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,

I am quite at a loss to imagine. It may, perhaps, be urged that the very position employed when we bend the elbow and put the arm in a sling, calls the biceps into action; but I would beg to state, in reply, that I consider when a surgeon carefully applies the splints to the forearm, and requests his patient *not to make any muscular effort on his part*, but to allow him to place the limb and keep it, by a sling, in that position which I consider best calculated for the relaxation of all the muscles connected with the forearm—viz., *midway between pronation and supination*—all the muscles are passive, and the biceps, instead of being in action, as Dr. Chadwick would have us to believe, is literally in a state of *relaxation, the attachment of the muscles having been approximated*. Again, should the fracture occur below the insertion of the pronator radii teres, I think Dr. Chadwick will be ready to admit that the action of that muscle exceeds in strength the *supinating* power of the biceps. Suppose, also, there should exist a comminuted fracture of both bones of the forearm, and the interosseous ligament is destroyed, and, unfortunately, any of the fragments become united to the ulna, the power of pronation and supination must be for ever lost; and where, I would ask, is the individual who would not prefer to have his hand fixed *midway between pronation and supination*, in PREFERENCE to the position in which it must inevitably remain if it were placed as Dr. Chadwick directs—viz., completely supine?

I must apologise for having trespassed so much upon your time, but, should you deem the observations I have made worthy a place in your valuable periodical, you will oblige me by inserting them.

I remain, Gentlemen,

Your obedient servant,

SEPTIMUS RODICK.

Halstead, Essex, Nov. 2, 1843.

CASE

OF

OVARIAN DROPSY,

TREATED SUCCESSFULLY WITH THE IODURET OF IRON.

By SEPTIMUS TUTION, Esq.,

Senior Surgeon to the Ripon Dispensary.

On the 5th of July, 1839, I was requested, by the Rev. Mr. H., to visit Mrs. H., of Boroughbridge, six miles distant from Ripon, a widow, who had been ill and confined to her house for a considerable period; she said she was dropsical, and expressed a desire to have the fluid evacuated, if I thought she could with safety undergo the operation. When I saw her, her appearance indicated that she was suffering from the effects of serious disease. She gave me the following statement of her complaint:—

She had been ill nearly four years, during which time she had experienced great suffering. She had been under the care of numerous practitioners in the neighbourhood, all of whom had given up her case as hopeless. About four years ago she found her health giving way; her appetite began to fail, and she lost her flesh and strength rapidly. She then perceived her body getting larger than was natural, and thought she could feel something hard on the left side of the abdomen, from which at times she experienced great pain. Her bowels had been for some time much relaxed; she had passed but little urine; her body

had continued to increase in size, and had become such a burden to her that she could bear it no longer.

On examining her, the following symptoms presented themselves:—She was emaciated in the greatest extreme; her countenance pale and anxious; her breathing very laborious; she had a short, tickling cough, without much expectoration; her pulse was 135; the catamenia had disappeared for upwards of two years; the abdomen was so enlarged that it overhung the knees to a considerable extent; at the umbilicus was a large tumor, of an orange shape, and in appearance nearly transparent, in the centre of which were evident marks of ulceration taking place, with a view to the outlet of the fluid. This appeared to be formed by the peritoneum, which had been forced through the umbilicus by the large collection of fluid within. She also told me that she had not left her house for more than eighteen months, and had, during that period, been obliged to be assisted up and down stairs by her neighbours. Such was her situation, that I told her I much doubted whether she would be able to undergo the operation; but she begged of me to relieve her if possible, saying that she could only die from it, and that death would terminate her sufferings.

She was assisted up stairs to her room by two friends, and, after the usual preparations had been made, I punctured the abdomen, midway between the pubes and umbilicus. During the progress of the operation she was supplied with good brandy and water, which greatly revived her. She went through the operation much better than I had anticipated, and expressed herself much relieved; she was then placed on her bed. On my examining the abdomen, I found an enormous tumor, the size of an adult head, occupying the left side, a little above the anterior superior spine of the ileum, of an irregular shape, perfectly hard, and appearing to give her great pain when pressed on. From its situation, and the symptoms attendant upon it, I considered it to be a disease of the left ovary. A long flannel bandage was passed round the abdomen; she was ordered to keep perfectly quiet, and to take the following remedies:—

Blue pill, three grains;

Powdered squill, two grains;

Powdered digitalis, one grain;

Opium, half a grain three times a-day. With two tablespoonfuls of a diuretic mixture.

These she continued for three weeks without much benefit. I then ordered her to take fifteen drops of the compound tincture of iodine thrice daily, and to rub the ointment of iodide of lead over the abdomen night and morning.

But from this proceeding she obtained little or no relief. The fluid began to increase rapidly, and on the 20th of September I tapped her a second time, taking away seventy-five pints, being three pints more than what was evacuated on the first occasion. The fluid was perfectly clear and aqueous; the tumor appeared rather diminished in size, but still painful. I now prescribed for her the ioduret of iron in two-grain doses three times a-day, and ordered her to continue the ointment. After taking this about a month, there appeared evident signs of amendment in her general health, but the fluid began again to accumulate, though not so rapidly. On the 5th of December I again performed the operation, taking away sixty-