Case 12. MRS. W. W. C. Age 38. Two months pregnant. Because of poor physical condition it was deemed necessary to abort. This was done. She bled profusely, and inside of four days was packed and repacked eleven times, with no apparent good result. At this point 20 c.c. of her husband's blood were injected into her buttocks. In two hours the packing was removed with no bleeding. She has not bled since then.

Case 13. December 24, 1913, R. P. Age 8 days. Three days ago, impetigo began to appear over body and there was bleeding from the rectum, navel and left ear. Bleeding had been increasing and because of this, 20 c.c. of the father's blood were injected into the child's buttocks.

Dec. 25. All bleeding had stopped, except a little from the rectum.

Jan. 1, 1914. No more bleeding, impetigo better.

MORTALITY.

In this series of 13 cases which have just been reported, there were 3 deaths, or a mortality of 23%. If we take the combined statistics in the literature of the cases so far reported, that have been treated by this method, we find that there were 5 deaths in 24 cases, making a mortality of 21%. The four cases reported by Vincent are not included, because as he states, “I did not use the method as recommended, and consequently these cases are not a fair test.”

The transfusion method, taking the combined statistics of Lambert, Carrell, Brewer, Bernstein and Vincent, shows a mortality of 29%.

The mortality of cases in which human sera were used cannot be given exactly, because the writers on this subject did not give their cases in detail.

If recognized and treated, these cases do not, as a rule, die from the loss of blood, but from the mechanical effect of the hemorrhage into some vital organ. In concluding, I would like to impress upon your minds the following three salient facts in favor of the injection of whole human blood in the treatment of hemorrhagic diseases:

1. Simplicity of employment.
2. Efficaciousness.
3. Lack of danger to either recipient or donor.

So it seems to me that we now have within the scope of every practitioner, a method to combat more successfully this heretofore rather fatal disease.

In conclusion, I wish to thank those doctors who permitted me to see some of these cases and especially Dr. Charles A. Goodrich for his helpful aid and suggestions.

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A CASE OF FRACTURE OF THE CARPAL CUNEIFORM BONE.

By WM. PEACRE COVES, M.D., BOSTON.

Isolated fracture of the carpal cuneiform is of extremely rare occurrence. The special fracture text books make mention of the possibility of its occurrence without citing cases as a rule, and general surgical works make no mention of it in their pages. Fracture of the carpal scaphoid and dislocation of the semilunar quite naturally, on account of the frequency of these injuries, have been carefully studied and described even since the advent of the x-ray.

History of Case: Miss F. L., 23 years, was seen Nov. 11, 1913. The history was as follows: While doing gymnasium work, she met with the injury which we describe.

Aug. 16, 1913, while standing on the hands she turned too far, lost her balance, fell to the ground, rolled over on her left hand. The hand was flat, extended on the ground. Immediate pain was felt in the wrist and she was unable to use the hand afterward. She says she felt crepitus at this time. The next day the hand was very lame and there was edema over the dorsum of the hand, which lasted a week or more. Monday, she consulted a physician who thought there was no fracture. The hand was bandaged and linen was prescribed. Ever since then there has been disability, felt most in rotation of the wrist or extension of the hand. Pain on extension is most marked over the second metacarpal. The pain was constant at first; then only when attempting to do her work, but there has been no time when she has been able to do her gymnasium work without pain. Of late, numbness of the hand and arm was felt.

Examination. Well-developed, active, rather slight young woman. Examination of the wrist...
showed the following: There was no obvious swelling or ecchymosis noted in the region of the cuneiform. Flexion and extension of the wrist is slightly painful in the region of the cuneiform bone. There is very slight pain in adduction of the wrist; in active abduction there is more pain. Forced passive abduction of the wrist causes great pain in the region of the cuneiform. Flexion and extension of the fingers is not painful. Rotation of the forearm causes pain in the wrist in the region of the cuneiform and slightly lower. There is a very slight synovitis of the middle extensor tendon, showing at the middle of the back of the hand. When the patient picks up a weight or turns a door knob the pain is felt in the wrist in the cuneiform region. Direct pressure over the cuneiform is very painful; but no crepitis is elicited. Lateral pressure across the wrist in such a manner as to make the pisiform press upon the cuneiform bone, causes much pain. The x-ray showed a fracture of the carpal cuneiform incomplete, running from the ulna side about half way across the bone obliquely. Hand immobilized on palmar splint with pad and strapping over the cuneiform. There was considerable relief experienced after the hand had been immobilized for several days; and from this time, there was progressive improvement which, however, was slow. Two weeks after the first radiograph, a second was taken which showed no union of the crack. Another radiograph was taken in another two weeks, after fixation for about one month, which still showed no bony union; though the pain and disability were much less. The next radiograph, taken in about ten days, showed considerable union. At this time the splint was removed and the hand bandaged. Examination showed at this time practically no tenderness over the cuneiform, no thickening, and movements of the wrist were executed without pain. Picture taken the middle of January, 1914, nearly two months after the first picture showed union practically complete. A faint line could still be seen. Since this time patient has been using the hand cautiously without trouble or pain of any sort and examination shows practically no more tenderness over the cuneiform of this wrist than of the uninjured wrist.

Interesting points in the case are: The length of time of the disability and pain, without recognition of the nature of the trouble, and the somewhat long period of fixation necessary before union and a cure was effected. This undoubtedly was due to the length of time that the patient had attempted work with the hand, with the fracture still ununited.

Medical Progress.

PROGRESS IN MEDICINE:—RECENT ADVANCES IN CERTAIN BLOOD DISEASES.

By Roger J. Lee, M.D., Boston.

PRIMARY PERNICIOUS ANAEMIA.

One of the many theories of the etiology of pernicious anaemia has been that some hemolytic substance is elaborated in the intestinal tract perhaps from the mucous membranes or from some of the fatty acids. McPhedran in a careful study of the hemolytic properties of fatty acids and their possible relations to the causation of toxic hemolysis and pernicious anaemia concluded that hemolysis by liberation of specially hemolytic fatty acids from the fatty complexes of disintegrating cells is not supported by evidence. None of the fatty acids were more toxic than the common oleic acid. Ewald and Friedberger found no hemolytic substance from the mucous membranes of cases of pernicious anaemia.

Splenectomy in Pernicious Anaemia. A certain amount of evidence has been introduced by Banti, Eppinger and others, tending to show