braces the following facts:—*Emphysema of the lungs* was less frequent in tuberculosis than in the aggregate of other diseases; it was found in 15 cases without, and 26 with condensation; or 7.9 per cent. when tubercle existed, and in 13.1 per cent. of diseases other than tuberculosis. *Gangrene of tubercular cavities* occurred in 6 cases, and a gangrenous odour was observed in 2 others. *Hæmorrhagic dots* were less frequent in tuberculous than in non-tuberculous cases, in the respective ratios of 1.5 per cent. and 3.8 per cent. *Pneumothorax* took place 19 times, or in 5.5 per cent. of the cases of vomica; 11 times in the right, and 8 times in the left side: thus reversing the experience of Louis, who found it on the left side in 7 out of 8 cases.

The hæmoptysis of phthisis, in its slighter forms, is, in Dr. Chambers's opinion, a provision of nature to prevent apoplexy of the lungs—a means by which the strangulated blood-vessels may discharge their contents, and postpone the threatened consolidation. So that it is no indication in practice to arrest this hæmorrhage, the quantity of which is regulated by nature, according to the amount required to relieve the morbid state with the least expenditure of the vital fluid. "In chronic phthisis, the slight expectoration of a drop or two of blood appears to be so physiological, that, when it is absent, we may often act wisely in supplying its place by small leechings or cuppings to the exterior of the chest." Dr. Chambers finds this gives relief to the local disturbance, and to the general system; so that the patient improves in every respect.

An ingenious, and, I believe, original explanation, is given by Dr. Chambers of the cause of the infrequency of perforation, and the comparative immunity of the serous membrane, with a large ulcerating surface lying immediately beneath it. The usual position of the ulcerating fistulæ is found to be the middle third of either lung, and rarely the apex or the base; and, since the apex is the ordinary seat of vomica, and the base of abscess, there must be some provision by which the most exposed parts are guarded, which the author believes to be the following:—"In breathing, the base, from the pressure of the diaphragm, and the apex, from being drawn, as it were, up into a corner, have less motion than the middle of the lungs, and, consequently, when pleurisy occurs, they are most liable to become adherent to the thoracic walls. The adhesions formed not only prevent the perforations there being detected, but they also prevent any harm arising from them.

In conclusion, it cannot be said that, in this hospital, the *post mortem* records, in connexion with the present subject, are very satisfactory. As respects pleuritic adhesions, independently of the doubt expressed by Dr. Chambers of the accuracy of the numbers as recorded, the registrars do not appear to have regarded a point upon which Louis laid great stress, viz., that, in the cases examined by him, the extent of the adhesions was always proportionate to the extent of tubercular disease in the subjacent lung. It was certainly important to ascertain how far this observation is borne out on further investigation. In the instances of condensation of the lung, no account is given of its characters—whether, for instance, the red or the grey hepatisation of pathologists is intended; nor are any microscopical appearances recorded. We have no means of determining how far this condition is to be regarded as hepatisation by a tuberculous product; and, although the condensations are described as partial, we have the least possible information as to their seat and extent. No distinction appears to be made between grey granulation and crude yellow tubercle, grey infiltration and yellow infiltration. In the actual state of science, these are important omissions, which ought not to occur in *post mortem* records aiming at accuracy and utility. That the state of the blood in the vascular system generally, and in the vessels of diseased parts, including its microscopical characters, should be carefully noted, presents itself also as an obvious desideratum in future *post mortem* records.

Norfolk Crescent, Hyde Park, December 1855.

SPONTANEOUS AMPUTATION IN UTERO OF THE RIGHT FOREARM.

By GEORGE GREENWOOD, Esq.

THE monographs by Dr. Montgomery of Dublin, and Dr. Simpson of Edinburgh, on Spontaneous Amputation of the Limbs of the Fœtus, contain a collection of cases more or less similar to that which I am now about to record. These valuable papers appeared in the first, second, and tenth volumes of the *Dublin Journal of Medicine*. In the *Medical Times* of December 1853, Mr. MacLaughlin reports a case of a child born without arms, which evidently belongs to the same class. The nature of the disjunctive agency in such cases is well explained by the writers to whom I have referred.

CASE. On the 13th of last month, I was called upon to attend A. P., aged 23, in her first confinement. Labour was natural. The child, a female, was born without the right forearm; the stump having the appearance of a very neat amputation. The humerus can be distinctly felt at its extremity, diverging into two equal and well rounded condyles. Wishing to ascertain if any, or what influences, maternal solicitude or mental impression, could be traced in connexion with such an effect, I was informed that, in the earlier months of utero gestation, the mother had received a severe shock by the sudden intelligence of her husband having had his arm nearly cut off by machinery, at the mill where he is accustomed to work. The report, however, was exaggerated, as he had merely sustained a slight injury to one of the fingers. The grandfather of my patient, residing in the same house, lost the use of his right hand, from an injury to the wrist, terminating in exfoliation of some of the carpal bones, and permanent immobility of the fingers.

Having stated the facts of this case, and some collateral circumstances in which an interest may be felt, I leave my readers to draw their own conclusions regarding a curious subject in intra-uterine pathology.

Ossett, near Wakefield, January 2nd, 1854.

BIBLIOGRAPHICAL NOTICES.

CLINICAL LECTURES ON PULMONARY CONSUMPTION. By THEOPHILUS THOMPSON, M.D., F.R.S., etc. pp. 205. London: 1854.

THESE Lectures were originally delivered at the Brompton Hospital for Consumption, and published in a cotemporary journal. They are now collected into a volume, and contain such modifications as the author's further reflections have suggested. The lectures are thirteen in number, in which the wide subject of consumption is treated cursorily, the particular points in each lecture having been for the most part determined by the facts that presented themselves in the wards of the hospital. The author's views throughout are illustrated by cases, for the most part treated under his own eye, and there are two well executed plates, in one of which the peculiar condition of the gums indicative of the consumption diathesis is represented. An index is very properly appended, containing a reference to the more prominent topics of discussion.

The introduction contains a simplified nomenclature of the best marked auscultatory signs, with a definition of each, a description of the morbid condition it is intended to indicate, and the synonymes or corresponding terms in general use. Dr. THOMPSON objects greatly to the term "subcrepitant" applied to the bubbling produced in the capillary bronchi; he considers that no medical expression has tended to produce more danger in practice by leading to injurious depletion. The term "smaller bubbling rhonchus" is substituted; and instead of designating the stethoscopic sign of pneumonia a "crepitant rhonchus", he calls it simply "crepitation".

The lectures do not profess to comprise the whole sub-