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

fractured end of the tibia, (which projected slightly through a large wound,) there was another but simple fracture of the same bone. By extension the bones were placed in good apposition, when the limb was secured comfortably in Mr. Greenhow's fracture-bed, and dressed in the usual manner.

April 10th. Doing very well; no febrile commotion; leg easy; wound granulating favourably; bones in good position; sleeps well without an opiate; has had aperients occasionally; is dressed every other day, and is allowed a chop daily.

24th. Has been going on favourably; wound almost healed, and is in good health; a small abscess was discovered over the fracture this morning, which was opened. Ordered a purge, and to go on.

May 5th. Leg removed from splint and placed on a pillow; two pieces of pasteboard adapted to the sides of the leg, and secured by a bandage; two small sinuses remain open and lead down to the fracture, which is pretty firmly united now; health excellent.

25th. Union of the leg proceeding favourably; sinuses continue occasionally to discharge a thin sanies, as if some slight exfoliation was taking place.

June 17th. Foot and ankle attacked with erysipelas from some unaccountable cause; sinuses the same; slight sympathetic fever. To use flour, and have a calomel purge, with effervescing powders.

30th. Erysipelas gone; leg firm; two small fragments of bone removed from sinuses; feels quite well.

July 12th. A few more pieces of bone have been extracted; only one sinus remains open.

22nd. Sinus has been healed a few days, another small fragment of bone having been removed. The leg being quite strong, was placed in a starch bandage, and he was sent home cured.

TRANSVERSE FRACTURE OF THE TIBIA AND FIBULA.

Thomas Singleton, aged 35, a hackney coachman, whose intemperate habits were well marked on his face, admitted March 30th, 1845, with transverse fractures of the right tibia and fibula, a small wound allowing a probe to pass to the tibia; there was no displacement of bones; the accident happened whilst he was drunk, the wheel of his hack having caught his leg and knocked him down. The limb was secured on the fracture-bed, and adhesive plaster applied to the wound.

April 8th. Doing very well; only slight febrile disturbance; sleeps from an opiate; leg easy; ulcer granulating well; has had aperients, with effervescing powders, and is dressed on alternate days.

20th. Leg, although undisturbed and in good position, has become affected with erysipelatous inflammation, and two openings have been required to evacuate extensive collections of pus; is very feverish; has occasional purges, and continues effervescing powders.

30th. Some deep incisions have been made around the ankle to reach much foetid pus that had gathered there; continues very feverish, and is low; has an opiate at bed-time, and is allowed wine, with a quinine mixture.

May 14th. More pus collected; an incision made in front of the ankle, and a considerable quantity discharged; sinuses in various parts continue to discharge;

leg remains in good position, and union seems going on; feels himself improving. To continue.

30th. Two more openings have been needed, and sinuses discharge freely; general health becoming better, and is gaining strength.

June 14th. Three more small openings have been made, and pus has flowed freely; all the sinuses except two around the fracture have now healed; leg is pretty firm, but is bowed slightly outwards. To continue the remedies.

30th. Has had erysipelas of the leg and foot for a week; it is now declining; febrile symptoms also subsiding; has only a chop daily.

July 7th. Erysipelas gone; several small portions of bone have been taken out of the sinuses around the fracture; health has again become strong.

20th. Several more fragments have been taken from the sinus openings; leg taken out of splint; its outward bend is now scarcely perceptible, pressure by a card and bandage having been kept up upon it for the last few weeks; union is quite strong.

August 15th. Goes about on his crutches, with his leg in pasteboards; more bone has been thrown off; only one sinus remains open.

27th. Sinus healed; to wear a bandage, and go out cured.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, DECEMBER 17, 1845.

If the value of societies is to be estimated by the amount of benefit to the public likely to result from their operations, none would seem to be more deserving of support among those recently set on foot than the "Health of Towns' Association." A reference to the valuable annual reports issued from the Registrar-General's Office, to the published evidence of the Committee of the House of Commons, appointed to inquire into the health of towns, or to the able report on the sanitary condition of the labouring population of Great Britain, by Mr. Chadwick, the Secretary to the Poor-Law Commissioners, cannot fail to convince the candid inquirer, that much of the sickness and inefficiency, and consequently much of the poverty and distress of the operative classes of the community, are intimately connected with the existence of certain external conditions which are susceptible of alteration and improvement.

Among the objects of the "Health of Towns' Association," are—1. To diffuse the information elicited by recent inquiries on the evils, physical and moral, resulting from defects in sewerage and drainage, in the supply of water, air, and light, and in the construction of dwelling-houses. 2. To correct misconception as to the expense of the measures necessary for the remedy of these evils. 3. To devise more efficient means for the investigation of