symptoms which accompanied Morrison's case at the termination of his life, rather as the result of the narcotic, than of the disease? I would, in reply, ask him, Whether *loud and hurried breathing, cold skin, pulse just distinguishable, roused when spoken to, but immediately relapsing into a half-conscious state*—whether these are the symptoms of commencing narcotism; or whether they are rather such as precede death in a great majority of instances? Again, if these be signs of advanced narcotism, or such as would occur as the result of opium three hours previous to death; allow me to ask him, When the symptoms of narcotism commenced? For the information of your correspondent, if not in my own defence, I would venture to state what I do consider as symptoms that would result from an over-dose of such a narcotic as opium; and I cannot do this better than in the language of Dr. Christison (p. 650): "A person soon becomes motionless, and *insensible to external impressions; he breathes very slow; generally lies quite still, with the eyes shut and the pupils contracted; and the whole expression of the countenance is that of deep and perfect repose.*" Again, at p. 652, Dr. C. says: "The most remarkable symptom in the generality of cases of poisoning with opium is the peculiar torpor. This state differs from coma, in the patient continuing long capable of being roused. It may be difficult to rouse him; but unless death is very near, this may be almost always accomplished by *brisk agitation, tickling the nostrils, loud speaking, or the injection of water into the ear.*" I beg to state that neither of these expedients were resorted to in *speaking to Morrison*: the speaking was that of the ordinary tone in addressing a sick patient.

Your correspondent talks of the weak and exhausted state of the nervous system in cholera, as if ordinary remedies would act with tenfold energy; but, Sir, I must say that I do not consider either ordinary or extraordinary remedies would produce the same effect upon a cholera patient that they would on a person "in a sound state of health." It appears to me, that in cholera the organic nervous system is almost paralysed (if I may be allowed the expression), and therefore that ordinary remedies have little or no effect upon these patients. Your correspondent makes some allusion to narcotics in fever, I presume, as if the two cases, cholera and fever, were somewhat similar. Now, Sir, with all due deference to him, I cannot conceive that the state of the nervous system in fever at all approaches that in cholera. In fever the brain is oftentimes the most prominent organ affected; and I should by no means consider myself justified in administering a powerful opiate to relieve the state of watchfulness consequent upon such a condition of the encephalon; and it would not at all surprise me, if, in conse-

quence of such a "powerful remedy," I found produced, instead of sleep, the much more alarming symptoms of "*oppression at the chest, stupor, and turning up of the eye-balls.*"

With regard to the contagious or non-contagious nature of cholera, I am free to confess that I am not yet convinced of its violently-contagious character, and it will require far more than the three or four consecutive cases of your correspondent to convince me that it is so. Morrison's case occurred without his having been exposed to any infection, and he did not communicate the disease to any other individual. I presume, the "*numerous isolated cases*" of your correspondent were of the same kind. We have here, then, a proof that cholera may not be contagious, and we must consequently look for some other cause as the origin of these cases. What that may be, I do not presume to state. A contagious disease may arise now and then without any assignable cause for its first appearance; but once having shown itself, we should expect that in all cases it would be followed by numerous others of the same character; as we see constantly occurring in the common contagious diseases of this country, measles, scarlet fever, and small-pox. I do not consider your correspondent particularly happy in his comparison of cholera with fever, as respects its contagious nature. The point is at least controverted. How often do we see cases of the worst form of fever placed in the wards of a hospital, amongst numerous other convalescent patients, persons, one would suppose, peculiarly liable to receive infection, without its extending to any other individual? It is where many persons are crowded together, all exposed to the same causes,—want of food, clothing, and pure air,—and harassed by anxiety of mind and fatigue of body, that we see fever produced and kept up. Trusting I have not presumed too much upon your space, I remain, Sir, your obedient servant,

WILLIAM GOSSE.

Hoddesdon, Dec. 2, 1840.

SLING FRACTURE-BED.

To the Editor of THE LANCET.

SIR:—Among the various contrivances introduced within the last few years for the treatment of fractures, there is one which I feel convinced has not yet been properly appreciated by surgeons; I mean that invented by Mr. Thos. M. Greenhow, one of our most intelligent surgeons in this town. This sling fracture-bed, of which I send you a wood-cut,* possesses some immense ad-

* The wood-cut forms the heading of a circular issued by the makers of the bed,

vantages over those now in general use. I shall give a few rough notes of two cases I attended, with my friend Mr. A. Davison, of Cramlington, and who authorises me to express his unqualified approbation of the instrument. I shall then make a few remarks, from which I hope to show that this splint, or fracture-bed, really has many advantages not to be found in other inventions of a similar nature.

CASE I.—Mathew Cleugh, aged thirteen, received, June 8th, 1840, while at work in Cramlington colliery, a compound fracture of left leg, about midway between the ankle and knee. The fracture was extremely oblique, and a considerable portion of tibia was forced through the wound. He was immediately seen by Mr. Davison and Mr. French, who reduced the fracture, and placed the leg in one of McIntyre's splints.

The case at first did well, but we soon found that it was impossible to prevent contraction; and though extension was repeatedly made, we could not maintain the bones in apposition. A period of about eight weeks was spent in unavailing attempts to promote union and prevent contraction, though every thing that afforded a chance of producing the desired effect was tried. I then determined, as a "dernier ressort," to give Mr. Greenhow's "fracture-bed" a trial; and, in order that it might be properly applied, requested him to go out with me and superintend the application, which he very kindly did.

The leg at this time was a good deal swollen and inflamed; the inflammation being evidently of an erysipelatous character. The wound was covered with high flabby granulations, and looked exceedingly unhealthy.

On the third day after the leg had been placed in the "fracture-bed," there was a remarkable change in its whole appearance; the high granulations were much less, and the swelling and inflammation greatly abated. From this time the leg rapidly improved, the discharge gradually ceased, the inflammation disappeared, and the wound healed. In five weeks we removed the apparatus, as firm union had evidently taken place.

On the 23rd of September (when the above notes were made), the boy was walking about on his crutches, in excellent health; and, in the most accurate measurement, I was unable to detect the slightest shortening when compared with the other leg.

CASE II.—Matthew Beald, aged eleven, had his left tibia fractured about three inches above the ankle. The accident occurred on

Wednesday, Oct. 28th, 1840, and was occasioned by a stone falling upon him from the roof of the mine. There were extensive lacerations on the anterior and posterior parts of the leg, immediately around the fracture.

The limb was, on the following day, placed in Mr. Greenhow's fracture-bed, and has continued to do well up to the present moment. Firm union has taken place, the wounds have almost entirely healed, and the boy's health, with the exception of a slight attack of scarlatina sine exanthemate, has not in any way suffered.

REMARKS.—Every one who has read Case I. must (I think) agree with me, that Mr. Greenhow's splint was in the highest degree beneficial; but I will go further, and state that I attribute the preservation of the limb to the use of this instrument, as the boy's health was beginning to succumb under the irritation the riding of the fractured portions of bone produced, and the great discharge of matter. All bad symptoms, however, soon ceased, when extension and perfect rest of limb were obtained.

In Case II. I am not aware of any other contrivance which would have enabled us to dress the wounds, and yet allow the leg to remain in the same position. We have thus been able to clean and dress extensive lacerations during one entire month, and yet the limb remains in the identical position in which it was originally placed. Having mentioned this fact, I need not use any argument to show the ease and comfort experienced by the patient in this mode of treatment.

If this instrument possessed no other advantage, it would still be found to be a most valuable one to the surgeon who lives at a distance from his patient; for having once fixed the limb in it, there is little fear of displacement. I have also found that the friends might, with perfect safety, be allowed to dress the wounds, and thus save many long and disagreeable journeys.

I fear, Sir, that I have already occupied too much space in your valuable Publication, and, therefore, will not extend my observations. The importance of the subject must be my excuse for their present length. I have the honour to remain, Sir, yours, respectfully,

H. G. POTTER, F.L.S., &c.
Surgeon.

3, Jesmond High Terrace,
Newcastle-upon-Tyne,
Nov. 26, 1840.

and might appear in the advertising columns of our work.—Ed. L.