of the right mamma, less considerable than during lifetime. Superficial, thoracic, and abdominal veins still large, the parietes not thickened to the extent observed in long-standing varicose veins of the lower extremities. A large trunk vein, three-quarters of an inch in diameter, situated between and above the interclavicular space and the left superficial epigastric, are the most prominent anastomosing veins. The superficial veins in the lower extremities are more visible than common after death. A fulness is perceptible in the right lumbar region, close to the vertebral column. Percussion yields an entirely dull sound from the right clavicle to the right thigh, and a tumour is felt in the corresponding iliac fossa. In the chest, anteriorly and posteriorly, the dullness extends beyond the median line, although posteriorly the dullness is incomplete. On the removal of the parietes of the chest and abdomen, a huge carcinomatous mass was observed occupying the right side and front of the thoracic cavity, slightly adherent by a small extent of its surface to the first bone of the sternum: this bone was not implicated in the disease. The carcinomatous mass was on the right side invested by, and adherent to, the corresponding lung, into the superior lobe, and especially the middle lobe, of which it sent irregularly-shaped, globular prolongations, cauliflower-like, besides smaller portions of cerebriform cancer, one of which extended across the middle lobe, in a beautifully serpentine course, directly outwards, nearly reaching to its pleural surface. This serpentine outshoot of medullary-like matter was a line in width, where it touched the mass of disease, and tapered to a point externally; no cyst or membrane, bronchial or other parietes, surrounded it. It was probably a minute canal previously existing in the lung, (query a vein,) distended with the matter of medullary cancer. The anterior part of the right lung was two or three lines in thickness, fleshy, and contained but little air or blood, and no inflammatory or other effusion; it was stretched over the right side of the tumour, and being adherent was drawn downwards by it. In the axillary and postero-inferior regions, the right lung was connected with the costal surface by moderately firm and old adhesions; the inferior extremity of the right lung was fixed to the diaphragm by a mass of adhesions, themselves very oedematous, at first view resembling recent lymph. The liver was much depressed, and by means of adhesion of the diaphragm to the right lung, it had assisted in keeping this organ stretched over the tumour as above described. The summit of the liver was situated below the inferior margin of the ribs, and its lower extremity reached to the bottom of the right iliac fossa, and in its tumid state appeared moulded to the shape of this fossa. The right lobe measured perpendicularly twice as much as transversely, and presented below its middle part a whitish groove, curved in the direction and form of the margin of the false ribs. A similar white mark being witnessed in dissection of females only, it may be supposed to arise from long-continued pressure of the stays. The entire organ weighed three pounds, ten ounces, was congested, especially the most dependent part—that occupying the right iliac fossa. The left lung was congested, slightly emphysematous, connected by a single firm adhesion to the costal parietes; it presented slight shrivelling and deformity at its apex, apparently due to cicatrization of tubercular or other form of supuration. A few hard grains, of the size of millet seeds, and three calcareous substances, of the size of Spanish nut-kernels, surrounded by a case of osseous firmness, were observed on the posterior pleural surface, about midway between apex and base. The heart was slightly depressed, and displaced towards the right side. The stomach, spleen, intestines, and kidneys were healthy. About half a dozen mesenteric glands were enlarged to the size of small filberts, light brown, and appeared conglomerate in structure rather than conglobate; they contained no cancerous matter visible to the naked eye. The ovaries were carcinomatous, offering on each side several globular solid tumours, the largest two inches and a half in diameter; uterus and rectum healthy; vesica urinaria contracted. A more minute examination of the thoracic carcinomatous tumour was then made; it extended from the summit to the lowest part of sternum, transversely from within an inch of the right ribs to a point two inches over the median line, pushing the root of left lung outwardly. The vena innominata, imbedded in the tumour throughout their course, measured respectively four and five inches. Two slightly curved probes, passed one into each vein, met at the point of origin of vena cava superior, that in right vena innominata being slightly obstructed at the junction of the veins by a process of carcinoma, which, at its upper extremity, was perfectly free; the left probe, at the junction of the veins, traversed some softer cerebriform matter. The situation of the cava itself being occupied by

carcinomatous matter, and its parietes being indistinguishable, this vessel may be said to have disappeared. The parietes of the vena innominata appeared little altered; they were thinner than natural, in consequence of the elongation of the vessels, were pale and glistening within, free from blood. It was believed that a small probe could not have been passed into the right auricle without transfixing the cancerous substance. The reflex pericardium was healthy, the loose sac was at base of the heart much thickened, scirrhoid, and surrounded by the tumour. The inferior portion of the tumour was irregularly concave, and received the base of the heart. Carcinoma extended into right auricle in the situation of the superior cava, and was accurately moulded into the form of the upper or cava-superior portion of the auricle. This part of the auricle presented the appearance of being artificially injected with solid whitish wax. The sinus of the auricle, and the lower, or the cava-inferior portion of the auricle contained no carcinoma. The vena-cava inferior was large, heart empty, firmly contracted, appeared small, but not below the average size of this organ in a female, aged thirty; ventricles, orifices, and left auricle healthy. The ascending portion of the aorta and the pulmonary artery were nearly enveloped by the tumour, and the calibre of both vessels much diminished. On exposure of the interior of the right auricle, the carcinoma was seen projecting, cauliflower-like, into, and moulded by, the parietes of upper half of this cavity. A depression in the centre of the excrescence appeared to indicate the place where a channel had formerly existed for the current of blood into the auricle before the cava had become obliterated; the carcinoma projecting into the auricle, appeared to be invested with endocardium. The descending aorta and the oesophagus were situated behind the tumour. The arteria innominata was surrounded and compressed by the tumour, and the left subclavian and carotid were also slightly pressed upon by a process of the disease, which extended between these vessels. The head: On removing the skull-cap, an ovoid red mark was visible on its interior, at the antero-superior and external part of the left hemisphere; the cranium was at this part slightly eroded; the dura mater corresponding to this spot was thickened, red, especially at the circumference; the redness abruptly terminated, and as the middle of the diseased patch was much paler than the circumference, it reminded the observer of a patch of lepra. Subjacent membranes and brain healthy. In anterior lobe of right hemisphere, a cavity containing upwards of two ounces of greenish coloured, semi-transparent fluid, not surrounded by a cyst; the texture of the brain, which formed the walls of this cavity, was soft, and less white and opaque than natural; the remainder of brain was healthy. The spinal column and its contents were normal throughout the cervical and dorsal regions; but a carcinomatous growth connected with the right transverse process of the first lumbar vertebra was discovered. A few osseous spiculae of the transverse process alone remained. The disease extended into the tendinous and muscular structures, springing from the process by a gradual transformation or invasion of their fibres. A teaspoonful of carcinoma, of creamy consistence, had insinuated itself into the vertebral canal, between the sheath of the medulla and its bony walls. The sheath and the spinal marrow at this part were unaltered.

Finsbury-square, August, 1847.

NEW SPLINT

FOR THE

TREATMENT OF FRACTURES,

ESPECIALLY UN-UNITED FRACTURES, OR DISLOCATIONS OF THE HUMERUS.

By ROBERT FOULIS, Esq., Edinburgh.

In the treatment of fractures, it is a general principle that the mechanical support applied, of whatever kind it may be, should extend beyond the two extremities of the injured bone, in order to insure perfect immobility of the limb.

Now, in treating fractures of the humerus, this rule does not appear to have been hitherto attended to; for the splints in present use, although they are made to embrace the elbow-joint firmly, inferiorly and superiorly, do not extend farther than the neck of the humerus; thus the combined weight of the arm and splint tend to withdraw the lower portion of the fracture from the upper. True, the arm is supported by a sling, which the patient is strictly enjoined to wear, but this support is necessarily precarious. In the first place, the patient is often tempted to withdraw his arm from it; and

secondly, however careful he may be, this is very apt to happen during sleep; hence the surgeon is frequently called upon to treat an un-united fracture of the humerus. Now, to lessen the risk of this evil, and to assist in its removal when it unfortunately occurs, the improved splint, a drawing of which is here given, has been constructed.

Instead of terminating below the shoulder, it will be seen that the outer half of the splint is extended *over* the shoulder, where a strap is attached, and passed round the body below the opposite axilla. In cases of simple fracture, this will be quite sufficient to keep the arm steady, but in cases of un-united fracture, an additional strap is added, which, passing below the elbow and over the shoulder, can be drawn by means of a buckle to any required degree of tightness. In this way the fractured ends of the bone can be brought into close contact. A simpler form of this splint may be found useful in cases of dislocations of the head of the humerus, or of the scapular end of the clavicle, and also in fractures of the neck of the humerus, and of the acromion process of scapula. In these, only one splint will be required, and instead of being cut as a right angle, so as to fit the exterior of the arm, it may be made straight, and passed round the posterior of the arm; this, as the former, has a strap attached to the end of it, which is also passed round below the opposite axilla. It is unnecessary that it should be made of so firm texture as the former; some light substance, such as Bristol board, rendered firm with cloth pasted on both sides, will suffice; the strap also may be very light; perhaps a single fold of a bandage attached to the end of the splint, and passed round under the opposite axilla, will be quite sufficient. I think a light splint of this kind, for dislocations, would be felt of very little inconvenience by the patient, and would afford very sufficient security against secondary dislocation. Of course, in this case a sling or bandage is essentially necessary, for the splint being straight, and passing around the posterior part of the arm, does not prevent its being stretched out as the first form of splint does.

Edinburgh, August, 1847.

Original Contributions to The Lancet in Abstract.

MEDICINE.

Case of Death by Holloway's Pills. By THOMAS GRIMWOOD, Esq., of Walton.

MR. GRIMWOOD narrates the case of a man, twenty-five years of age, long labouring under scrofulous disease of the femur and tibia, by whom he was consulted, on the 25th of June last, for symptoms indicative of inflammation of the intestinal mucous membrane. It appears that the poor man, while in his ordinary state of health, was advised, with the hope of being cured of his old-standing complaint, to try Holloway's pills, beginning with five night and morning, gradually increasing the dose to ten, and then recurring to five. These instructions he punctually obeyed, with the effect of producing hypercatharsis, which he endured for about a week, in the belief that unless such an effect were caused, he could not obtain any benefit. This continued, and symptoms of greater severity setting in, Mr. Grimwood's assistance was sought, about ten days or a fortnight after the man commenced taking the pills. He then presented evident symptoms of peritonitis and enteritis in an advanced stage, attended with great exhaustion, from the effects of which he soon sank. A post-mortem examination does not appear to have been made.

MEDICAL POLITICS.

Poor-law Medical Officers and Medical Etiquette.

A poor-law medical officer, whose communication is authenticated, writes to thank Mr. Wakley for his exertions in behalf of the class to which he belongs, and to express his belief, that but little will be done unless medical men unite to refuse undertaking the duties of parishes, except a proper salary be given. He fears, however, that this cannot be obtained, as the majority of practitioners have, he says, the spirit of hucksters, rather than of scientific gentlemen.

As a proof of the readiness of some practitioners to practise any dirty manoeuvre to injure another, he cites the following:—

"In March last, a practitioner of forty years' standing was called to a patient of mine who was dying—in *articulo mortis*—of puerperal peritonitis. The woman was pulseless and speechless. Without consulting me, and not knowing, of course, anything but what he learned from the attendants, of the history or previous treatment of the case, he swore I had bled her to death. Treating such a blackguard as a gentleman would be demeaning myself, therefore, when I afterwards met him in a public market-place, I requested an explanation, but nothing should I have but abuse, so I laid a stout horse-whip lustily about his back, which made him bellow like a calf; and I was afterwards bound over to keep the peace, but not fined, the magistrate giving my opponent a good lecture for the ungentlemanly aggravation he had given me."

* * The remedy adopted by our correspondent was a powerful one, and probably may prove effectual: it is not one, however, that can be adopted in all cases. With respect to the situation of union medical officers, we would direct his attention to a paragraph in this week's LANCET, under the head of "Medical News."

Foreign Graduates and the Medical Registration Bill.

By J. ROWAN, Esq.

MR. ROWAN writes to express his belief that the Medical Registration Bill will operate injuriously on those foreign graduates who have obtained their degrees by personal examination, and urges that they should be placed on at least an equal footing with the graduates of Aberdeen and St. Andrew's, whose diplomas have been procured by purchase only. If some clause to this effect be not inserted in the Bill, he anticipates that a determined opposition will be made to its progress through the House.

* * Mr. Rowan should bear in mind that English graduates of foreign universities, who have undergone the required examinations, are but few in number as compared with those who hold their diplomas by purchase only; and of these few, the majority have not acquired academical status by study at the university, but merely by a mere formal examination, following a "pleasant trip up the Rhine." These gentlemen had better rest satisfied with their English qualifications as surgeons, or else present themselves for examination at one of the Colleges of Physicians, and thus acquire a legal title to practise as such, of which they are at present unpossessed.