thickened, accompanied by the formation, of a glairy fluid, or a semi-coagulated mass. Many weeks may elapse, if the inflammation be chronic, without the secretion of pus; and previously to this, the bone is seldom diseased; but if the periosteum be much separated, the bone will probably become carious.

The pain occasioned by this form of the disease is the most acute that can be endured,—the patient is prevented from having any sleep, and sometimes becomes delirious.

The progress of the disease is various. The part may acquire a prodigious thickness, without any matter being contained; or the fluid may be effused between the periosteum and skin, proceed rapidly, and not be attended with much pain. This is called the spurious node, and is found upon the forehead and upper part of the tibia; again, the matter may be under the periosteum, and then the pain is most severe. The abscess proceeds but slowly, and seldom opens spontaneously. The rapid increase of size occasionally observed, is not owing so much to the virus itself as to the matter acting as an irritant; this case will occasionally subside in as rapid a manner as it took place.

(To be continued.)

CASE OF FRACTURE OF THE SUPERIOR MAXILLA, WITH DISPLACEMENT OF THE MALAR BONE.

By HUGH R. RUMP, Esq., M.R.C.S.E., Wells, Norfolk.

Robert C., aged 25, a seaman, tall and muscular. On Sunday, the 9th of January, 1848, whilst driving at a rapid pace out of an inn yard, the wheel came in contact with the gate post, by which means the gig was upset, and its driver dashed with great violence upon the hard and frosty road, alighting on his face. When first visited, he was suffering from concussion of the brain, was very pallid, and the skin bedewed with perspiration; he made frequent ineffectual attempts to vomit, and although very drowsy and lethargic, replied rationally, when interrogated in a loud and distinct voice. The pulse was small, quick and irregular; and the extremities were cold. The right side of the face presented a very peculiar appearance; the natural prominence of the cheek had disappeared, whilst the globe of the eye was forced upwards and slightly outwards; there was a superficial wound on the cheek, and the eyelids were tumid and ecchymosed. Upon making an examination, (both externally and within the mouth,) a fracture was immediately detected in the superior maxillary bone, extending from its orbital surface downwards through the canine fossa, then taking a direction backwards and downwards, below the malar process of the bone and continuing its course, through the maxillary tuberosity. The malar bone, together with the malar process of the maxilla, was driven upwards and inwards, towards the internal angle of the orbit; and projected upwards above the

floor of the orbit nearly a quarter of an inch, so that its circumference was considerably diminished. By carefully tracing the finger along the zygoma, a depression could be recognized at its articulation with the malar bone, a space intervening between the two bones. No lesion of the fronto-malar articulation could be detected.

As all attempts to reduce the fracture and to place the bones in situ proved abortive, the patient was put to bed, wrapped in blankets, bottles of hot water were placed to the feet, a cordial stimulant administered, and a water-dressing applied to the wound.

January 10th. Had no sleep during the night; was very faint, and vomited two or three times. Complains this morning of great numbness of the right side of the head, and has lost all sensation in the upper part of the cheek, or in those parts supplied by the supra-orbital nerve; and in the gums and teeth, as far as the mesial line. Smart febrile re-action has commenced; the face is flushed, and the soft parts about the seat of injury are very swollen and ecchymosed; tongue furred and dry; pulse 86, full, but compressible.

To take five grains of calomel, with ten of extract of colocynth directly; a saline draught every three hours; a dozen leeches to be applied to the cheek, and subsequently water-dressing.

21st. Is convalescent; the only inconvenience resulting from the accident is loss of sensation in part of the cheek, side of the nose, gums, and teeth. Returns to his duty to-day.

Observations.—Fractures of the bones of the face are acknowledged by all surgical writers to be of comparatively rare occurrence, and they are all equally agreed, as to the difficulty, and in most cases, the impossibility, of their reduction,—it not being “practicable in these cases, as in fractures of the limbs, to operate by any mechanical power upon one or other of the fractured extremities, for the purpose of reducing them to their normal relative position,”—and that unless the fracture be compound, and great inconvenience and danger be apprehended from detached fragments of bone, it is far better to suffer the fractured bones to remain displaced, than to seek by operative means, to remove the deformity resulting from such accidents, the risk being too great from the division of the soft parts, and the possible benefit to be derived therefrom too inconsiderable, to warrant such procedure. In the above case considerable deformity exists, from the diminution of the orbit by the fractured bones projecting above its floor; but although the fracture extends through that part of the bone from which the inferior oblique muscle arises, every movement of the eye is accurately performed and vision remains unimpaired. The levator palpebræ muscle not being capable of elevating the lid sufficiently for the present position of the globe, is assisted by the occipito-frontalis, giving the patient the appearance of having undergone the operation for ptosis. From repeated and very careful manipulations, I am inclined to believe that the depression felt at the temporo-malar junction, was the result of disarticulation, and not of fracture. As both the anterior and posterior dental

branches of the second division of the fifth nerve are implicated by the fracture, it will be interesting to observe hereafter, whether the teeth become carious from defective innervation.

CASE OF LITHOTOMY: THE CALCULUS WEIGHING SEVEN OUNCES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I request you will favour me by inserting in the *Provincial Journal*, the following (to me,) extraordinary case of lithotomy, and I shall feel obliged to any of my brethren who will inform me through the same channel, whether there be a similar case on record in one so young, as I am inclined to think it unique in the annals of surgery.

I am, Sir,

Your obedient servant,

GEORGE BULLEN.

Ipswich, March 5, 1848.

On Thursday last, I operated with a common director and a straight bistoury, upon Sophia Cooper, 14 years of age. I extracted a calculus weighing *seven ounces*. This enormous mass was of course broken into many pieces. Seven portions, each as large in size as an ordinary calculus, were removed by the forceps, some with considerable difficulty from their ragged edges becoming entangled in the soft parts. The smaller fragments were extracted by the scoop.

I was fortunate enough after the operation to be able to adapt the fragments so accurately as to make the stone complete. It is composed of oxalate of lime, with a nucleus of uric acid, and measures round its largest circumference eight inches and a half, and round its smallest six inches and three quarters, and is about the size of a swan's egg.

Up to the present time, I rejoice to say, my patient has progressed without one untoward symptom.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, MARCH 22, 1848.

In our last number we alluded to a general measure of Medical Legislation which had been agreed upon by a Committee of the Royal Colleges of Physicians and Surgeons, the Society of Apothecaries, and the National Institute of Medicine, Surgery, and Midwifery. The propositions agreed to as the heads of this measure as they appeared in a contemporary Journal were also published in another column. We have since received an official copy of the document, and as the subject is of the deepest interest to the whole profession, and the official

copy differs in some degree from that before published, we believe we shall be consulting the wishes of the members of the Provincial Association, by here laying the entire measure before them in an authentic shape.

PRINCIPLES ON WHICH A BILL FOR REGULATING THE PRACTICE OF PHYSIC AND SURGERY SHOULD BE FOUNDED.

I. *New Incorporation.*—That a Charter of Incorporation should be granted to the Surgeon-Apothecaries of this country, under the title of "The Royal College of General Practitioners of England."

II. *Establishment of a Council.*—That a Council should be established to superintend the Registration of all Medical and Surgical Practitioners, and for the general control of Medical Education and Practice.

That the Council should consist of one of Her Majesty's Principal Secretaries of State, in right of his office, (who should also be President of the said Council, with power to appoint a Vice-President,) and that the other Members of the Council (of whom not less than two-thirds should be registered members of the Medical Profession,) should be such persons, not more than twelve, whom Her Majesty, with the advice of Her Privy Council, should deem fit to be members of the said Council.

That the Council should be empowered, with the approval of the Secretary of State, to appoint a principal Secretary, and local Secretaries for Scotland and Ireland, and Clerks, Messengers, &c.; and that the Members of the Council, the Secretaries, Clerks, &c., should receive such salaries as the Lords of the Treasury should think proper to allow.

III. *Register to be made and published.*—That a register should be made and published by the said Council, as soon as conveniently may be, of all persons entitled, as after explained, to be registered as Physicians Surgeons, or General Practitioners, and who shall apply to be so registered within one year if residing in any part of the United Kingdom, or within two years if resident abroad; for which a fee of Ten Shillings shall be paid by each person so registered. And that to the Register should afterwards be regularly added the names of all persons who shall receive Letters Testimonial, as after explained, of their fitness to practise as Physicians, Surgeons, or General Practitioners; and that for such registration should be paid the sum of Five Pounds in the case of a Physician or Fellow of the College of Surgeons, and of Two Pounds in the case of a General Practitioner. All such fees should be applied towards defraying the expenses of this Act.

The Register to be formed on the plan of a specimen submitted to the Committee of the House of Commons in 1847, by the Registrar of the College of Physicians.

And all persons desirous of being continued on the Register, should be required to send their names and residences to the Council, annually, but without the payment of additional fees.

The Register to be received as evidence in Courts of Law.

IV. *General Practitioners.*—That those persons should be entitled to be registered as General Practitioners, who shall be enrolled as Members of the Royal College of General Practitioners within one year from its first Incorporation, according to the provisions of a Charter which has been prepared for that College; and that those persons should afterwards be entitled to be so registered who, having attained the age of twenty-two years, shall have received Letters Testimonial of their