great difficulty in preventing the affected one from falling outwards. He has no pain except when moved.

Nov. 24. The splints were removed a few days ago, and passive motion allowed.

Dec. 1. He can now come down stairs, and, by the help of crutches, can walk pretty well; the limbs are of equal length, and there is no difference in the appearance of them, except that the affected one is rather wider in front across the groin, and the trochanter is a little more prominent.

April, 1843. The limb is now an inch shorter than the other; the trochanter projects, and the buttock is wider on that side. My impression was that there was fracture of the acetabulum as well as of the os femoris.

I had another case of fracture of the neck of the os femoris, in rather a young subject for this accident. He was forty-nine years of age. He was a horse-breaker, and about two years ago was thrown out of a gig upon his right hip, and brought home. I saw him a very short time after the accident; the chief symptom then was a slight eversion of the foot. He had no other symptom of either fracture or dislocation, except the pain on motion. He was kept in bed; leeches, fomentations, &c., were applied to the swollen and painful part, and, in a few days, I observed the leg to be somewhat shorter, and the foot more everted, but the limbs could be easily made of equal length by extension of the injured one. On bringing down the limb, a crepitus could be felt, and there could be then no doubt of the case being one of fracture within the capsular ligament. When he had quite recovered from the injury, the limb was full two inches shorter than the other.

I should not have mentioned this case but as a sequel to the other, and as illustrative of the early age at which fracture of the os femoris within the capsular ligament may occasionally take place.

I will not, however, at present extend my communication by further remarks. I merely wish to place the facts themselves on record, trusting they may prove useful to some one or other of your readers when under circumstances of doubt and difficulty of a similar nature. As a whole, they would teach us to be careful of giving an opinion of the exact nature of an accident to a joint, until the symptoms have had time to develop themselves.

I am, Gentlemen,

Your obedient servant,

Doncaster, Oct. 4, 1843.

ROBERT STORRS.

CASE OF CARIES OF THE OS CALCIS, SUCCESSFULLY REMOVED BY OPERATION.

By SIR JOHN FIFE, Newcastle-upon-Tyne.

Robert Clark, aged twenty-four, Sunderland, shoemaker, of a sallow complexion, and presenting altogether an appearance of cachexia, was admitted into the Newcastle Infirmary on the 24th of August, 1843, under Sir John Fife, with an extensive sinus over the os calcis of twelve months' duration, with livid discoloration of the surrounding integuments; it commenced in the form of chronic abscess.

He suffered severely from the primary effects of syphilis five years ago, and at that period was mercurialised. About four months afterwards he had secondary symptoms, which, after a long period, yielded to the usual treatment, but he has never enjoyed perfect health since.

On his admission he was put under a tonic and alterative plan of treatment for one month, and, at the end of that period, his health being much improved, he consented to have an operation performed for the removal of the diseased bone, which was accordingly done, and a portion of bone in a highly diseased state was removed without difficulty. After this the part assumed a more healthy appearance, and gradually healed.

Operation.

An incision, nearly perpendicular, was carried from the upper and outer part of the insertion of the tendo Achillis down to the os calcis, as far as the sole of the foot. A carious surface of bone was removed by cutting forceps; the bone towards its centre appeared soft and cancellated, containing much oily matter. Lint was introduced, over which a dressing of turpentine ointment, and the latter covered by a poultice. This treatment was continued for a fortnight, and afterwards the part was dressed with simple dressings, and bandaged.

ON THE PROPER POSITION IN FRACTURES OF THE FOREARM.

By SEPTIMUS RODICK, Esq., Halstead, Essex.

TO THE EDITORS OF THE PROVINCIAL MEDICAL
JOURNAL.

GENTLEMEN,—I have noticed lately in your valuable periodical some observations made by Dr. John Chadwick, upon the position we should employ in the treatment of fractures of the forearm, and in No. 160 of your Journal some additional remarks are made by "Semisupinus," and if I shall not be trespassing too much upon your valuable pages, I will beg also to offer a few comments on the subject.

My attention was first directed to the position mentioned by Dr. Chadwick in the year 1832, when the same views were strongly recommended and published in the "Medical Gazette" by "Mr. Lonsdale," then house-surgeon to the Middlesex Hospital; I could not, however, at that time reconcile to my mind the idea of placing the hand completely supine for fractures of the forearm, and my subsequent observations upon the treatment of such accidents will not lead me to adopt it, having from that period up to the present moment always employed the position midway between pronation and supination with satisfactory results. Dr. Chadwick rests his argument upon the supposition that, when the radius is broken, the upper portion of that bone is turned quite supine by the biceps muscle; but I am not willing to allow that such is the case. I am aware that the biceps flexor cubiti in its primary action is a powerful flexor of the arm, and in its *secondary* occupation acts as a supinator, but why it is to take upon itself this *secondary* power the moment the radius is broken,