with blood."—The Astley Cooper prize of £300 for the best essay on the "structure and functions of the human spleen," has been awarded by the physicians and surgeons of Guy's Hospital, to Henry Gray, Esq., F.R.S.—The "Aztecs," who were in this city a few years ago, are now exhibited to the public in London, and excite, by their peculiar appearance, considerable interest. The closest investigation leads those, best qualified to judge, to the conclusion, that the story as to the origin of these little creatures is mythological, and that they are merely *cretins* of a mixed Spanish and Indian breed.—Owing to the great heat and the absence of rain, 1100 persons were carried off at Calcutta in the course of two days.—Recent letters, says Medical Times and Gazette, of July 23, from the squadron in China state that 50,000 lbs. of rotten meat had been thrown overboard.—The alumni of the medical department of the University of Pennsylvania are to be called on to contribute each \$1, on or before 25th of December, next to defray the expense of erecting a suitable monument to the memories of Drs. Horner and Chapman, in the University yard in Philadelphia.—A case is mentioned as having occurred at the Crichton Insane Asylum, in which artificial feeding had been practiced twice a day for three years and two months; and the patient was likely to require a much longer continuance of the same management.—Dr. Toibert de Lamballe, a distinguished physician of Paris, announces that a shock of electricity given to a patient dying from the effects of chloroform immediately counteracts its influence, and returns the sufferer to life.—David Wilson, who recently died above 100 years of age, was the father of 47 children by 5 wives.—A Mr. Boatright, of Philadelphia, has just been married a tenth time.—It is estimated that probably one man in every four throughout the human race is more or less a smoker of tobacco.—Edward Gimmons, of Ridgeville, Ohio, died of hydrophobia in 48 hours after the development of the disease—he was bitten by a dog last March.—Small pox is raging at the Sandwich Islands in a more terrific manner than ever was before known.—Nine brothers by the name of Tomlinson, of Clermont County, Ohio, have committed suicide. The last of them was the Rev. Dr. Tomlinson.—A writer in the Picayune traces the yellow fever that now desolates New Orleans, to the men who discharged the cargo of the Ship Adelaide, from Rio Janeiro. He says three successive gangs employed upon that job sickened. He contends that every epidemic of that sort can be traced to importation.—Dr. Pees of Wiesbaden confirms the statement made by several German practitioners of the rapidly curative agency of the carbonate of magnesia in warts.—Dr. Massie of Texas, is engaged in writing a systematic treatise on the theory and practice of medicine, embodying the history and peculiar characters of southern epidemic and endemic diseases, and also their pathology and therapeutics.—At a recent meeting of the Medical Society of Georgia, a resolution was adopted unanimously, to the effect that in the opinion of the society, Dr. C. W. Long, of Athens, Georgia, was the first person who used ether as an anæsthetic agent in surgical operations.—M. Bouriceau announces to the Institute of France, that he has succeeded in inducing leeches to reproduce at the end of their second year, instead of at the usual age of 8 or 10 years.—Dr. Thomas Harris, Chief of the Naval Bureau of Medicine and Surgery has been discharged.—The American Scientific Association met at Cleveland, Ohio, on the 28th of July. Professor Pierce, the Astronomer, succeeded Agassiz, the late president, 200 new members have been admitted.—Dr. Wm. Turner, lately presented a petition to the legislature of New York, praying that physicians may be restrained from drawing blood. The body, by some unaccountable negligence, omitted to pass a law to that effect.—The Sandwich Islands are becoming depopulated. In a given time the number of deaths was to that of births as six to one.—The post mortem examination of a young lady in Paris, disclosed the fact that three of her ribs had encroached upon the liver to such an extent as to produce death, and she perished of tight lacing.—The deaths in London average about 1000 every week.—A Dr. Brown of New York weighs 408 lbs.—The interments at New Orleans from yellow fever have averaged 225 to 250 daily.—On sawing open a locust log, at Poughkeepsie, N. Y., thought to be one hundred years old, a live toad was found in the centre that weighed seven pounds and a half.—A petition recommending Dr. Bennet Dowler for a Foreign Consulship, was signed by all the members of the City Council, New Orleans, in their session a short time since.