his theory agree with them, or, *vice versa*, attempt to reconcile the theory with the data upon which it is based, the result in both cases will be a failure. Not only is it not a general fact that there is any correspondence between the twist and the particular enlargement of the iliacs, but it seems also probable that the position of the two arteries with reference to the umbilical vein as to their passing out of the ring above or below it, is the *result* of the twist rather than *its cause*. No matter what may have been the relative location of the three vessels when they converge to enter the ring from the pelvic side, a single revolution of the body of the fœtus from right to left, or the contrary, will bring them into the position they are found at birth.

Indeed, it is to be doubted whether Mr. Simpson's proposition "when the hypogastric arteries, having the remains of the urachus between them, converge towards the umbilicus, each will tend to cross above the umbilical vein from its own side," is sound. Supposing a perfectly free course to the current of blood, and no obstruction presenting either from the surroundings of these vessels, or by any contraction of their calibre, upon what principle of mechanics can it be predicted that they will not pass along side by side, with no twist at all, as we see in the specimen before us—an abortion of three and a half months, an age at least much greater than that at which the twist is assumed to begin, and which is set down as commencing from the tenth to the twelfth week.

SALIVARY CALCULUS.

BY H. B. BURNHAM, M.D., EPPING, N. H.

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J. H., aged 48 years, of spare habit and slender constitution, some fourteen years since was seized with a severe pain under the left side of his tongue. He applied to his family physician, who could give him no satisfactory information as to the cause or nature of his complaint; neither could he afford him any relief. He was induced to consult other physicians in his vicinity, and he did so with like results. In the mean time, a small tumor made its appearance on the under side of his tongue, near or at the seat of pain. He went to Boston and consulted the late Dr. —, who informed him that his disease was cancer, and gave him but little encouragement as to any permanent relief. He returned to his home, determined to abide the result of what he then supposed an incurable disease. From that time until about the first of February last, he has suffered paroxysms of severe and excruciating pain at different times. The tumor gradually increased in size, and the paroxysms of pain became more frequent, until it finally became inflamed, suppurated and burst, discharging a small quantity of pus and a calculus weighing fifteen grains, having the

general appearances of ordinary renal or biliary calculi. He has since been entirely free from pain.

NOTES UPON THE CAUSES OF THE DISTINCTION BETWEEN BRONCHITIS AND PNEUMONIA.

[Read before the Société de Biologie, Aug. 21st, 1858. By Dr. CHARLES ROBIN. (*Mem., Vol. V., 2d Series, pp. 93 et seq.*) Translated for the Boston Med. and Surg. Journal by Dr. C. F. CREHORE.]

DURING the ten years that I have taught the substance of the following remarks, I have vainly sought in the greater part of our classical and special treatises the necessary data to solve the question about to occupy me. A simple inspection of these works explains the cause of the deficiency—for it is easy to perceive that their authors have studied the results of the alterations occurring in the tissues without possessing any exact idea of the character and reciprocal relations of the elements normally composing those tissues. In the case of the lung, for example, they sum up its general structural characteristics by saying, that, when once the bronchi enter the substance of the lung, they rapidly lose their firmness in consequence of the disappearance of the cartilaginous rings, and, becoming at length entirely membranous, are lost in the pulmonary cells or vesicles, hence often called “bronchial terminations.” They further assert that a mucous membrane, constituting the essential portion of the respiratory organs, is continued in a uniform layer from the larynx to the extremities of the bronchi, and that this layer, somewhat thinned, exists alone in the pulmonary vesicle. According to some, the vesicles are separated from each other by the interposed cellular tissue—according to others they are in contact, and the dividing wall is homogeneous in its structure.

While, relying upon these statements, I considered the phenomena from this point of view, I was astonished not to see bronchitis invariably pass into pneumonia—especially that form of bronchitis known as capillary, in which symptoms of asphyxia are superadded to those of intensely acute bronchitis. (The asphyxia is caused by a change in the secretion of the bronchi, which becomes muco-purulent and very viscid.) Yet nothing can be more distinct than the pathological lesions, or the symptoms that characterize these two affections. It may be said that the general state of the patient, the nature of the cough, the signs derived from auscultation and percussion, and the character of the expectoration in the two diseases, have no resemblance. No two things can be more distinct than they, and nothing more certain than that they oftener appear simultaneously under the influence of a common cause, than that one passes into the other, either by the extension of the inflammation of the bronchi to the lung—or by propagation from the lungs to the bronchi.