verted appearance, due to the amount of swelling being greater on the outer side of the ankle than the inner. The fibula was broken close to the malleolus. The apparatus was applied to the foot and leg, terminating below the knee. He experienced immediate relief of the pain, and the swelling rapidly subsided; so that, on the third day, the apparatus had to be cut open, and pads of lint inserted between it and the limb, to render the support uniform: the apparatus was readjusted, and rendered perfect by starch and bandage. He was made an out-patient, being able to go about on crutches. At the end of three weeks, satisfactory union of the fibula having taken place, the apparatus was removed, and a bandage simply applied instead.

REMARKS. The amount of injury to the bone was not great, and the patient would probably have made an equally good recovery if treated by rest and antiphlogistic remedies, but certainly not so expeditiously. He could not have left his bed in forty-eight hours, to superintend the management of his affairs, without suffering pain or retarding his cure, by any other method of which I am aware; nor does my experience suggest any means by which inflammation and effusion are so readily controlled after injuries of this kind.

CASE XXIII. William Sherriff, aged 30 years, was admitted January 9th, 1854. He had slipped on the ice, and, endeavouring to save himself from falling, he came with much force upon his right foot, breaking the outer malleolus, and dislocating the foot outwards. As he was seen directly after the accident occurred, there was neither so much swelling nor inflammation as in the preceding case. The fractured end of the fibula was prominent beneath the integument, which was drawn tensely over it; the foot was inverted, and the astragalus turned outwards. The displacement was reduced in the ordinary way, and then the apparatus was applied. Within twenty-four hours after the receipt of the injury, he was going about on crutches, and required no farther assistance for three weeks. When the case was cut open and the limb examined, it was found perfect in appearance; the ankle-joint was somewhat stiff and weak; the apparatus was therefore re-applied, but altered about the foot, so as to allow of limited flexion and extension being made. A fortnight afterwards, he was able to use the leg tolerably well; the apparatus was therefore removed.

CASE XXIV. Edward Pattison was admitted December 29th, 1853, with transverse fracture of the inner malleolus, of recent occurrence. Swelling, more especially on the outer side of the ankle-joint, was very considerable; nevertheless, the apparatus was immediately applied. Absorption of the effused fluids took place with rapidity, so that in forty-eight hours padding with lint was required to supply its place. The man left the hospital on the ninth day, and had the apparatus removed at the end of the third week.

CASE XXV. George Hunt, aged 35 years, a bargeman, fell a distance of six or seven feet, and, coming with much force upon his right foot, sustained a fracture of the fibula at its lower third. The foot was dislocated inwards, the outer margin being turned upwards, and the sole outwards. The dislocation was readily reduced; but, if uncontrolled, speedily returned. The apparatus was at once applied, and a splint to the inner side of the limb, to keep the foot steady until the apparatus had become dry. He was made an out-patient on the seventh day, and discharged as cured three weeks afterwards. He regained perfect use of the limb in about a month.

CASE XXVI. Mr. B. P., aged 51 years, a builder, met with dislocation of his right foot outwards, with transverse fracture of the external malleolus, on the 1st day of May 1854. He was a stout man, weighing fifteen stone; and an arch of brickwork on which he stood gave way, letting him through: he fell a distance of about two yards, and alighted chiefly upon his right foot, which turned inwards with the force of the collision.

When I saw him, almost directly after the accident, his

foot was inverted nearly to a right angle with his leg; the outer malleolus was broken across, the fragment being detached by a considerable interval; the integument was drawn tightly over the fracture. Replacement of the foot was attended with an audible snap: the apparatus was then applied. He made a good recovery in a fortnight.

CASE XXVII. N. P., aged 56 years, was admitted August 4th, 1853, with fractured fibula, caused by some bricks having fallen upon his leg. The limb was much contused, but the integument not injured. The apparatus was applied without delay. He left his bed forty-eight hours afterwards, to go on crutches; he was made an out-patient on the fourteenth day; and the apparatus was removed at the end of the third week.

CASE XXVIII. Jeremiah Allsopp, aged 45 years, a cabman, was brought to the hospital January 25th, 1853, his horse having fallen upon his arm, causing compound fracture of the radius four inches from the wrist, and simple fracture of the ulna at the same place. The wound having been closed with plaster, the forearm and hand were placed at a right angle with the arm, and midway between pronation and supination. The apparatus was then applied, including the hand, and reaching up to the insertion of the deltoid. The wound healed by the first intention, and the fracture united firmly in the course of a month, when the apparatus was removed, and the man discharged from the hospital. He regained the use of his arm fully. In this case, the absence of any provisional callus was from the position of the bones appreciable to touch.

CASE XXIX. T. D., aged 35 years, fractured his olecranon by a fall upon the elbow, May 17th, 1854. The whole extremity, from the axilla to the tips of the fingers, was encased in an extended position, and kept so for three weeks. The apparatus was then removed, and passive motion of the joint employed for a week longer. Union appeared to have taken place satisfactorily; and, during the time the patient was under my observation, there seemed to be no tendency to separation.

[To be concluded.]

Birmingham, July 1855.

INFANTILE PARALYSIS.

By GEORGE TERRY, Esq.

On May 24th, 1855, at 8 A.M., I was summoned hastily to see a child that was said to have fallen down and broken its thigh. I went immediately, and found a very healthy looking boy, aged 2 years, lying in his mother's lap, with his right thigh and leg hanging down lower than the other, and motionless. On examining the limb, I found that there was free passive motion of all the joints, and without causing any pain; but the child would not attempt to put the limb to the ground, or bear any weight on it. The relations were so frightened that I could not learn anything definite as to the accident, but that he had fallen down on a brick floor. Thinking he had probably bruised himself, and was frightened, I merely directed the limb to be fomented, and the child kept in bed.

May 25th. The limb was still powerless, as were also the right arm and hand. This was noticed soon after I left yesterday; and the child did not seem to eat with the right side of his mouth. There was slight swelling of the right cheek; there was very little difference in the direction of the eyes; but he hung his head towards the right side. No difference was perceived in the temperature of the limbs; but the right leg felt less firm than the left. The child had not spoken yet; he was peevish and fretful; and had passed rather a restless night, but showed no other signs of ill health whatever. On inquiring minutely into the alleged accident, I found there had been no fall, the idea having arisen from the child having been found lying on the floor; but he had been seen, a few minutes before, crawling along on the brick floor, as he was often in the

habit of doing; and was soon afterwards found lying on the right side, and crying. He was in good health at the time. I ordered the following powder to be taken at bedtime.

℞ Calomelanos gr. ij.
Pulveris rhei gr. iv.

A salt water bath was ordered to be employed night and morning, with friction over the side affected.

May 26th. He had passed a very restless night, and was very fretful this morning, without appearing to be in pain. The head hung more to the right side; and the right eye was drawn inwards. The state of the limb was the same as on the previous day. The pulse was quiet, and of moderate volume; the tongue clean and moist. The bowels had been open twice freely; and the motions were reported to be natural. I could not make out what teeth he had; but his mother did not think he was cutting any now. I ordered fifteen minims of syrup of citrate of quinine and iron to be taken in water three times a day; and an ammonia liniment to be rubbed on the back every night. The bath was ordered to be repeated every morning.

May 28th. The child had slept better the last two nights, and was rather less peevish. The paralytic symptoms continued much the same as before. I fancied he moved the leg once or twice, but was not sure. I found the last molar teeth were not through, and the gums rather swollen and hard, but not tender. The medicines were continued.

May 31st. There was a marked improvement in the leg. He could set the foot to the ground, and bear a little weight on it; but could not walk alone. His general health was good.

June 2nd. He was still improving a little. The head was more straight, the right eye was less inverted, and he could now eat equally well with each side of his mouth. The leg was much as it was on May 31st. The right arm was still quite motionless, and the child had not spoken yet. I found the liniment had not been rubbed higher up on the spine than the base of the scapulae, and ordered it to be continued up to the neck.

June 5th. The child was much better. He could speak a little, and raised the right arm from the shoulder, and could bear more weight on the leg than before. He was very bright and cheerful, and appeared quite well in health.

June 8th. He now talked as well as before the attack, used his arm and hand freely, and could walk tolerably well by himself. There was still slight inversion of the right eye, but the head was pretty straight. He had not cut any teeth, nor were the gums more swollen than they were. The medicine was ordered to be taken twice daily.

June 16th. The child was nearly well; he could walk and run freely, with only a slight limp. The right eye was still slightly inverted. The bath and liniment were continued; the other medicine was omitted.

July 12th. All the paralytic symptoms had entirely disappeared, and the child was perfectly well.

REMARKS. I am rather at a loss how to account for this attack, and should be glad to have the opinion of others more experienced than myself on the point. I cannot attribute it to irritation from dentition, nor yet to any disorder of the stomach and bowels, as neither of these causes existed. The only way in which I can account for it, is the cold of the brick floor on which the child was crawling; and yet he was constantly in the habit of crawling about on it, and in the present instance, had only been doing so a very short time. From the suddenness of the attack, and knowing the child to be quite healthy from its birth, and moreover, the cerebral symptoms not being severe, I gave a favourable prognosis from the first, and was very glad to find it verified.

I should add, that I was indebted very much in treating this case to Dr. West's valuable work on the *Diseases of Infancy and Childhood*.

Brigstock, July 16th, 1855.

BIBLIOGRAPHICAL NOTICES.

A PRACTICAL TREATISE ON THE DISEASES OF THE EYE. By WILLIAM MACKENZIE, M.D. Fourth edition; thoroughly revised and corrected. pp. 1107. London: 1854.

If one part more than another of surgical science afford evidence of rapid and substantial progress, it is, unquestionably, ophthalmology. The reason is to some extent obvious. So indispensable to happiness, if not to life, is a healthy state of the organ of vision, so painful—physically no less than morally its ailments—that persons of all classes are jealously careful of its well-being, and make it a study to trace out those who are most competent to exercise the art of healing upon it. Moreover, the good and evil effects of remedies are so perceptible in the eye, that it is comparatively easy for even non-professional intelligent persons to appreciate them, and award due merit to those who apply them. To these circumstances must, in a great measure, be attributed the fact that only the most illustrious in the profession have, as a rule, attained eminence as oculists. The names of Lawrence, Scarpa, Tyrrell, Quadri, Jaeger, Wardrop, Dalrymple, and others, sufficiently attest the truth of that proposition. MACKENZIE we have omitted, because something more than a mere allusion to his name is called for.

Reprint in America, translation into French, Italian, and German, are unmistakable evidences of the great esteem in which Dr. Mackenzie's *Practical Treatise on the Diseases of the Eye* is held throughout the world. But no greater proof of its merit can be afforded than the fact of its having reached a fourth edition in our own language. Fortuitous circumstances may sometimes ensure eminent success to publications of various kinds; but it may with safety be asserted, that nowhere is public opinion so freely, and, in the main, so justly pronounced upon merit, as amongst ourselves. We have no hesitation in saying, that in the whole range of surgical literature no work excels, few rival, Dr. Mackenzie's treatise, for exact and profound erudition, for an accurate and comprehensive power of clinical observation, and for sound judgment in the application of scientific knowledge to the great end of medical science, the treatment of disease.

It would have been a most pleasing duty to analyse the work at length; but even more than ordinary powers must fail to give, within the limits of an hebdomadal review, anything like a fair digest of 1107 pages, interspersed with the notes of 947 cases. The extent and enormous practical importance of the knowledge which any one must derive from their attentive perusal, is the best guarantee that Dr. Mackenzie's work will be universally studied.

A MANUAL OF PHARMACY FOR THE STUDENT OF VETERINARY MEDICINE. By Professor W. J. T. MORTON. Fifth edition, pp. 450. London: 1854.

NOUVEAU TRAITÉ DE MATIÈRE MÉDICALE, DE THÉRAPEUTIQUE, ET DE PHARMACIE VÉTÉRINAIRE. Par M. TABOURIN, Professeur, etc. pp. 831. Paris: 1853.

A NEW TREATISE OF VETERINARY MATERIA MEDICA, THERAPEUTICS, AND PHARMACY. By Professor TABOURIN, etc., etc.

"AFFERT maxime lumen memoriæ ordo," the motto of Professor MORTON's work, has been adhered to with singular fidelity throughout its pages. In no manual with which we are acquainted has so much practically useful information been augmented in value, by the readiness with which it has been rendered available through the aid of a clear and uniform method. As we have no doubt that new editions of this work will be called for as rapidly as they hitherto have been, we venture to suggest to Professor Morton that he will render it much more valuable to comparative and human therapeutists, though it be already so in an eminent degree, by adding considerably to the im-