hours, until the disease is completely removed. When the attack threatens to be more severe, the dose is increased to twenty-five, and persevered in night and day, however high the fever and delirium. The only local applications I ever find necessary, are hair powder and cotton wadding. While I depend for the removal of the disease on the iron, it is necessary to attend to the state of the bowels throughout the treatment."

Now I will not take up your valuable space by noting cases individually, but I have used it in erysipelas of the lip, chin, face, and forehead, dependent on carbuncle—in cases of idiopathic and traumatic erysipelas; also, that form induced by dental irritation in the faces of infants. I have also proof of its therapeutic powers even the climate of St. Petersburg, where a relation of mine, (to whom I had given some, with instructions to take immediately on its appearance) shook off an attack in a week. I had attended him during his first attack in England, and before I used the remedy he was ill *one month*.

Having suffered the attack before, he was enabled to meet it with timely aid, and communicated the result to me with pleasure. I therefore give my opinion to your numerous readers, and feel sure that a trial will amply compensate them for their experiment. I am satisfied that the suffering from carbuncle, and the carbuncular eruption which has been so prevalent lately, would be much mitigated by a judicious employment of this remedy. I trust I may induce those who have not, to try it, and that I shall escape the censure of those who "knew it before."

Twickenham, November, 1852.

PROLONGED LIFE FROM FOOD ARTIFICIALLY INTRODUCED INTO THE STOMACH.

By F. W. CASSON, Esq., Hull.

I AM not aware that any case is on record, in which life has been so long sustained by food artificially introduced into the stomach, as the following:—

Miss H—, single, aged forty-five years, of very spare habit and melancholy temperament, was committed to my care in 1844, labouring under religious melancholia. During five years and a half residence in my asylum, her appetite varied considerably; for days successively, she refused to take anything but biscuits and water, at other times she ate great quantities of food, and especially beef, with a large proportion of fat. From the 22nd of August, 1848, to the 12th of February, 1849, she positively refused everything, even water, during which period, she was fed by the stomach-pump on beef-tea, eggs, gruel, &c. &c. On the 13th of February, she sipped some cold water, and from this date, until the 16th of March, continued to do so at intervals, on the latter day taking treacle and water. She occasionally drank water, or treacle and water, up to the 28th of April, obstinately refusing from this period until her death, (which occurred January 4th, 1850,) all food, &c., except that which was given by the stomach-pump. For sixteen months, then, this lady had the pump introduced daily—sometimes moistening the passages with fluid, but life was wholly sustained during rather more than eight months by the artificial introduction of everything that entered the stomach.

The only reason that my patient ever assigned for abstaining from food, was, that she feared to produce pain in her mouth, to which she had been subject; I believe, however, that she had some religious scruples, which I could never induce her to disclose.

It was somewhat singular to witness (after the first three or four introductions of the tube) the eagerness with which she assisted in the operation, and the great anxiety manifested lest I should forget her times of taking food.

November, 1852.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, NOVEMBER 27.—The weekly return continues to exhibit a comparatively favourable condition of the public health. In the week that ended last Saturday the deaths were 947, a number which differs not much from that of the preceding week. In the ten corresponding weeks of the years 1842-51 the average number was 1087, which, if a correction is made for increase of population, gives a mortality for the present time of 1196. Compared with this estimated amount, the deaths actually returned last week show a reduction of 249. Last week the deaths from scarlatina again rose from 59 to 72, those from typhus fell from 50 to 37. There were 7 deaths from small-pox, and 15 from measles. Diseases of the respiratory organs are at nearly the same amount as in the preceding week.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum, et dissectionum historias, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

CASES OF EXCISION OF JOINTS.

KING'S COLLEGE	<i>Excision of the Knee-Joint</i>	MR. FERGUSSON.
" "	<i>Excision of the Elbow-Joint</i>	"
" "	<i>Excision of the Elbow-Joint</i>	"
" "	<i>Excision of the Elbow-Joint</i>	"
ST. BARTHOLOMEW'S..	<i>Excision of the Olecranon...</i>	MR. STANLEY.
" "	<i>Exploration of the Elbow-Joint</i>	"
ST. THOMAS'S	<i>Excision of the Elbow-Joint</i>	MR. SOUTH.
UNIVERSITY COLLEGE	<i>Excision of the Elbow-Joint</i>	MR. ERICHSEN.
" "	<i>Excision of the Elbow-Joint</i>	"
" "	<i>Excision of the Head of the Humerus</i>	"

KING'S COLLEGE HOSPITAL.

Excision of the Knee-joint.

(Under the care of Mr. FERGUSSON.)

AMPUTATION of the arm for disease of the elbow or shoulder-joint is in these days but seldom performed; and there is an unmistakable tendency among our hospital surgeons, in cases of chronic articular affections, to save the limb by removing the diseased portions of bone which enter into the formation of the joint. This anxiety for preserving useful limbs certainly forms a very great contrast with the recklessness with which they formerly used to be removed, and we are glad to say, that in many instances which have come under our cognizance, very good semi-anchylosed arms have been preserved.

Still, it should always be borne in mind that the process of cicatrization is in these cases *very long*, and that no results should in general be expected before a twelvemonth has elapsed. When surgeons and their patients are fully aware of this circumstance, they save themselves a vast deal of disappointment. But hardly any fault can be found with the length of this period, for we have often to wait much longer for a little improvement in the joint, when no decisive measures are adopted; so that the patient cannot be a great loser, except as regards the early effects of the operation. Now these effects have never, or seldom, been found of a dangerous kind, where the elbow, shoulder, ankle or foot, were concerned, and numerous cases are on record which prove that in but very few, immediate mischief occurred. But this remark does not hold good as regards the knee-joint; the excision of this articulation is fraught with danger, and should be undertaken only after very mature consideration, and a careful calculation of the other chances which may be held out by a different course of proceeding.

There will always be this great difference between the upper and lower extremity, as regards excision, that the latter has to bear the weight of the body, and to be used for progression. And with respect to the knee-joint in particular, there is an additional circumstance of importance—viz., the great size of the articulation, the large amount of bone which is removed, and the extent of the wound necessary for excision.

At the ankle or foot, though even one or two bones of the tarsus or metatarsus may be taken away, a sufficient system of osseous textures is left to combine, consolidate, and answer, though imperfectly, many of the purposes of the limb. But with the knee the shortening must be considerable, the formation of a false joint can hardly be expected, and the most favourable termination seems to be complete and bony anchylosis. An anchylosed leg is, however, far preferable to none at all, and the operation would in that respect be justifiable, provided statistics would sufficiently show that the