Taking into consideration the convexity of the skull and also of the saw, it would seem that the brain was cut nearly through; but then the head came in contact with the saw in such a manner that the tendency was to draw the parts from the brain rather than to press upon it, and it seems likely that it rotated somewhat, as it is hardly probable that the saw penetrated to the depth indicated by the external wound. I had little or no faith in the recovery of the patient, and was not as particular to ascertain the facts in the case as I otherwise should have been. The bones of the cranium were not loosened, though the saw scarf (to use a mill term) was about three quarters of an inch wide. The depression over the frontal bone is still plainly felt.

The wound was carefully washed out, the head shaved and the scalp brought together with adhesive plaster. Though the soft parts were badly mangled, there was but little loss of material. Cold water dressing was applied, and the wound healed rapidly. The patient slept well every night, had a good appetite, and suffered very little pain. In fact, I have never, in sixteen years' practice, seen so little general disturbance caused by so severe a wound in any other part of the system. The patient was removed to his home, about five miles, in two weeks after his injury, in four weeks the wound was healed, and he is now well. At my first visit he laughingly said that he was "afraid he had spoiled his beauty," but there is very little deformity.

If any one doubts the above facts, I will satisfy him if he will come to Gorham.

May 10, 1869.

NIEMEYER ON THE RELATION OF HÆMOPTYSIS TO PHTHISIS.

Translated by HENRY TUCK, M.D., Boston.

F. NIEMEYER, in a recent article in the *Berlin Klin. Wochenschr.* (Nos. 17 and 18, 1869), entitled "Some Remarks upon the Relation existing between Hæmoptysis and Phthisis," makes the following statements, as embodying the result of his study and experience.

1. Most, though not all, patients, who suffer from capillary, bronchial or parenchymatous hæmorrhage of the lungs, are either already phthisical or become so later.

2. Capillary, bronchial or parenchymatous hæmorrhages are not unfrequently followed by phthisis, where no direct connection exists between the hæmorrhage and the pneumonic processes, which, as a rule,

are the origin of phthisis. Patients who are predisposed to such hæmorrhages, are also predisposed to these inflammatory processes.

3. Capillary, bronchial and parenchymatous hæmorrhages are not unfrequently, in patients in whose lungs neither tubercles nor the remains of an old pneumonia are present, the origin of phthisis, and in this way, that the blood poured into the alveoli of the lungs and remaining there, with the products of the inflammation set up by this effused blood, undergoes caseous degeneration.

4. In the same way, bronchial and parenchymatous hæmorrhages often hasten the course of an already existing case of phthisis.

5. In some exceptional cases the hæmoptysis is not the origin but the result of pneumonic changes, which, in their further development, lead to phthisis. Such cases are easily recognized, as violent fever or other inflammatory symptoms usually accompany or precede such attacks of hæmoptysis.

6. The blood remaining effused in the alveoli of the lungs and the products of an old pneumonia, which have undergone caseous degeneration, are often the exciting cause of the development of miliary tubercle.

PERFORATING GASTRIC ULCER.

By SAM'L P. FRENCH, M.D., Warwick, Mass.

THE subject of this sketch was a resident of Warwick, 61 years old, married, a farmer, tall and slim, with light hair and blue eyes.

He has complained of his stomach the past fifteen years, and has not been able to do any manual labor for more than a year. From the first of last December, when I first saw him, till the first of May, when he died, he had been confined to his house, and most of the time to his bed. He was extremely emaciated, cachectic and anæmic, his countenance indicating great suffering. He referred all his suffering to a small spot above and to the right of the umbilicus. On examination (which was very painful) there was found an extremely tender spot on the lower margin of the liver; for he was so emaciated that most of the abdominal organs could be felt through the parietes.

When he walked he bent his head and shoulders forward and to the right, to relax the muscles on his right side.

He was constantly spitting saliva and mucus. No cough—no pain in the chest after eating or exercise; had a severe and