siderable discharge of worms, the symptoms persisting, though with abated severity. She even became paralytic at times; and frequently quite unconscious, as if sitting up asleep, and in that posture showed no tendency to fall. In a word, the case exhibited, at times, all the characteristic marks of catalepsy. Suspecting that tape-worm might be the cause of the evil, I had taken steps to procure remedies for it when the discharge of blood and of the polypus came on, and changed my diagnosis of the affection. It may still be a question whether this polypus, so inconsiderable in size, was capable of producing so much constitutional disturbance, and especially so serious a derangement of the nervous system. I am free, however, to say, that notwithstanding the apparent inadequacy of the cause, it was, to my mind, the sole cause of the complaint. In proof of the correctness of this opinion, we have the fact that the girl has regained her health perfectly since the polypus passed away, and is now free from all symptoms of disease.—*Western Journal of Medicine and Surgery.*

LUXATION OF THE ANKLE JOINT WITH FRACTURE OF THE FIBULA.

By John Douglass, M.D.

AN examination of the structure of the ankle joint, shows the wonderful manner in which nature has protected it from dislocation. Strongly attached as the bones of articulation are by ligamentous connection, and by the relative position of the parts, luxation, however, is comparatively, to the strength of the joint, a frequent occurrence and always a dangerous accident. From the articulation of the fibula with the astragalus, dislocation outward or inward is always attended with either fracture of that bone near the joint or its entire separation from the astragalus. If from the nature of the distortion, the astragalus is displaced, even slightly, the probability is that the latter injury will ensue; but as a general rule, fracture of the fibula attends luxation outwards and inwards. When fracture near the joint takes place, there is always danger, of at least partial ankylosis, to be apprehended from the ossific matter collecting around and uniting the articulation. In addition to this, the ligaments may be torn and lacerated to such an extent, that subsequent mobility may be entirely prevented. There may be extensive bruising of the adjacent soft parts, rendering the nature of the accident much more serious and complicated. Important as cases of this description may be, there is another, far more alarming in its appearance, and more dangerous in its consequences. This is compound dislocation of the ankle joint. In a case of this description, we have not only the dangers above mentioned to dread, but likewise a new series of great and immediate importance. It frequently happens, that the extremities of the bones are thrust through the surrounding integuments, and are splintered or broken by coming in contact with a hard substance; important nerves may be injured; the bloodvessels being ruptured, there is nothing to obviate profuse hemorrhage; from the ragged state of the skin, it sometimes occurs that the

bones cannot be protected from exposure to the air, and caries may consequently ensue. We learn from high authority, that no general rule of treatment is applicable to cases of this character, but that probable success of *this* or *that* procedure rests entirely with the discrimination of the surgeon. In extreme circumstances, it is advised by some to amputate without a moment's delay. But I presume, this resort is only justifiable, when there is not even a possibility of a successful termination, without removing the limb. In my opinion, a case which fell under my observation and attention some time since, warrants the conclusion, that no matter how unfavorable an aspect the injury may at first assume, provided the patient is young, temperate and in good health, and if there is reason to believe that the member can prove serviceable in locomotion, if suffered to remain, amputation should not be performed, until we are perfectly satisfied that the life of the patient is actually endangered by procrastinating the "*dernier ressort*." The case alluded to is as follows:

On the 7th of April, 1844, A. Strain, Esq., ætat. about 27, in excellent health, and of a robust constitution, while riding horseback, was thrown violently on the ground, the horse rearing and falling upon his right leg. His foot was forced inwards with great force, and compound dislocation of the head of the tibia from the astragalus outwards, with fracture of the fibula, was the consequence. I saw him a few moments afterwards, and found the parts in the following condition:—A lacerated and contused wound, produced by the sudden escape of the head of the tibia, extended from the superior part of the ankle about midway between the internal and external malleoli, to the tendo-achillis. The extremities of the bones protruded several inches through the wound. The hemorrhage was considerable, for a short time, but retraction of the arteries soon checked it. By a close examination, the great extent of the injury became obvious. The soft parts were greatly bruised, the deltoid and other ligaments completely torn to pieces. The foot seemed to be suspended by the narrow strip of skin that was uninjured. Having determined to save the foot, if possible, I immediately reduced the dislocation. Some hours afterwards, I applied a paste-board apparatus, adapted to the nature of the case, and brought the lips of the wound as closely together as I could with strips of adhesive plaster. Opiates were freely administered, and emetics occasionally given. The patient suffered intense pain, but otherwise did well for a few days, having had but slight fever. At the first dressing, the parts looked healthy and continued to improve, until the first of May, when the patient was attacked with a tertian intermittent. The wound had heretofore suppurated freely, but now assumed a rather unfavorable appearance. At this period, I feared the necessity of amputation, but by the use of evaporating lotions, mild purgatives, and antiphlogistic regimen, and a few doses of sulph. quinine, every unfavorable symptom disappeared. The patient continued to improve, till the last of June, when an oedematous swelling about the joint induced me to apply the bandage, which effectually removed it. The cure continued to progress gradually, being retarded by the irritation of small spiculæ of bone approaching the surface, and was completed in the course of a few months.

The joint is of course ankylosed, but the limb is not deformed, and locomotion but slightly impeded.—*Southern Journal of Med. and Pharmacy.*

PRESERVATION OF HUMAN BODIES.

THERE is an arched vault, or burying ground, under the church of Kilsyth, in Scotland, which was the burying place of the family of Kilsyth, until the estate was forfeited, and the title become extinct, in the year 1715 ; since which it has never been used for that purpose, except once. The last earl fled with his family to Flanders, and, according to tradition, was smothered to death, about the year 1717, along with his lady and an infant child, and a number of unfortunate Scottish exiles, by the falling in of the roof of the house in which they were assembled. What became of the body of the earl is not known ; but the bodies of Lady Kilsyth and her infant were embowelled and embalmed, and soon afterwards sent over to Scotland. They were landed, and lay at Leith for some time in a cellar, whence they were afterwards carried to Kilsyth, and buried in great pomp in the vault above mentioned.

In the spring of 1796, some rude, regardless young men, having paid a visit to this ancient cemetery, tore open the coffin of Lady Kilsyth and her infant. With astonishment and consternation they saw the bodies as perfect as at the hour when they were entombed. For some weeks this circumstance was kept secret ; but at last it began to be whispered in several companies, and soon excited great and general curiosity. For several weeks they underwent no visible change, and had they not been sullied with dust and drops of grease from the candles held over them, they might have remained as entire as ever. Many months after, the bodies were as firm and compact as at first ; and though pressed with the finger, they did not yield to the touch, but seemed to retain the elasticity of the human body. Even the shroud, though torn by the hands of the regardless multitude, is still strong and free from rot. Every feature and every limb was as full, nay, the very shroud was as clear and fresh, and the colors of the ribbons as bright, as they were when lodged in the tomb. What rendered the scene more striking and truly interesting was, that the body of her son and only child, the natural heir of the title and estates of Kilsyth, lay at her knee ; his features were as composed as if he had only been asleep. His color was as fresh, and his flesh as plump and full, as in the perfect glow of health ; the smile of infancy and innocence sat on his lips ; his shroud was not only entire, but perfectly clean, without a particle of dust upon it. He seems to have been only a few months old.

Both bodies seemed to have been preserved in some liquid, nearly of the color and appearance of brandy. The whole coffin seemed to have been full of it, and all its contents saturated with it. The body had assumed somewhat the same tinge, but this only served to give it a fresher look. It had none of the ghastly, livid hue of death, but rather a copper complexion. It would have been difficult for a chemist to as-