Dr. Butter, in 1775, described an epidemic of this kind. Douglas has a form called the "gastro-bilious," and Dr. Burns one named the "intestinal fever." They all partake of the same characters. Surely under one of these three forms Dr. Oke's cases may be classed with great propriety.

I submit, then, to Dr. Oke, that other writers have described, under different names, the malady which he terms "*villitis intestinalis puerpera*," *as a distinct disease occurring to the puerperal state*.

I remain, Gentlemen,

Your obedient servant,

EDGAR SHEPARD, Surgeon.

September 30, 1843.

CASE OF ENCYSTED STONE.

By ROBERT STORRS, Esq., Doncaster.

Dec. 11, 1842. John Pearl, aged twenty-three, a pale, feeble, and emaciated young man, was admitted into the infirmary of the Doncaster union, about two months ago. He had been suffering from symptoms resembling those of stone from the time of his being eight years of age. He had, however, been apprenticed to a shoemaker, was married eighteen months since, and has now a child nearly six months old. About half a year ago he was a patient of the York County Hospital, when he was supposed to be laboring under disease of the bladder; from thence he was removed to this town, and after remaining in lodgings for some time was admitted into the union house with the following symptoms:—

Extreme pain in the region, of the bladder, general uneasiness in the pelvis and hips, and an aching or itching pain at the glans penis. These pains are mitigated rather than increased by motion. The urine does not stop suddenly; it comes away in a tolerable stream except when the pain is more than usually severe, and is then forced away involuntarily. The urine is copious but foetid, and contains on standing a large portion of purulent matter. Has been sounded several times, but a stone cannot be detected, nor is there anything to be discovered unusual from an examination per anum. Both of these examinations, however, give him great pain. A great variety of treatment had been employed in the York Hospital, and he left there with his symptoms somewhat abated, but since he came under my care he has derived no benefit except from hot fomentations and strong opiates.

A few days after these symptoms were noted, a large discharge of blood took place with the urine, after which he gradually sunk and died.

Dec. 2. The day following I made a post-mortem examination of the body, and the following appearances were observed:—The body was more attenuated than I think I ever observed one to be, even in consumption, and the omentum quite void of fat. The bladder was divided into two portions by a septum; the upper, which contained the fundus, and the larger part of the right half of the bladder, formed a sac, in which a stone of the triple phosphate species was contained, about an ounce in weight, and of a cylin-

dric shape, but which did not nearly fill the whole of the containing sac. The entire of the mucous membrane of this portion, as well as of the lower division, which alone contained the urine, was very much thickened; the whole bladder, indeed, was very much thicker than usual. The ureters were each as thick as a little finger, blueish in aspect, and containing, as well as the kidneys, which were also considerably enlarged, a large quantity of purulent matter. All the other organs, both of the chest and abdomen, were in a healthy state, except the descending colon, which was very much contracted for the space of three or four inches.

ON THE PROPER POSITION

IN
TREATMENT OF FRACTURE OF THE FOREARM.

By JOHN CHADWICK, M.D.

A bone-setter, of great fame in this town, told me some years ago that no surgeon who followed the directions of surgical books, in setting fractures of the forearm, would have proper success in the treatment of such fractures, inasmuch as patients so treated would never afterwards be able to supinate their hands. He stated, as a reason for this, his belief that immediately after fracture of the radius the upper fragment of the bone assumes the supine posture, and that if, in setting the fracture, the lower fragment and hand be placed in a position between prone and supine, the radius must of necessity unite in a twisted state. Now, the fact is, that after many cases of fracture of the forearm, the power of supination is lost; and the loss is generally attributed, by surgical authors, to the supposed union of the bones in such a manner as to encroach on the inter-osseous space, and means are accordingly advised to press the soft parts of the limb into that space, so as to separate the two bones during the progress of the union. It appears to me that sufficient attention has not been bestowed on the circumstances in which the upper fragment of the radius is placed after it has been broken.

We must look to muscular action as the chief source of displacement in this as well as in most other fractures; and it seems that whenever the natural antagonist of a muscle is destroyed, it immediately and constantly acts up to the advantage it has gained. Thus, in oblique fractures of the thigh, the muscles, both flexors and extensors, conspire to shorten the limb; and in fractures of the leg, the strong muscles of the calf constantly tend to bend the fracture backwards, so as to make the lower end of the upper fragment of the tibia to project.

The biceps muscle, inserted into the back part of the tubercle of the radius, is the chief supinator of the hand. It is a very strong muscle, but acts at a disadvantage whilst the radius is whole, and is opposed by the weight of the hand, and by the promotor muscles; but, when the bone is fractured, the muscle becomes so situated, with regard to the upper fragment, that it acts at a great advantage in making it revolve on its axis; and if the fracture be not below the middle of the bone, it is wholly unopposed in this