phlyzacious and dark scabs	2.	Ecthyma.
acores or favi, and cup-like	}	3. Porrigo.
crusts, with a hair in		
their centre		
phlyzacious & umbilicated	4.	Variola.
irregular eruption and	}	5. Varicella.
puckered scabs		
large pustules and a ten-	}	6. Furunculus.
dency to mortify		

(To be continued.)

CASE OF SCIRRHUS OF THE GALL-BLADDER; WITH OBSERVATIONS.

By REGINALD BURRIDGE, M.D., Senior Physician
to the Taunton and Somerset Hospital.

Mary Rice, aged 42, a patient of the Taunton and Somerset Hospital, under my care. About four months previously to admission, the catamenia ceased to appear, and about ten weeks afterwards she was affected with jaundice, for which she applied to the parochial medical officer. Purgatives and mercury having been found inefficient, she was finally advised to enter the Hospital.

Upon admission the whole surface of the body and the conjunctiva presented the greenish yellow hue, as described by Dr. Baillie in green jaundice. There were great emaciation and debility, which were described as increasing rapidly. The gums, lips, and cheeks, were the seat of dark, sloughing ulcers, produced by the mercury. There was a sensation of sinking and anxiety at the præcordia, but no pain nor tenderness; no fulness of either hypochondrium, but a marked flatness of the abdomen. The liver could not be felt below the margin of the ribs, and rather severe pressure, exerted in an upward direction towards the diaphragm, elicited no expression nor sensation of pain or tenderness, nor was any discoverable over the abdomen. No headache; no rigors; slightly hurried respiration, but no cough nor dyspnoea; pulse soft, quick, and compressible; the bowels were obstinately constipated; the urine very scanty, and of a chocolate colour. A scirrhus knot, about the size of a large nutmeg, occupied the left mamma, but had not increased in volume for a long time, and gave no pain or other indication of its existence there. She was a widow, with an only child, a daughter. The urine and fæces were found on inspection, and the application of the usual tests, to contain bile in small quantity.

A full consideration of all these circumstances, coupled with her cachectic habit and peculiar expression, led me to the belief that she laboured under one of the forms of cancer of the liver, so far advanced, or so rapidly advancing, as to cause obstruction of the ducts by pressure or spasm. The treatment was grounded upon the latter view, as affording the best chance of prolonging life. It was ineffectually attempted to restore the healthy action of the bowels, and the normal condition of the urine; the ulcers of the mouth were rapidly healed by a chloride gargle, and the woman's strength supported to the uttermost. The excretion of bile was in vain solicited by gently evacuant and soothing measures directed to the duodenum, and by iodo-mercurial friction externally. One day during my morning visit to the Hospital, I

found that a sudden change had taken place for the worse. She had now great prostration; much pain and tenderness in the right hypochondrium; nausea; vomiting of a dark-brown turbid fluid; hiccough; sunk and contracted countenance; small, rapid, and unequal pulse; with coldness of the surface. By the use of very prompt measures she rallied out of this state, and lingered on for about a month, when she expired.

At the *post-mortem* inspection, the lungs were found perfectly healthy, and free from adhesions. The heart was remarkably small, pale, and flaccid, which Louis states to be the case in persons dying from cancer. The cardiac and pyloric orifices of the stomach were also free from disease. The duodenum presented no morbid appearance, except that the orifice of the common duct could nowhere be found. Attached to it, however, was a scirrhus mass of an irregular quadrilateral form, about two inches and a half long, by an inch and a half wide, to which the head of the pancreas was also firmly adherent. In this somewhat confused mass, the gall-bladder was completely lost, though the common duct was traceable at its duodenal extremity for nearly a third of its length. The liver was unusually small, and seemed to lie higher under the ribs than it commonly does; but with the single exception to be presently mentioned, offered no external appearance of disease. On the concave surface of the liver, in the sulcus near the lower margin, was found a single carcinomatous tuber, presenting a surface rather larger than that of a shilling. Sections of the organ made in different directions, gave no other appearance than that described by Recamier as atrophous engorgement. The right kidney was of healthy structure, and the usual size; the left was also normal in structure, but of double the usual size. The ileum and cæcum were found perfectly natural, but the colon was stuffed with ash-coloured fæcal masses of ordinary fæcal consistence. I regret to state that from some oversight the uterus and ovaria were not examined. The body, of course, retained its dingy olive complexion, and the emaciation was very marked.

Many interesting questions arise out of such cases as these, as to the mutual relations which the liver and gall-bladder bear to each other, and to the digestive processes in various states of health and disease. We can touch but lightly on them here. The pathological state of the liver, the gall-bladder, and the bowels, seem to establish an opinion maintained by the late Dr. Fletcher, that "a great proportion of the cystic bile is always a secretion from the hepatic artery, no branches of the vena portæ being distributed upon the gall-bladder; hepatic bile differs in its qualities and physical properties from cystic bile, and particularly in being destitute of all bitterness, which is the case of course with all animals destitute of a gall-bladder." And it seems to lead directly to the inference that hepatic bile, the presence of which was demonstrated, is insufficient for the purpose of defæcation, however necessary it may be in the first processes of assimilation in the human subject. It seems also to bear heavily upon the question whether jaundice may arise from retention of the elements of bile, as well as from the absorption of bile after secretion; and it certainly shows that, whether from retention or secretion, it acts as a morbid poison on the system, producing that union of oppression and depression which marks the

typhoid state,—a most unpleasant addition to the cancerous cachexia. It confirms the observation of Scarpa and Sir Charles Bell, that organs in which heterologous growths are developed, do not necessarily exceed healthy organs in bulk, and do frequently fall below the healthy standard. Cruveilhier states that the carcinomatous tumour is very rarely found to exist *singly* in the liver; and that in the few cases which fell under his own notice, there invariably co-existed a certain number of small miliary tumours, which escaped a superficial glance. There was no such co-existence in the above case, minute search having in vain been made for these miliary tumours. He further speaks of scirrhus of the gall-bladder occurring independently, and also as a consequence of the carcinomatous state of the liver; this last seeming to be the case in the only two other instances which I immediately recollect, viz., those detailed by Dr. Bright, in Guy's Hospital Reports, and numbered 29 and 30. In 29 the liver was of a scirrhus hardness throughout, and the gall-bladder the seat of *scirrh-constriction* around a biliary calculus. In 30 the liver was invaded by cancer in disseminated masses, "and the coats of the gall-bladder were about a quarter of an inch thick, somewhat resembling a scirrhus stomach, and very much contracted."

Taunton, November 28, 1845.

CASES IN THE HOSPITAL-PRACTICE OF T. M. GREENHOW, ESQ., SENIOR SURGEON TO THE NEWCASTLE-ON-TYNE INFIRMARY.

(Reported by Mr. C. J. GIBB, House Pupil.)

COMPOUND FRACTURE AND DISLOCATION OF THE RADIUS.

Fenwick Beaumont, aged 45, Lintzford, a robust and healthy labourer, admitted September 13th, 1845, at eight, p.m.; his right hand and fore-arm having a short time before been caught and struck by the wheel of some machinery. There was a deep lacerated wound about two inches and a half long, situated obliquely a little above the wrist, on the external side of the front of the arm; the radius was broken a little below its middle, its inferior end was dislocated, projected slightly out of the wound, and on being laid hold of was found freely moveable, slight connexions only retaining the loosened part of the radius in its position; a small wound admitting the end of the finger existed at the inner part of the wrist, through which the bare end of the ulna was plainly distinguishable in its natural situation; the hand was much swollen, and on its back there was a bruised wound. Mr. Greenhow divided the attachments of the loose piece of radius, and withdrew it from out of the wound; the hand and arm were then extended, and placed in the semi-supine posture, after which the edges of the wounds were brought together by straps of adhesive plaster, and over them were applied, with comfortable pressure, wet lint, two well-adapted pieces of cardboard, and a bandage, whilst the arm was suspended in a sling, and the man, who had not lost much blood, became tolerably easy, and was ordered forty drops of laudanum directly, with castor oil in the morning.

14th. Slept pretty well; arm less painful; bowels not opened.

Capt. Calomel, gr. iv. statim, et Infus. purg. hora postea. Haustus anodynus hora somni sumendus.

15th. Comfortable; free from pain; very slight thirst, and heat of skin; bowels free. Rept. haustus anodynus.

16th. Arm continues easy; sleeps well; bowels confined. Rept. Calomel, infusum purgans, et haustus anodynus.

17th. Remains easy, with no constitutional fever; bowels free; bandage and cardboard removed; the lint not being tainted they were replaced. Rept. haustus.

19th. Doing very well; no appearance of discharge; bowels confined. Rept. infusum et haustus.

21st. Dressings removed from the arm; wounds are now superficial, and seem disposed to heal favourably; slight discharge. Continue.

25th. Continues to do very well; no appearance of discharge; no thirst; bowels free.

27th. Arm dressed again; wounds healing fast.

October 3rd. Has been dressed every other day; wound at the inner part of the wrist cicatrized; others healing rapidly; arm straight; is constitutionally well. Allowed common diet.

10th. Going on favourably; is dressed every two or three days; arm continues easy.

18th. Wound on the back of the hand healed; arm keeps easy, and is becoming firm; bowels irritable.

Olei. Ricini, oz. ss. statim sumend.

29th. Wounds healed; arm pretty firm, and is still a little swollen. It was placed in a starched bandage, and he was made an out-patient.

November 10th. Continues to do well; bandage remains firm; is beginning to make use of his fingers.

26th. Arm is still supported by the bandage.

This man's arm would most certainly have been sacrificed by the older surgeons, and even very many of the present time would have considered the accident a fit one for amputation of the limb; the joint was laid extensively open, the tendons and muscles were much lacerated, and a large portion of one of the bones of the limb, including its articular surface, extracted, and yet nature, aided indeed by skilful interference, has, by her wonderful power, repaired all, and will yet work more, and restore to a great degree the usefulness of the limb. That the good health and habits of this patient operated favourably in behalf of his recovery, cannot be questioned. The two following cases of compound fracture of the leg, may not be uninteresting, exemplifying, as they do, the influence that the previous mode of living exerts in promoting or retarding the cure of injuries. One occurred in a temperate man, was of a serious character, but terminated favourably, without half the disturbance and danger that attended the other, which, although only slight in itself, had to be repaired by an unduly stimulated, and nearly broken-down constitution.

COMPOUND FRACTURE OF THE TIBIA AND FIBULA.

Joseph Bulman, aged 26, carpenter, a healthy man, of sober habits, admitted March 28th, 1845, with severe compound fractures of the tibia and fibula at their middle, occasioned by the leg being jammed between two pieces of timber; about two inches above the upper