of the practical errors which arise from this source, M. Cavarra cites the custom of applying the acetate of lead lotion on a warm linseed-meal poultice; the latter is emollient, and relaxes the tissues; the former, being astringent, has an opposite effect, and the combination is as unscientific as any admixture of chemically incompatible substances. To remedy the inconveniences which result from the present mode of instruction, the author hints that a professorship of experimental materia medica and experimental physiology should be instituted; the hint, perhaps, may not be thrown away.

A General Outline of the Animal Kingdom, and Manual of Comparative Anatomy. By THOMAS RYMER JONES, F.Z.S., &c. Van Voorst, London, 1841. 8vo. pp. 732.

THE nature of this work prevents us from bestowing upon it any other notice than a very general one; to lay before the naturalist a complete view of the organization and physiological relations of every class of living beings, and to furnish the anatomical student with a succinct account of the structure and development of the vital organs, through all the modifications that they present in the long series of the animal creation, are the objects of the author; to follow him through so vast a range were beyond our power. We cannot, however, refuse to bestow a warm commendation on the manner in which Mr. Jones has executed his arduous task; the present manual affords the best general outline of the animal kingdom that we are acquainted with; it is neither too prolix, nor too concise; the ascertained facts connected with the anatomical structure of animals, are collected from every available source, and arranged in lucid order, and the letter-press is illustrated with more than three hundred wood-cuts, which will bear comparison, for beauty and accuracy, with the best specimens of the art, even in its present perfect state.

ROYAL BERKSHIRE HOSPITAL.

(Practice of Mr. F. A. BULLEY.)

DISLOCATION OF THE ELBOW, WITH A SINGULAR DISPLACEMENT OF THE RADIUS.

SAMUEL FARLEY, æt. 28, a healthy, muscular man, guard to a night train on the Great Western railroad, was admitted into the hospital, on account of a dislocation of the ulna and radius, caused by his having fallen from a truck, and pitching with great force on his hand, the train being at the time in rapid motion. The limb was considerable shortened. He was suffering excessive

pain in the injured joint; and pain, and some numbness, were felt extending downwards, in the course of the ulnar nerve, as far as its digital extremities, where he described his sensations as most agonizing. This may, probably, have resulted from the coronoid process pressing on and irritating the nerve, after the displacement had taken place; and it is very likely to have been so, as he found the excruciating pain almost instantaneously diminish as soon as the reduction was accomplished.

The joint was greatly distorted, and the limb was held by the persons who brought him, in a gently flexed position, which he said was the easiest to him. The slightest attempt at further flexure or extension caused him excessive pain.

The ulna had been thrown backwards, and projected on the posterior surface of the humerus, the coronoid process lying on the cavity destined to receive the olecranon. The tendon of the triceps was in a state of great tension, and appeared as if in a state of tonic spasm. On the fore-part of the joint the biceps and brachialis internus muscles were greatly stretched. The head of the radius was curiously displaced, being thrown, as it were, across the ulna, and lying a little above and to the outer side of the usual situation of the coronoid process on the fore-part of the joint. In this position it was distinctly perceptible to the feel, the superincumbent soft parts being as yet very slightly swelled.

As it was impossible (owing to this peculiar displacement of the radius) to produce the slightest flexure of the joint, extension was made in a nearly straight direction, the arm being fixed by an assistant, and after steadily continuing traction in this way for about two minutes, reduction of the ulna was effected; the head of the radius, although drawn down, still remaining on the inner side of the arm, lying on the fore-part of the ulna.

Flexure was difficult and painful, from the head of the radius being pressed upwards against the inner condyle: in the attempt to perform this motion, after some time, I succeeded, by gradual compression with my fingers, in moving the head of this bone outwards into its natural position. He could now bend the joint with comparative ease, as far at least as the probably injured state of the ligaments would allow; and as I was satisfied that reduction had been fully accomplished, and that the radius had no tendency to become again displaced, I ordered the patient to be taken into the accident ward, and placed in bed, ten leeches to be applied round the joint; to be followed by fomentations. A raised position. House medicine.

19. Has been comparatively free from pain in the joint, but complains of pain, alternating with numbness, along the course of the ulnar nerve. A cataplasm of vinegar, and water, and bran, to envelope the arm and outer part of the hand; some swelling has ensued, with ecchymosis round the joint.

23. Much general improvement and diminution of the swelling; neuralgic pain continues.

R. Ext. belladonna, $\mathfrak{z}\text{i}$, lin. sapon., $\mathfrak{z}\text{x}$. ft. lin. bis. die. utend. A cold lotion to the joint.

25. The neuralgic pain has ceased. A week having elapsed since the receipt of the injury, passive motion was commenced and continued for a

quarter of an hour without inducing any particular pain in the joint. A figure of 8 bandage, wetted with cold lotion, to be applied.

27. The passive motion has been continued, without inducing inflammation, or increasing pain. The hot-water pump to be used twice a-day, for a quarter of an hour each time. As there was some difficulty in completely extending the arm, he was ordered to swing a weight of 14 lbs. in the hand, every now and then, for a quarter of an hour at a time.

30. Has been using passive motion and the other means since last report, and he can now move the joint with tolerable ease in all directions: only a slight stiffness remains.

R. Barbād. naphthæ, $\mathfrak{z}$ iv., Camph. pulv., $\mathfrak{z}$ ij., olei rosmaiv. $\mathfrak{z}$ i., olei tereb., $\mathfrak{z}$ ss., ft. lin. sæpe infricand.

June 1. These means, with the use of the hot-water pump, three times a-day, have been assiduously persevered in, with the occasional use of the liniment. He has now, fourteen days from the date of the accident, no pain in the joint, and he is able to perform every movement of it with perfect ease and freedom. Ordered to be discharged from the hospital.

7. He called, as an out-patient, and told me that he had resumed his usual occupations on the railroad, and that he felt neither pain nor inconvenience in using his arm.

I should not have been so minute in detailing this case, but that I thought the accident of so singular a nature, as to be worthy of being accurately recorded.

I must confess I feel somewhat at a loss to understand exactly how the peculiar displacement of the radius, which happened, could have been produced. Instances of dislocation of this bone forwards alone, or with the ulna broken, and backwards with the ulna unbroken, are not rare; but I cannot call to mind any author having mentioned a case precisely similar to this, where its head passed partially across the ulna anteriorly, and rested on the fore-part of the inner condyle of the humerus, the ulna having passed behind. I know of no way in which it could have occurred except through the medium of the pronator radii teres muscle, which at the moment of dislocation, when the annular ligament was ruptured, might, from the peculiar position of the arm, have been thrown into strong action, and so have drawn the head of the radius suddenly towards the ulna, while the force continuing, pressed it upwards and forwards on the condyle. Whether a strong and somewhat irregular action of this muscle, while he hand was in pronation, would cause the upper part of the radius to approach the ulna, I am not quite prepared to say, but I think it probable that it might do so, especially after the annular ligament had been ruptured, and displacement had occurred.

CASE OF ABSENCE OF THE UTERUS.

By E. P. BENNET, M.D.

OF DANBURY, CONNECTICUT.

In December, 1833, I was called upon to prescribe for Miss —, a young lady of about

eighteen years of age, for retention of the catamenia. She had suffered regularly every month, for the last two years, the usual symptoms of indisposition attendant upon menstruation. She was well-formed, of good stature, with well developed breasts. I prescribed for a length of time the usual remedies in such cases, but, contrary to my expectations, without the least benefit. Her general health was improved, but the menses did not appear. The obstinacy of the case led me to suspect organic obstruction. I mentioned this to her friends, and proposed an examination, to which she finally consented. The external organs of generation were perfectly developed in every respect, and perfectly natural. Upon introducing my finger into the vagina, I found that this canal terminated in a cul-de-sac, at the distance of two inches from the os externum. It did not appear like a membrane stretched across this canal, but like a complete obliteration of it. There was no indication of any accumulation of menstrual fluid behind it, although there was a slight enlargement of the abdomen. I introduced a common lancet into this substance the length of the blade, but it penetrated into no cavity; the hæmorrhage was considerable, and as I had had no experience in such cases, I desisted from doing anything more. Soon after this my patient married, and I lost sight of her for several years. In August, 1840, she again applied to me for relief. She stated that she had enjoyed poor health generally, but occasionally she had had *monthly periodical discharges of blood per anum*, which relieved her, but of late they had entirely ceased. I examined her again, and found her in exactly the same condition as before marriage, only the finger could be introduced a little farther by carrying the obstruction before it. I then introduced a finger into the rectum, and a silver catheter into the bladder, and searched for a uterus, but could detect nothing of the kind, my finger coming in contact with the catheter, as in the male subject. In consequence of the discharges from the rectum, I thought there might possibly be a communication between the uterus and rectum, but I could detect none. I accordingly concluded that the uterus did not exist, and that the development of the external organs and breasts, and the presence of venereal desires, were produced by the ovaries alone. I stated to her and her husband my views of her situation, explaining the dangers, difficulties, and the uncertainty of an operation, and dissuaded her from having anything done. In a few days her husband called upon me, and said that she was resolved upon an operation, be the consequences what they might. In compliance with her earnest desire, but contrary to my own judgment, I proceeded to operate, assisted by my kind and judicious friend, Dr. A. L. Williams, of Brookfield. I placed her upon the edge of a bed, with her feet upon two chairs, her knees supported by assistants. I then introduced a silver speculum of three-fourths of an inch diameter with some difficulty, (as the vagina was quite narrow,) then with the aid of a strong light I proceeded to make an incision with a scalpel, which I had previously prepared, by making a cutting edge upon the end. The substance was very dense and firm, and required considerable force to push the knife onward, which I did in a very cautious manner, until I had made an incision large enough to admit the point