ON POSITION IN FRACTURE OF THE FOREARM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The remarks of Dr. Chadwick, under the above head, in your last number are valuable, as bearing practically on a case of very common occurrence to the surgeon, and seem to confirm the well known aphorism of the late Mr. Richard Smith, of the Bristol Infirmary, which will be readily recognised by all who were acquainted with that institution during his time—viz., “Hold your hand so that you can spit into it.” Notwithstanding this deservedly high authority, or that of the bone-setter mentioned by Dr. Chadwick, I confess I have been, and am disposed to continue in the practice of setting fractures of the forearm in a middle state, between pronation and supination, and my reasons are these—

1. That however carefully and judiciously the fracture might be arranged with the hand supinated, it is most irksome to the patient to maintain that position (try it on your own unbroken arm), and a constant tendency to pronation entails the necessity of frequent resetting, whilst the semiprone position is comparatively easy.

2. That if the biceps muscle has the power ascribed to it, of always supinating the upper portion of the radius, it is as easy to adapt the upper portion to the lower by semipronation as it is to adapt the lower to the upper by supination; for with a splint at the back of the arm, from the elbow to the fingers, I think we command the position of the bones completely: and again, without reference to muscular action, I imagine the practised eye will soon detect the correct position of the fracture.

3. That of all the cases thus treated, I have not had occasion to be dissatisfied with one, but have, since reading Dr. Chadwick's communication this morning, examined some half dozen cases which I could most conveniently meet with, as having fallen under my care at different times, and find the powers of pronation and supination perfect in each, these cases including fractures of the radius alone, ulna alone, and fractures of both bones together.

I am inclined to believe that there do occur fractures of the radius high up in which the supine position is best; but that, as compared with fractures of the lower part, they are rare.

I am, Gentlemen,
Your obedient servant,
SEMI-SUPINUS.

POISONING BY SULPHATE OF POTASS.—NEWSPAPER CRITICISM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Since the appearance of your last number, in which you stated that the case of Haynes's wife was the first within your knowledge in which death had been caused by the sulphate of potass, I have noticed two communications in the public journals bearing on the point, and beg, therefore, to call your attention to them.

The first is a letter in the “Medical Gazette,” from Mr. Mowbray, of Paternoster-row, enumerating half

a dozen cases in which this salt, in doses of from two drachms to eight, produced dangerous symptoms of irritant poisoning; and two cases in which it caused death. In one of these, the fatal dose was one hundred grains to a woman recently confined; and it is stated that an analysis removed all doubt of the purity of the salt. In the other case, thirty grains administered to a fever patient caused death from excessive purging. Mr. Mowbray also states that this salt is in common use in France as a means of procuring abortion.

The second communication referred to is a letter in the “Times,” of this morning (18th of October), from a “Surgeon,” attributing the fatal effects of the salt to an intermixture with metallic substances, especially arsenic. Now this may or may not be true, and it is to be hoped will soon be cleared up by proper analysis. But the surgeon does not seem to comprehend the right view of the matter. There can be no doubt that this salt, like its congeners, would be poisonous in sufficient doses, without any adulteration with arsenic or with anything else; and the mere detection of arsenic by analysis, in the sample in question, can make no difference in Haynes's case; he is accused of administering a given noxious substance for a certain purpose; and if the fact is proved, it can make no difference to his guilt or innocence, that the noxious substance in question was accidentally mixed with one still more noxious.

I am always sorry to see surgeons volunteering their criticisms on medical cases in the newspapers. They are mere appeals to ignorance or prejudice.

I am, Gentlemen,
Your obedient servant,
October 18, 1843. A PRACTITIONER.

SPHACELATION
OF THE
INTEGUMENTS OF THE MALE ORGANS OF
GENERATION,
SUCCESSFULLY TREATED.

By W. L. WHARTON, M.D., Surgeon, U. S. Army.

James Wallace, aged thirty-one, carpenter by trade, temperate man, solicited my assistance at “Fort Gibson,” Ark., in August, 1840. Has been working amongst the “Cherokees” for the last few months, and the previous week has had connection with a “squaw” during her period of menstruation, neglecting the necessary precaution of ablutio.

I found, on examination, complete phymosis, total obstruction of the passage of urine, great distention of the cellular structure of the penis, and the scrotum enlarged to a degree as almost to prevent his walking. This condition has existed three days. Failing in the first twelve hours to remove the phymosis by ordinary means, I had resort to a division, in part, of the prepuce, at the same time relieving the distended scrotum by puncturing.

The subsequent treatment proving ineffectual in checking the irritation, the progress of the case terminated in a few days in sphacelation of parts of the prepuce, glans penis, cellular structure of the penis (with an opening into the urethra, or its upper surface, about one inch in rear of the glans, through

which the *urine* freely passed), and of the entire scrotum, followed almost immediately by sphacelation of the integuments of the right *inguinal* region.

As may be imagined, the horrible appearance of the patient was enhanced by the quantity of the *maggots* attacking the sphacelated parts.

Doubtful at first of the success of any treatment which might be adopted for the restoration of the parts, I had the gratification to perceive the degree of irritation thus far was sustained by the patient without much inconvenience, affording, at least, assurance of his strength of constitution.

Premising the treatment at this juncture, with an an aperient to remove costiveness, my next object was to restore, as speedily as possible, the urine to its natural passage. This I happily attained in a reasonable time by a catheter, of a size that, whilst its introduction could be readily effected, its permanency as long as required did not cause irritation or inconvenience, aided, of course, by local applications to the orifice in the *urethra*.

Glad to discover at this stage that the parts in the vicinity of the disease were assuming a healthy condition, my attention was directed to the constitutional treatment of the patient, my principal reliance being *opium*, which, though occasionally exhibited at the commencement, was now steadily administered in increased quantities, with the addition of more nutritious diet, and occasionally wine. This treatment of the case, though protracted about five weeks, was eventually successful, resulting in restoration of part to the inguinal region, and covering to the testes, with loss of portions of the prepuce, glans penis, and cellular structure of the penis.—*Amer. Jour. Med. Sci.*

RETROSPECT OF THE MEDICAL SCIENCES.

EXTRAORDINARY CASE OF VARIX.

A woman, pregnant for the fifth time, presented very large varices on her legs at the end of the fourth week. Soon afterwards they extended up the abdomen, and two months before her confinement they had even spread up to her arms, breasts, neck, and scalp, so that there were more than fifty large knots on the upper part of the body. All motion was painful, on account of the friction and pressure attending it.

A regulated diet, repeated purgatives, small bleedings, the applications of compression, and the horizontal position, were the remedies prescribed, which gave some relief, although but little.

The child was born without much difficulty, but died shortly afterwards. The mother rapidly sunk, though the hæmorrhage was not considerable. The uterus contracted little, and the accoucheur discovered, on examination, a mole, which he did not like to remove, on account of the weakness of the patient. She died shortly afterwards, but a post-mortem examination was refused.—*Dr. Seidel, Medicinische Zeitung.*

URIC ACID SOLUBLE IN LACTIC ACID.

Dr. Challier, of Dublin, says, "Whilst engaged last year in some chemical investigations I found that uric

acid was readily dissolved in *lactic acid*. I believe that uric acid is kept in a state of solution in those liquids in which it is found to exist, such as urine, by the presence of a certain proportion of lactic acid, and, consequently, if there be a deficiency in the proportion of the latter, the quantity of the former deposited will be in an equivalent ratio. If this fact be once well established, the results will be highly important, inasmuch as it will elucidate altogether the obscure phenomenon of the formation of the uric acid calculus, which is universally known to be the most frequent. It will also furnish us with the data for a more correct constitutional treatment of the disease. That lactic acid is capable of dissolving phosphate and oxalate of lime, &c., is a fact already noticed by chemists, but it is singular that medical men have entirely overlooked this property, which it is more than probable can be made available in the treatment of anormal deposits.—*Dublin Medical Press*, September 13, 1843.

CÆSAREAN SECTION SUCCESSFULLY PERFORMED; BOTH MOTHER AND CHILD SAVED.

A woman, aged thirty-one, who had borne five children naturally, was attacked with violent arthritis during her sixth pregnancy. The pelvis became so deformed that the finger could scarcely be introduced between the tuberosities of the ischium and the ascending rami, on either side; the pubes also formed a very prominent angle, the sacrum projected much forwards, and the os uteri could not be reached. On the 27th of July, 1840, labor having commenced, and the contraction of the pelvic diameter being well ascertained, the Cæsarean section was determined on, and was performed in the linea alba by Dr. Arnoldi. The results were most fortunate; the mother nursed the child herself, and the wound healed by the beginning of September.—*Dr. Schacht of Dierdorf, in Casper's Wochenschrift.*

METHOD OF PROTECTING THE SHEFFIELD GRINDERS FROM THE INHALATION OF METALLIC PARTICLES.

A wooden funnel, from ten to twelve inches square, is placed a little above the surface of the revolving stone, on the side the farthest from the grinder, and this funnel terminates in a channel immediately under the surface of the floor; or we may consider the channel simply as the continuation of the funnel, in order to avoid any confusion in the explanation. The channel varies in length, according to the situation of the grinder in reference to the point where it is most convenient to get quit of the dust. If we suppose that eight or ten grinders work in the same room, each has his own funnel and channel, and they all terminate in one common channel, the capacity of which is perhaps twice or three times as great as each of the subordinate or branch channels. The point where they terminate is always close to an external wall. At this point, within the general channel, a fan is placed, somewhat in form like that used in winnowing corn, and to this is attached a strap which passes upwards and over a pulley, so that whatever puts the pulley in motion, causes the fan also to revolve. The pulley is placed in connection with the machinery which turns the stone, so that whenever the grinder adjusts his machinery to work, he necessarily sets the pulley and the fan in motion. The fan acting at this point, whatever may be the length of any of the subordinate channels, causes a strong current to flow from the mouth of each