conviction that it belonged to a large bird of the family Struthioindæ. The attention then excited induced persons in New Zealand to prosecute researches for more remains of this extraordinary bird, and the result has been that the Rev. Mr. Williams was enabled to procure a large quantity of the bones of this bird, which have lately arrived in this country. From these bones, which consisted principally of the femora, tibiæ, and tarsal bones, with two of the pelvis, and several vertebræ, Professor Owen has ascertained that there could not have been less than five distinct species of the Dinorius. Of these the one first found is the largest; it must have been about ten feet in length, and he calls it *Dinorius giganteus*. There is no evidence that any of these birds still exist, although traditions prevail amongst the natives of New Zealand of some very formidable bird inhabiting that locality. From the state of the bones, which were found in the mud of a river, there is every reason to suppose that these birds, like the dodo, have only recently become extinct.

Dr. Buckland, Mr. Warburton, M.P., Professor Sedgwick, and other geologists, were present, and took part in a discussion which followed.

Dr. FALCONER, of the East India Company's service, alluded to the fact that in many late analyses of fossil bones, fluat of lime, or fluoride of calcium, had been found in them in the place of phosphate of lime, which was found in recent bones. He thought this an important point, as it involved the question of the possible identity of elements which were now generally supposed distinct. He then quoted the experiments of Dr. Samuel Brown, of Edinburgh, from which it appeared that carbon and silicon were only different forms of the same substance. He thought this a question of the very first importance, as the theory which it involved would explain many of the disputed questions and anomalous facts in geological and physiological inquiries.

Dr. BUCKLAND quoted a passage from a book of Professor Liebig, in which that distinguished chemist expressed himself as opposed to Dr. Brown's views.

Dr. FALCONER hoped that further inquiry would be prosecuted on this subject. Dr. Christison, and other distinguished chemists, had expressed themselves convinced of the truth of Dr. Brown's discovery, and to his mind it threw light on a vast field of inquiry.

The discussion of this point, however, was not carried on, as being too strictly chemical in its nature for the society to discuss.

QUARTAN TYPE OF INTERMITTENT FEVER.

To the Editor.—Sir: From having observed the frequent occurrence of the *quartan*

type of intermittent fever during the last year, I have made notes of thirty-nine cases of intermittent fever, which I attended in October and November, and find the following to be the numbers:—Of tertian, 19; quartan, 16; quotidian, 4. The attack of the quartan is generally the most severe, and longer in its duration, and the intervals are characterised by considerable functional derangement, distressing headache, lassitude, loss of appetite, and restless nights. The treatment which I have found effectual, is to commence with emetics and purgatives, and follow these by frequent doses of quinine. I am, Sir, your most obedient,

F. W. PITTOCK.

Sellinge, near Ashford,
Nov, 20, 1843.

CASE OF DISLOCATION, INWARDS, OF THE INTERNAL EXTREMITY OF THE CLAVICLE.

By M. HUBERT RODRIGUES.

A MASON, ætat. 25, and of a strong and athletic frame, was seized between a wall and the shaft of a cart. The left shoulder was in contact with the wall, and the shaft of the cart pressed violently on the right side of the thorax, so that the shoulder was thrown forwards, and tended to approximate the median line. He immediately experienced a sensation of suffocation, which persisted after the accident. On examining the patient three weeks subsequently, we found the face of a bluish hue, and the suffocation so great as to make those who were present uneasy for his safety. The shoulder was swollen and painful, and the epidermis was raised behind, as if a blister had been applied. There was a depression on the left side of the superior extremity of the sternum; pressure on the level of this depression greatly increased the sensation of suffocation; the angle of the sternum formed a marked prominence. On raising the hand to the head, the external extremity of the clavicle was thrown backward and the internal one was brought forward. If the arm were then allowed to fall, the shoulder was again brought forward, and the symptoms of asphyxia returned. There was evidently complete dislocation backwards of the head of the clavicle. The right side of the thorax was also the seat of considerable contusion, and the sixth rib was fractured. The patient did not spit blood, and there did not appear to be any lesion of the lungs. He was bled twice within the first twenty-four hours, and a bandage was applied round the thorax. The fore-arm having been flexed on the arm, a cushion was placed behind, between the two scapulæ, sufficiently voluminous to fill up the depression and to depass the level of

the scapula. A bandage was then fixed on the arm, and having been carried obliquely over the chest, was brought round over the cushion and the shoulder several times, in such a manner as effectually to carry the shoulder backwards, thereby throwing forwards the internal angle of the clavicle. The reduction was perfect, and the bandage was re-applied every day, in order to ensure its action. No accident supervened, and the patient has since been able to resume his labours. He has, indeed, retained a slight depression of the internal extremity of the clavicle; such, however, is the ordinary fate of the patients who present this form of dislocation.

The above case illustrates very aptly this rather rare form of dislocation, and deserves an attentive perusal, although incomplete as regards some of its details, such as the position of the shoulder and of the muscles of the neck.

CASE WHERE POOR PREGNANT WOMEN

ARE INVITED TO BE
DELIVERED GRATUITOUSLY.

To the Editor.—Alas! Mr. Editor, "what has our profession come to?" when a veritable M.R.C.S.L. has disgraced himself, his learned and honourable profession, ay, even humanity itself, by committing the heinous offence of offering to attend "poor women in their labours for nothing!" (see LANCET, Nov. 25th, page 280.) With joy did I observe that you, Mr. Editor, had noticed this monstrous offer, that you most manfully stand up in favour of our 7s. 6d. or perhaps even 10s. 6d. "fee" (!) from such "poor women" as we exercise our obstetric skill upon. May I ask how it has happened that something like twenty public institutions, in London, "for the attendance of poor pregnant women at their own homes," (the attendants from which, by the way, are usually raw boys from the country) have escaped your spirited advice, for notice to be given to the beadle, &c. Is it a convenient obliquity of sight that you are troubled with? or is it a crime, think you, for one "nobody" to attempt that which is considered praiseworthy in many "somebodys." Perhaps you agree with Sir Hudibras,—

— "there's a difference in the case,
Between the noble and the base;
Who always are observ'd to've done it
Upon as different an account;
The one for great and weighty cause,

The other for base gain and pay,"

I shall feel obliged if you will insert the above in your next number, and I remain, Sir, &c. &c.

J. ROBERTSON.

Melcombe-place, Dorset-square,
Nov. 27, 1843.

* * Mr. Robertson asks how it is that "something like twenty institutions in London for the attendance of poor pregnant women at their own homes have escaped our spirited advice for notice to be given to the beadle." We reply that the Middlesex "Instructions to Beadles," has now for nearly five years contained a distinct direction on the subject of women dying in child-bed, and a most useful direction for "poor women" it has been.

NEWS OF THE WEEK.

ST. GEORGE'S HOSPITAL.—(*From a Correspondent.*)—Mr. BABINGTON, finding his duties incompatible with his health, which has for a long time been declining, has resigned the office of surgeon to this institution. A vacancy, therefore, occurs in the assistant-surgeoncy by the election of Mr. TATUM to the office of full surgeon, and this vacancy has called two parties into active exertion, one party being the medical staff of the hospital, the other the pupils, both working in opposite directions. The staff, by some extraordinary and inexplicable influence, are supporting a candidate whose name has never been connected with anything but a medal-committee or a library-committee; but he is assistant to one of the surgeons in private, and, therefore, must be assistant-surgeon to St. George's Hospital. But the students think differently, and, although possessing no influence themselves, they are unanimously striving to advance the interests of the other candidate, a lecturer on anatomy, who is well fitted for the office from his known talents in anatomy and surgery. It is now time that the governors should feel the responsibility of those votes by the abuse of which they may cause much mischief both to the poor objects of the charity and the pupils, who require a man in the office to instruct them, whose abilities would command their respect and attention. The pupils have a right to busy themselves at this election. They pay dearly for attendance on the hospital practice, and are altogether the best judges of the merits of a medical officer, because *they* see his practice from day to day. If the feelings already manifested by the pupils be only persevered in, these will carry the election; for the pupils are sick and tired of sitting under men who never offer remarks upon the operations and practice,—who have good cases themselves and employ an extraneous surgeon to lecture upon them, only lisping in the wards a few scant words in order to fancy that they have fulfilled their duty. Let the governors remember that a lecturer in anatomy, a good practical surgeon, and one who possesses the esteem of the pupils generally, and the respect of each individually, is the man whom they should elect, in the fulfilment of their duty both to the patients and the pupils.