eversion of the foot, and power to flex the thigh; crepitus was only detected after several efforts. A long splint was applied for six weeks, and the patient regained the use of her leg. As she stood there appeared no perceptible difference between the lower extremities, and the patient would not admit there was any dissimilarity. Early in August she was seized with an acute attack of bronchitis, which terminated her life upon November 12th, 1857, fifty-five days after the accident. The specimen presented is an excellent example of this form of fracture; the neck is completely driven into the trochanter, and the small trochanter is fractured and pushed up; perfect union has taken place. The symptoms presented were those generally existing in such cases.

II.—FRACTURE OF THE ANATOMICAL NECK OF THE FEMUR WITHIN THE CAPSULE.

C. F—, aged sixty-nine, a lunatic in the Kent Asylum, upon November 20th, 1857, was pulled off the edge of her bed by a child, and fell upon her right hip. There was some pain in the neighbourhood of the hip-joint, but more particularly in the knee; the shortening was very trivial, and there was no eversion of the foot. The woman could partly flex her thigh, though not without pain, and there was no effusion. Some difficulty was experienced in detecting crepitus, which was done at last by an assistant extending and at the same time rotating the leg inwards. The long splint was applied, and kept on for some weeks; a bed-sore, however, appeared, and from this she sank exhausted on Jan. 8th, 1858, seven weeks after the injury. This specimen, it will be seen, is a genuine case of fracture of the neck within the capsule; the line of fracture is not direct, and upon one half is not to be seen unless some force is employed to separate the parts. The reparative process seems to have progressed fairly; and if the bed-sore had not proved too much for her feeble powers, there seems every reason to believe that perfect reparation would have taken place.

Dr. VAN DER BYL exhibited a specimen of

CANCER OF THE LIVER,

which weighed twelve pounds, and contained several cancerous growths, varying in size from half an inch to four or five inches in diameter. The patient was a young man, aged twenty-eight. Cancerous growths also involved the skull, dura mater, sternum, humerus, lungs, and spleen. The disease had run a very rapid course, and destroyed the patient in less than four months. Cancer of the liver occurred in 29 cases out of 380 post-mortem examinations conducted by Dr. Van der Byl; that is, in upwards of $7\frac{1}{2}$ per cent. of the patients dying from various diseases. Out of these 29 cases, 13 were males and 16 females. The average age of the 13 males was 41·4 years; the youngest was 15 years of age, the oldest 55. The average age of the 16 females was 50; the youngest 33, the oldest 70. The average weight of the liver of the 13 males was 71·5 oz.; the average weight of liver of 12 of the females was 49·5 oz. The average weight of the healthy liver of 26 males was 51·3 oz.; and that of 25 females, 43·8 oz. It was difficult to state exactly in how many of these 29 cases the liver was the primary seat of the cancer, or to be quite sure in which organs the disease commenced. In three cases cancer did not exist in any other organs, and these might therefore be considered as undoubtedly primary cancer of the liver; but in the remaining 26 cases other organs were involved in the cancerous disease, as follows: the lungs in 9 cases; the breast in 7; stomach in 6; uterus in 5; rectum in 2; post-peritoneal glands in 2; lumbar glands in 2; inguinal glands in 2; external genitals in 1; tongue in 1; œsophagus in 1; and membranes of brain in 1 case. By counting the case now brought forward along with the three undoubtedly cases of primary cancer, it appeared that cancer occurs primarily in about one-seventh of the cases in which the liver is affected by this disease. In the 380 post-mortem examinations, the relative frequency of cancer was as follows: in the uterus, 32 cases; liver, 29; lungs, 19; breast, 18; pleura, 10; stomach, 9; tongue, 6; kidneys, 6; bladder, 5; œsophagus, 4; rectum, 2; external genitals, 2; pericardium, 2; dura mater, 2. Although cancer of the liver did not occur quite so frequently as cancer of the uterus, yet, making an allowance for the proportionally greater number of females admitted with cancer of the uterus, on account of there being special cancer wards at the Middlesex Hospital, whereas cancer of the liver ranks with other internal complaints, it appeared that cancer is far more frequent in the liver than in any other organ. The principal morbid appearances which accompanied these 29 cases of cancer of the liver, were: chalky concretions or cicatrices in the lungs

in 8 cases; pleuritis and carnification of the lungs in 3; granular kidneys in 7; fibrous tumour in the uterus in 3; peritonitis in 2; fatty heart in 1; adhesions to transverse colon in 1; jaundice in 2. The liver-tissue intervening between the cancerous growths generally presented a normal appearance; hence, doubtless, the rarity of jaundice, which occurred only in two out of the 29 cases. In one case the liver tissue was noted as somewhat waxy, and in one case as fatty.

The PRESIDENT thought that cancer of the rectum was pretty frequent; he had met with more examples of it than in the liver.

Dr. WILKS was glad to find that primary cancer of the liver was even rarer than Dr. Van der Byl had stated, which his own observations tended to confirm.

Correspondence.

"Audi alteram partem."

THE PROFESSION AND HOMŒOPATHIC QUACKS.

[NOTE FROM MR. FERGUSSON.]

To the Editor of THE LANCET.

SIR,—In compliance with your courteous notice in THE LANCET last week, I beg to state that I accompanied Dr. Bell to Lincolnshire, on the 26th of February last, to see an urgent surgical case. I have not seen the patient since.

I do not consult with homœopaths; and I am not, and never have been, in attendance on a Noble Duke in conjunction with a homœopath.

I have no faith in homœopathy. I give no encouragement to homœopaths to consult me. I never refuse my surgical assistance when it is called for in any urgent or important case; and were a fatal result to arise from any neglect of mine, I should consider my conduct unjustifiable.

I have the honour to be, Sir,

Your obedient humble servant,

WM. FERGUSSON.

George-street, Hanover-square, May 7th, 1858.

THE LATE DR. MARSHALL HALL AND DR. H. F. CAMPBELL, OF GEORGIA, U.S.

To the Editor of THE LANCET.

SIR,—I enclose a letter from Dr. H. F. Campbell, which will, I think, interest the readers of your valuable journal, in the columns of which the subject to which it refers was discussed a year ago.

I remain, Sir, yours very obediently,

MARSHALL HALL.

Blacklands Park, Calne, Wilts, April, 1858.

(COPY.)

"Augusta, Georgia, U.S., Feb. 6th, 1858.

DEAR SIR,—I have recently collected into a volume certain papers of mine, under the title of 'Contributions to the American Medical Association.' In writing this book I have taken great pleasure in rendering it a contribution also to the memory of your illustrious, lamented father, Dr. Marshall Hall. The work is dedicated to him. I have ordered a copy to be sent, &c. &c.

I cannot, dear Sir, express the feelings of deep veneration and regard which I have ever cherished for the name of 'Marshall Hall.' His investigations in regard to the reflex function of the nervous system have been the spring and incentive to my every aspiration, from my earliest days to the present time. His name has become a 'household word' in my home, and indeed everywhere that the nervous system is studied.

Last year I saw in the LONDON LANCET an article by your father, announcing a new function of the nervous system. It happened that I had been so fortunate as to have presented the same views previously. I wrote to him, presenting respectfully my claim of priority. Though labouring at the time under a most distressing affection, and within but a short time of his