

is accepted by Malgaigne. I believe, however, that the mechanism of the fracture which occurs in the act of throwing is precisely similar to that described above, and that the break is occasioned in this case also by the torsion of the bone. This view, which was suggested by Bellamy, without any explanation of the mechanism by which the torsion is effected, can, I think, be substantiated by an analysis of the phenomena involved. Among the complex and rapid movements which go to make a correctly executed throw, the most important and characteristic is the violent jerk or snap which is effected by means of a sudden transition from a primary attitude involving supination of the wrist, flexion of the elbow, and outward rotation of the arm, to a secondary attitude of pronation, extension, and rotation inwards. Pronation of the wrist and inward rotation of the arm are accomplished at one and the same instant with all the energy of which the muscles are capable. The two ends of the humerus are thus violently twisted in opposite directions, and the bone gives way to the torsion so effected. It is this succession of complicated movements which gives the force and accuracy with which the throw is accomplished. To effect it a particular knack is requisite, which women seem radically incapable of acquiring, and which in right-handed individuals is lacking in attempts to throw with the left hand.

CIRCULAR OF THE NEW ORLEANS BOARD OF HEALTH.

WE give the following extracts from a circular at present issued in New Orleans, indicating the modes of treatment of yellow fever:—

The onset is more apt to be sudden and violent than that of the other fevers which prevail here, and more apt to occur at night. Frequently, but not invariably, a chill precedes the fever. There is violent pain in the forehead at the beginning, soon followed by severe pain in the lower part of the back. The eyes are red and glistening.

Any individual affected as above described should immediately go home, go to bed, and send for a physician without delay. Without waiting for his arrival a hot foot-bath should be taken, and perspiration encouraged by warm drinks and a moderate cover in bed. If there should be any delay in the arrival of the physician, a simple purgative should be taken, and if the attack comes on soon after eating, an emetic of ipecac or mustard would be advisable. Prompt treatment is of the utmost importance in this disease, and it should be understood that persons ought not to walk about after falling sick, nor get up at all after once going to bed, until the attack is over.

Those who have not had the fever should avoid localities known to be infected, and should stay in their houses as much as possible during the night. Preventive medicines are useless, and free alcoholic potations are the worst preparation for encountering the fever. Regular habits, tranquillity of mind, and moderation in all things should be observed.

It is recommended that all articles of clothing taken from a patient's person and bed be put in a five per cent. solution of Calvert's No. 5 carbolic acid. All discharges from a patient's body should also be treated with carbolic acid, together with any articles soiled by the same. As a further precaution, and to aid the board of health in their efforts, it is recommended to all householders, as far as they are able to do so at their own expense, whether there be cases of yellow fever on the premises or not, to disinfect their privy vaults and drains, and also the street gutters. A suitable agent for this purpose, being both efficient and economical, is a solution of copperas and carbolic acid in water, in the proportion of three pounds of copperas and one half pint of Calvert's No. 5 carbolic acid to a bucket of water. In case Calvert's No. 5 cannot be obtained, Page's crude acid may be used,—one half pint in a bucket of water thoroughly stirred up.

The public generally are earnestly dissuaded from attending the funerals of yellow-fever patients, unless circumstances imperatively demand it.

The stomach should be observed frequently, with special reference to nausea and tenderness under pressure. Other warnings of black vomit are great restlessness, sighing respiration, and hiccough. With the occurrence of these symptoms, which do not usually precede the subsidence of the fever, apply a fly-blister to the epigastrium, and give ice, with brandy or champagne wine, if the pulse should be weak.

During the course of the fever all nourishment should be withheld. On its subsidence it

should be carefully resumed, in the smallest quantities, frequently repeated, and altogether liquid at first.

Alcoholic preparations are almost invariably demanded after the fever abates. The kind best relished by the patient should be selected, and used in small quantities, diluted and frequently repeated. Thus it serves as food rather than stimulant.

The above plan of treatment is mainly expectant, and is to be supplemented for special indications as they may arise. Extreme restlessness might justify the use of chloral by enema; but opium should never be resorted to after the first twelve hours. Severe headache with a strong pulse, in a robust subject, would justify local blood-letting at an early stage. On the occurrence of black vomit such hæmostatics as ergot, subsulphate of iron, and gallic acid might be exhibited.

Many physicians, myself included, are in favor of giving twenty to thirty grains of quinine (with the addition of twenty to thirty drops of laudanum or Battley's sedative) at the very beginning of the fever, in two doses, at four hours' intervals, with the view of mitigating the neuralgic symptoms and promoting perspiration. This medication allays pain, promotes perspiration, quiets the patient, and allows him to enter the second stage of the disease in a much better condition. A few make use of special remedies, with a view to counteract the poison in the system or aid in its elimination, but such medication is regarded as only experimental, and is not recommended.

SAMUEL CHOPPIN, M. D.,
President Board of Health.

DEATH OF DR. J. R. WILBUR.

JOHN RECORD WILBUR, M. D., died at his residence in Chicopee Falls, Mass., September 7, 1878, of fatty degeneration of the heart, after a final illness of two weeks. Dr. Wilbur was born in Leydon, Mass., in 1817, where he received his preliminary education, and graduated at the Berkshire Medical College in 1842. Soon after he settled in the village where he died, and where (excepting an absence of some two years in attendance upon hospitals and lectures in New York) he has spent thirty-three years in constant professional service. He was one of the earliest members of the Hampden District Medical Society, having joined in 1845. He left no children, but a most excellent and devoted wife, to whom he was married late in life.

LETTER FROM DR. BARRETT.

MR. EDITOR, — It is not true that in any manner I mistook the duties of the medical examiner, or assumed any legal functions of judge, and rendered any verdict in the case of William Martin the convict. The statements and inferences in the Concord *Freeman* and Boston Medical and Surgical Journal are founded on misinterpretation and want of due inquiry and information, and seem intended to do me great injustice.

I was called, August 22d, to view the dead body of William Martin, the convict in the state-prison. I carefully examined the body, made personal and particular inquiry, and ascertained all the facts in the case, as the law requires; and as the law requires I at once forwarded by mail to the district attorney notice of the death, the declarations of the officer, who said he fired the shot in self-defense, and all the facts in the case. I also added, as it was my duty to do, that I deemed further examination unnecessary, meaning of course, on my part, that an autopsy was unnecessary. I gave a certificate of death to the registrar, as required.

As the law is susceptible of varied construction, I have taken especial pains to consult one or more lawyers or the district attorney in every case, and for certain good reasons I took time to have a friend make personal inquiry of the district attorney in this case. I then gave notice to the judge of the district court of Central Middlesex.

I conjecture that the news gatherer for the Concord *Freeman* picked up some items of my notice to the district attorney, and had no proper conception of the meaning of it, and that extended inferences and assertions have been made in the Concord *Freeman* and Boston Medical and Surgical Journal from his simple and incorrect report.