

CANADA LANCET.

WILLIAM EDWARD BOWMAN, M.D., EDITOR.

No. 1.

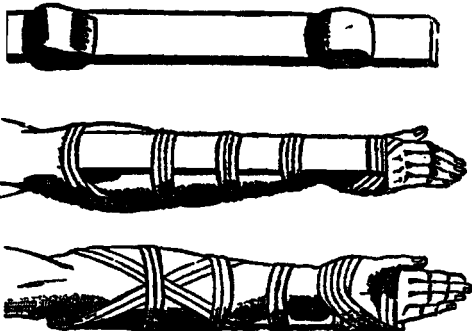
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FRACTURE OF THE LOWER PORTION OF THE RADIUS.

BY THE EDITOR.

Sometime since, having a case of Colles' Fracture in a girl of 16, she begged me to put it up with one splint, so that she could see her arm. To oblige her, I put on one in the manner recommended by Dr. J. Swinburne of Albany, N. Y., which I slightly modified. Being much pleased with this mode, I have since adopted it in similar cases, and would recommend it for trial to all those who have not previously employed it.



It consists as shewn in the annexed woodcut, in confining the forearm on a slight splint, stretched along its posterior aspect, and held in position by means of adhesive plaster. I have found it most convenient to fasten the padded splint first to the hand, as neatly as possible, by long narrow straps, which should cover the end of the splint. I then make extension by pulling on the end at the elbow, the patient making counter-extension from his shoulder; and fasten the splint in this position by means of two strips of plaster brought around and crossed on the forearm.

The circular straps may be put on afterwards.

The pad at the wrist should be somewhat thinner than represented above.

The immediate relief from pain, and the free use allowed to the fingers by this mode, is surprising. But besides this, it does not interfere with the application of cooling lotions to the wrist. And the least deviation from perfect symmetry may be detected without deranging anything, and obviated by the application of a fresh strap. The length of the arm too, from the elbow, to the end of the little finger can always be readily compared with the sound limb. I find also, that a patient is better satisfied, when the arm is thus left exposed to view.

I generally apply a bandage loosely over the whole, allowing it to be removed at pleasure.

And take off the splint at the end of the fourth week, in the young, and the fifth in older persons;

substituting a woollen bandage around the wrist, and informing my patient that the "lump" will disappear in a month or two.

THE HYPOPHOSPHITES.

HYPOPHOSPHITE OF LIME.—To one Troy pound of freshly burned lime, add 1½ gallons (wine measure) of hot water and 1lb. phosphorus. Boil them together in a water bath, adding the phosphorus piece by piece, until it is all decomposed; which will require upwards of 24 hours. It should be made in a new three gallon tin oil can, with a mouth not exceeding 2 inches in diameter, which must not be obstructed; and the operation be performed in the open air. After filtering, pass carbonic acid through the solution, until a portion of the precipitate thrown down is redissolved. It is now to be refiltered, and evaporated with a heat, not exceeding 140 degrees Fahrenheit. Any heat above 220°, in the first boiling, decomposes the Hypophosphites. Carbonic acid is most cheaply generated from chalk and sulphuric acid.

If the remedy is to be prescribed in solution, all that will be necessary, will be to drive off the carbonic acid and filter; when the dose would be a teaspoonful in milk, three times a day.

HYPOPHOSPHITE OF SODA.—Is made by adding carbonate of soda (sal. soda) to the solution of hypophosphite of lime, so long as it yields a white precipitate: using great care not to add it in excess; then filter and evaporate, or give as before. This salt is much pleasanter to the taste than the former. A good way would be not to add quite enough of the carbonate of soda, then the two salts would be in combination; a favourite manner of prescribing them.

When faithfully prepared according to the above directions, the hypophosphites will be found well worthy of a trial in Phthisis in all its stages; and to be far superior to any purchased article, in point of expense and purity.

Dr. Charchill says it must be discontinued, should it cause any feeling of fulness in the head, giddiness, singing in the ears, or bleeding at the nose, however slight.

It may be given with the food. I often direct it to be taken in the tea or coffee, where it cannot be detected.—*Editor.*

SUDDEN DEATH AFTER BURNS.—Dr. Baraduc, during his residence at Hospital St. Antoine, Paris, was struck with the rapidity of the collapse, after extensive burns from boiling liquids, in spite of all treatment. He found that after death, the serous cavities and bladder contained no fluid whatever, that all the veins but the pulmonary, were empty, and in the arteries the blood had become gelatinous looking. These post mortem examinations were made in the presence of Professor Bérard, who watched them with much interest. Both coming to the conclusion that death had resulted from the