The pulse 96, weak. Six leeches, with saline mixture containing one-twelfth of a grain of tartrate of antimony, followed by a blister, appeared to give temporary relief; but, on the 11th, typhoid symptoms set in; the temperature rose to 39.5 deg. and 40 deg. cent., with the pulse 110; the tongue became brown, and there were sordes on the teeth; there was much diarrhoea, and the patient complained of greater exhaustion and the cough becoming more troublesome; the physical symptoms indicating, in addition to the pneumonia, diffused bronchitis. On November 13th, there were pain in the right iliac fossa; typhoid (rose) spots over the abdomen; great weakness and depression; skin hot and dry; temperature in the morning 39.5 deg. cent. (103.1 deg. Fahr.) The pulse, respirations, and temperature, at 3 P.M. on this day, are noted respectively at 104, 40, and 104½ deg. Fahr.; the urine being rendered turbid by nitric acid, but cleared by heat. He was now ordered four ounces of brandy, in addition to the following mixture.

℞ Ammon. carb. gr. iij; tinct. camph. co. ʒss; decoct. cinch. ʒj. Fiat haustus ter die sumendus.

Linseed-meal jackets were also applied. The bronchopneumonia continued to give great trouble both to doctor and patient; but there could be no doubt as to the propriety of directing treatment rather against the typhoid fever than the complication. The tenderness of the abdomen and the diarrhoea subsided by the 16th, and the symptoms of fever, as to thirst, pulse, and temperature, also abated. It is unnecessary to give the daily reports of the case; suffice it to say that on the 26th the pulse was 92; the temperature 37 deg. cent.; the respirations still being at the high number of 44; the consolidation of the right base was disappearing, and the bronchitic râles also were much reduced. The cough and expectoration gradually yielded; the strength improved; and on the 14th Dec. I was able to discharge him from the hospital.

In this case, the urgency of the symptoms necessitated, in the first instance, the application of leeches and the administration of tartrate of antimony. Probably the patient might have done equally well without them, had we foreseen the typhoid fever which was well marked. As it was, the lowering remedies were replaced by medicines acting differently on the system as soon as there was a suspicion of the presence of typhoid. This fundamental disorder further explained the obstinacy of the pulmonary symptoms, which appeared to benefit little by any of the remedies employed until the fever had run its course.

I shall have many opportunities of recurring to the principles I have laid down in this lecture, and of illustrating them by other instances. Let me now only ask you to bear in mind the fact demonstrated, I think clearly, by the foregoing cases, that pneumonia varies very much in its intimate nature, although presenting physical signs that closely resemble one another in the different cases; and that, in order to treat pneumonia scientifically and with the greatest benefit to the patients, due regard must be had to these complications, and that there is no such thing as uniform or routine medication for the disease.

ONE HUNDRED AND FIVE DEATHS IN AN EMIGRANT SHIP.—The Hamburg ship *Liebnitz*, Captain Barnhold, from Hamburg, after a passage of 60 days, arrived at quarantine, New York, on January 11th, having had 105 deaths from cholera during the passage, 70 adults and 35 children. Two days afterwards, her surviving passengers were transferred to the hospital ship *Illinois*, except a few who were retained on the *Liebnitz* to assist in cleaning it. The vessel was in a very filthy condition. Two more passengers have since died. The rest at the latest date were doing well. The captain says many of those who have died were victims of ship fever and cholera infantum. The *Liebnitz* sailed from Hamburg on the 12th of November for New York, with 9 cabin and 433 steerage passengers, a crew of 23 men, and a general cargo of merchandise. The total number of persons on board was 465, which was further increased by 8 births on the passage. On the 21st of November, a young woman from the Duchy of Mecklenburg was attacked by symptoms of cholera, and died on the 23rd, after intense suffering. The disease first made its appearance among the emigrants from Mecklenburg, where the cholera was raging when they left. The disease spread through the entire ship and raged over four weeks. There was no surgeon on board, and the officers of the ship had to attend the patients. The weather was warm while the disease raged, but on the 27th of December the weather became cooler, and the disease abated. No new cases occurred after the 6th of January. Many heartrending scenes occurred in the unfortunate ship, and in some instances whole families died. One hundred and forty-five were attacked, of whom only forty survived. On the arrival of the ship at quarantine, at New York, all the passengers, with the exception of six or eight, were in apparent good health. Only one of the crew died. The captain says that many cases proved fatal in a few hours. Eighty-four of the dead were from Mecklenburg.

SURGICAL MISCELLANIES.

By JOHN CLELAND, M.D.,

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II.—ABSORPTION OF DEAD BONE, AND EXFOLIATION, WITHOUT SUPPURATION.

The following case is probably worthy of being recorded at present, when the attention of surgeons is directed to the healing of wounds and absorption of dead bone.

On the 21st of last May, a strong man, aged 30, being intoxicated, fell asleep near a lime-kiln, and was severely burned on the left side of the head, as well as on the left foot. The upper part of the ear was burnt away; and the parietal region presented a black leathery slough of great extent. The blistered and erythematous parts round about were protected with cotton-wool, and the sores dressed with a lotion of permanganate of potash, which was the only application used throughout the treatment. As soon as the slough of the scalp separated, there was left a table of white and dead bone, with a healthy margin of granulations round about, and without smell or suppuration. The exposed portion of bone was about four inches in extent from before backwards, and more than three in the broadest part from above downwards; but in front it narrowed away so as to form an elongated projection from the main part, about an inch long, and half an inch broad. The connexion between this projection and the main mass of exposed bone gradually became narrowed; and in the isthmus of connexion ruddy points appeared, and became daily brighter, until the granulations from beneath, which gave the colour, completely perforated the scale of dead bone. In this way the projection was at last separated from the main mass of dead bone by a distance of about half an inch, and was reduced to three-fifths of an inch in length and two-fifths in breadth when, on July 19th, about two months after the injury, it was lifted away. The large remaining piece of dead bone continued to diminish slightly in extent, and to show new perforations here and there near the margins, till at last it became loosened, and was removed on August 19th, exactly a month after the smaller piece; it measured two inches and one-fifth from before backwards, and two and four-fifths from above downwards. I need scarcely say that not a drop of pus intervened between the dead bone and the subjacent granulations. The pressure of the granulations was probably an important element in promoting absorption of the dead bone; for it was observed that the margins of the sequestrum, although they had been considerably overlapped by granulations, were not at all thinned on the superficial aspect.

I attach importance to this case, principally as affording more indubitable evidence than any case which I have read, first, that where a squama of dead bone is separated by subjacent granulations from the living part, there may be disappearance of the dead bone, and not merely of the mineral constituents of the living bone beneath; and secondly, that this disappearance is effected, not by disintegration and throwing off of small particles, but by absorption of the material into the system.

Three other cases of casting off exfoliations by means of subjacent granulations, without intervention of suppuration, have occurred under my care within the past year. One case was an extensive burn, opening into and disorganising the knee-joint. The patient allowed nearly three weeks to pass before submitting to amputation, and during that time there was extensive suppuration from the joint and ulceration of the cartilages; but the front of the patella, which throughout its extent was laid bare by the burn and dead, was found to be adherent by a thick bed of healthy granulations to the subjacent living portion of the bone. The preparation is preserved in the anatomical museum of this College. Another case was the head of the metatarsal bone, which was laid bare in a dead state by separation of the toe in consequence of senile gangrene. Left to itself, a thin scale of bone separated, and the wound skinned over. In the remaining of the three cases to which I have alluded, the thumb of a boy of fourteen years of age had been allowed to suppurate at the interphalangeal joint; and, when I saw it, the whole joint was laid bare by an opening at the back, through which the first phalanx protruded, the surface of it dead. Bearing in mind, however, the cases already described, I placed the thumb on a small splint, dressed the wound with permanganate of potash, and let it alone. Shortly I had the satisfaction of seeing a very thin exfoliation come away from the second phalanx, and the head of the first phalanx becoming ruddy in part of its extent. Four weeks elapsed before the sequestrum, which involved a portion of the shaft of the bone, was altogether loosened. The wound healed up; and the thumb is likely to be useful, and not greatly deformed.

It will be noticed that in none of these cases is there unquestionable proof of the absorption of altogether dead bone. The increase of the ruddy blush shining through the sequestrum may be in any such case the result of increased vascularity, subjacent to an originally thin sequestrum. But, in the previously described case, the proof was completed by perforation and diminution in superficial area of the exfoliation. In all four cases, permanganate of potash happened to be the only application used.

NOTES ON TUMOURS.

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THE following notes are the result of the last eight years' observation and study of a considerable number and variety of cases of tumour, met with principally in the hospital and private practice of Mr. Syme, who kindly permits me to make use of them.

FATTY TUMOURS.

Painful Symptoms.—Fatty tumours would appear to cause pain in, and even weakness of, a part more frequently than is generally supposed; for, since Mr. Syme first directed my attention to the fact, I have met with many cases of the kind during the last few years. In the majority of these cases, the patients have been females, and the tumours situated on the shoulder, back, or upper extremity. The pain complained of was of a darting or shooting character, was not usually constant, was occasionally accompanied by weakness of neighbouring muscles, and was entirely relieved by the removal of the tumour. Dissection of the tumour removed did not show any peculiarity of structure or special nervous connection. In one interesting case (Case x), the tumours were multiple.

The following is a short report of some of these cases.

CASE I.—A woman, aged 25, had a small fatty tumour of the size of a marble situated over the right coracoid process. The patient suffered from pain in the tumour and shooting down the arm. There was also weakness of the whole arm, which prevented her from following her occupation as a sempstress. The removal of the tumour entirely relieved the pain and weakness.

CASE II.—A man, aged 44, had a small fatty tumour on the left side of his neck. He suffered from pain commencing in the tumour and shooting down the neck towards the shoulder. Excision of the tumour quite relieved these symptoms.

CASE III.—A woman, aged 38, had a fatty tumour of the size of an orange over the apex of the left scapula. She had pain in the tumour, pain shooting down the corresponding arm, and also weakness of the same limb. When the tumour was cut out, these symptoms disappeared.

CASE IV.—A woman, aged 60, had a fatty tumour of the size of a hen's egg over the right clavicle, which caused shooting pains in the corresponding arm. Removal of the tumour cured the pain.

CASE V.—A woman, aged 47, had a small fatty tumour in front of the right shoulder, which caused shooting pains in, and great weakness of, the corresponding arm. The tumour was removed, and the pain and weakness were relieved.

CASE VI.—A woman, aged 40, had a fatty tumour of the size of a pigeon's egg over her left scapula. Her left arm was weak, and she frequently suffered from pain shooting down the corresponding arm as far as the elbow. Excision of the tumour cured these symptoms.

CASE VII.—A woman, aged 40, applied for advice on account of pain in her right shoulder and arm, the result, as she supposed, of a recent bruise. On examination, one small fatty tumour was found in front of the joint, and two others on its outer aspect. On careful inquiry, it appeared that she had suffered from the painful symptoms long before she received the injury, so that the tumours were evidently the real cause of the pain.

CASE VIII.—A woman, aged 40, had a fatty tumour of the size of a small saucer over the dorsal region. For the last two years, the tumour had caused pain running down her back, round the chest to her left breast, and up towards her left shoulder. She had also a feeling of weakness in the back. The removal of the tumour cured these symptoms.

CASE IX.—A woman, aged 38, had a fatty tumour of the size of a small plate over the outer aspect of her right arm, a little below the shoulder. The tumour had existed seven years. About three months ago, the patient commenced to suffer from pain shooting down the arm and passing into the ball of the thumb, which often felt numb. The tumour was cut out, and these symptoms were removed.

CASE X.—In May 1864, a woman, aged 48, applied for advice in regard to three small tumours on the anterior aspect of her right forearm. These tumours caused her much pain, which passed down to the thumb

and index-finger. The patient had three similar tumours in the corresponding situation of her left forearm, which also caused painful symptoms. All the tumours were removed from both forearms, with the effect of curing the pain. In January 1865, the patient returned, with three new tumours of the same nature in the right arm, and several others in the forearm. She stated that the painful symptoms came back about three months after the last operation and have remained ever since. The tumours were removed, and the symptoms again disappeared. In April 1866, the patient returned a third time with similar tumours in her arm and forearm, which were accompanied by the painful symptoms. The tumours removed from this patient were firm in consistence, slightly lobulated, and varied in size from a pea to a small nut.

Lobes or Processes.—Pendulous fatty tumours have frequently lobes or processes spreading under the skin for a greater or less distance from their point of attachment to it. In removing such a tumour, it is not sufficient to cut across its neck; but the processes, which form as it were a root, must be carefully dissected out. In order to illustrate this, I have figured a pendulous fatty tumour which was removed from the thigh of a lady aged 45. (Fig. 1.) The tumour was a little larger than a turkey's

egg; it had a distinct neck, and a root consisting (as is shown in the woodcut) of numerous lobules or processes, which were dissected out in the removal of the tumour.

Fig. 2 illustrates a case of fatty tumour which had a lobule or process

(A) connected to it by a long narrow neck. This tumour was a simple lobulated fatty tumour situated on the back of a gentleman aged 50. In removing the tumour, the process was found passing underneath the skin; it was distant from the mass of the tumour itself fully an inch and a half.

Rarer Situations.—I have met with three cases of fatty tumour situated on the forehead. In all these cases, the tumours were small, not much