plays so powerfully on credulity, she submitted herself to its power; all her symptoms were aggravated; then, almost faithless, she submitted to specifics, nostrums, &c., until her life, an existence of pain, suffering, and misery, seemed no longer desirable. Experiencing no relief from any quarter, she finally determined to cut the whole profession. For the last two years she has had no physician, except for some gastric disturbance, to which she is subject. About twelve months since there appeared nodes on os frontis, which, in six weeks, suppurated and discharged, leaving now the cuticle adherent to the bone; had no other ulcerations. When first called, I observed incipient nodes on tibia of right leg; I was at first disposed to suspect a syphilitic taint; but a further acquaintance with the case, and her known reputable character, combined with other circumstances, soon dispelled such an opinion. These nodes (if they be such) I found to appear and disappear very suddenly and capriciously; I was afterwards induced to doubt their being legitimate nodes, and rather suppose them the result of an abnormal action of nervous influence, producing unequal, illegitimate contraction of muscular fibre. I may be mistaken: they, however, observed this capricious character; they were exceedingly painful. I here remark, that it is the right side that suffers mostly, but the left experiences less merely by comparison; complains of much cephalagia, with soreness of scalp; much swelling of right leg and foot during the day—subsides at night; pain very deep seated, as she says, "*in the bone.*" This is the previous history, and such her condition, when I sought the case, which, with the difficulty above detailed, I at last was permitted to treat.

May 28. I found her sitting up in a chair almost unable to move, and never without assistance; rarely slept during the night; is constantly racked with pain; has not experienced one hour's immunity of suffering for more than three years; has not walked a quarter of a mile for that time. I will not impose on your indulgence by a detailed history of the treatment, collaterally, I adopted, but give as succinct an exposé as will be consistent with the intention of this communication.

Colchic. wine, f3j, three times per diem, afforded much relief, especially when combined with magnesia, or succeeded by castor oil.

30, 8 o'clock, A.M. Found her in bed; pulse 80, feeble, compressible; tongue foul; colchicum has not operated. Ordered a dose of oil.

31. Much relieved; sitting up; cheerful; more comfortable; oil operated, with copious, offensive evacuations; slept well; no swelling on this; soreness, but no acute pain. Ordered powder of ipecac. and opium,

gr. x., three times per diem; with colchicum wine, f3ij, *ibid.* A manifest amendment followed this treatment, until the 9th of June, when an imprudent indulgence in cherries brought on a violent dysentery, which existed until the 15th, during which period there was a recurrence of rheumatic affection of great intensity. In this time I supposed the system entirely free of the influence of colchicum, and then determined to resort to the extract of aconite.

June 15. 7 P.M. Rheumatic symptoms very severe; dysentery cured. Ordered extract of aconite, gr. $\frac{1}{4}$, twice a day, gradually increased until gr. vi. p. d. should be taken, with powder of ipecac. and opium, gr. x., at night.

17. A decided amendment, which continued until the 3rd of July, when I discharged the case, the patient having walked three miles the day before.

Whether the cure is to be attributed to the colchicum, or the aconite, or to a combination of both, is the question to be decided. I cite, as authority, for the use of this remedy, G. G. Sigmond, Drs. Lombard, Stoerck, Rosenstein, Blom, Odhelius, &c. I will not presume to give the *modus operandi*,—since distinguished writers confess their inability to do so,—any farther than to say with them, that I believe its agency is through the medium of the nervous system. It would be out of place to give a history of this medicine; I refer to 'U.S. Dispensatory.' My confidence, though not fully confirmed from the experience in one case, has been much increased by its remarkable efficacy in a case of gout, which came under my notice a short time since. An almost immediate amelioration and amendment of symptoms followed the first dose. Should you think this worthy of a place in your paper, and an opportunity occur soon for my testing still farther the value of this agent, I will, with pleasure, advise you of it.

N.B.—August 8. I saw my patient this morning; she is well, and is most rapidly gaining flesh and strength, and says that she has not been so fleshy or strong for nine years.—*Phil. Med. Examiner*, No. 33.

Richmond, Va., August 8, 1839.

ON A NEW UNIVERSAL INTERRUPTED SPLINT.

BY ALFRED SMEE, Esq.;

Late Dresser at St. Bartholomew's Hospital.

COMPOUND fractures of the leg, at St. Bartholomew's Hospital, are treated by placing the limb upon a back iron splint, about an inch and a half broad, and of such a thickness that it may be bent to accommodate itself to the limb; it is turned up towards one end, at nearly a right angle, to form a point to which the foot may be fixed by a

bandage ; at the point corresponding with the heel, there is a hole, to prevent any undue pressure on that part which might give rise to troublesome sloughs. Immediately above this aperture is a piece of iron, about an inch broad and one foot long, which is rivetted at right angles to the principal piece ; this is simply to allow it to rest firmly on the bed. Above this attachment the splint is bent to a convexity, to adapt it to the concavity above the heel, and then it is rendered concave to suit the convexity of the calf ; again it is convex, to fit into the hollow behind the knee. The whole splint is covered with a pad to render it soft, and if much discharge is expected the pad is protected by oil silk.

There is an advantage in this position for most compound fractures of the bones of the leg wherever they may occur ; and it is even useful in many serious comminuted injuries. In these cases the powerful action of the muscles of the calf has a tendency to throw the two ends of the bone forward, especially when the fracture is about the centre of the limb. This bowing is immediately remedied by placing it upon the splint just described. In these cases the leg is further fixed by two flat wooden splints, one on either side of the limb, extending from the foot to above the knee, and these are also covered with a pad ; the whole is then confined by straps with buckles.

In compound fractures, where the bone is separating, or where ulceration or gangrene is taking place, it is often necessary to apply a poultice, the water dressing, or various lotions, such as the chloride of soda. In these cases the interrupted splint is used on the side at which the ulceration is taking place ; it is formed of two pieces of wood, united by a strip of iron bent at two right angles, so that the two pieces of wood have an interval of a dimension suitable to the extent of the sore.

Now, in these interrupted splints, are three variable elements ; first, the gap requires to be of different extent in different cases, or even in the same case at different periods ; secondly, the wood below the gap requires to be longer, or shorter, according to the situation of the sore ; and, lastly, the length of the piece of wood about the sore, is required in the same way to be altered. These circumstances vary to such an extent in different cases, that it is customary, at St. Bartholomew's Hospital, to send to the carpenter to have a new splint made for each accident.

To obviate the delay and inconvenience attending this proceeding, a splint, adapted to meet these exigencies in every part of the leg, was devised.

The wood of which the splint is formed, should be hard, and of a thickness sufficient to make it quite firm ; two inches and a half

will be found most convenient for its breadth. In order that the two pieces of wood on each side the gap may be of different length, pieces are united at their edges by moveable joints. This mode of junction should be very firm, and requires particular description. A piece of brass of the same breadth and depth as the wood is to be taken ; in this, four holes are made to allow the brass to be screwed firmly to the edges of the wood. The pegs, about an inch long, and of a thickness sufficient to give strength, are rivetted in the brass, so that when the brass is fixed on the edge of the wood, these two pegs project. Another piece of brass, of exactly the same size as the last, is now to be procured, and, in a situation corresponding to the pegs, two holes are to be bored in which the pegs can fit with accuracy. Four other holes are now to be made for the purpose of screwing it firmly to the edge of the wood. The situation of these pegs, with their corresponding holes, is important, for in every joint they must be fixed exactly in a similar position, and to effect this the holes must all be made to a gauge, and the pegs rivetted with like accuracy. By this contrivance we have a number of similar joints of such strength, that pieces of wood can be firmly united by their edges. The difficulty of adjusting these pegs and holes to each other exactly, is obviated by taking a small piece of twine and putting it into the hole, which will be found to make the junction firm.

Having considered the breadth and width of the wood, and the joints by which the pieces are united, the next point is to mention the length of each separate piece, which should be of such a size that the greatest variety of adaptation should be obtained with the fewest possible joints. Four pieces of wood are first to be taken, each $1\frac{1}{2}$ inch long and 3 broad, and $\frac{1}{2}$ deep ; these on one edge are to have one part of the brass joint fixed ; the other edge is to be rounded off. Two of these pieces are to have the brass with the pegs fitted on, and the other, the two holes in which these pegs fit. These pieces form the four ends of the wood-work of the splint ; one piece being applied at the upper part of the splint, another at the upper end of the gap, or interval for the sore, the third at the lower end of the interval, and the last at the end nearest the foot. On the two which form the boundaries of the gap, the brass pieces for regulating it are fixed.

Thus it is manifest, that having these four pieces of wood, the wood would be three inches above the interval, and three inches below it. Now, other pieces are wanted, to fit on in such a way that each part may be extended one, two, three four, five, or more inches, according to circumstances, or, in other words, we want pieces of wood so that two arithmetical series in inches should be found. Now, advantage is taken of the pro-

perties of the geometrical series, the sum of which formed an arithmetical one; but though we want two arithmetical series to make the splint quite complete, it will be found that for every practical purpose pieces of wood of the following lengths will suffice:—Thus they must be + one inch, two inches, three inches, five inches, and seven inches respectively, and, by combining these, great variety can be produced at the part below the gap, which we have already seen is three inches, may, by the addition of these pieces, be extended to four, five, six, up to eighteen inches, and the part above the gap can be increased in a similar way.

The mode by which the interval is increased, or diminished, is by two pieces of brass. One of these is about three inches in length, and terminated at one end by a square flat piece, to be screwed into the wood work; the other piece of brass has a similar termination at one extremity, to be screwed on the wood, the rest is circular, and has a bend at right angles, at three inches from the extremity last described; from this bend the brass is continued about eight inches, and is of a size corresponding with the ring in the portion first described. Into this it fits, and by sliding to and fro the aperture is augmented, or contracted, as required, and it is secured in its situation by screwing in the first piece of brass. This mode of adjusting and fastening is similar to that of the ring of a retort-stand on its support.

The splint thus constructed, fulfils every purpose for which it was designed, not theoretically alone, but practically, for its complete strength has been proved in the cases to which it has been applied during the last year, in the wards of the hospital attended by Mr. Lawrence. Its adaptation, as an interrupted splint, to every part of the leg, has been tested, and it can also be used as a simple splint when required.

Bank of England, Jan. 9, 1840.

THE STUDY OF CHEMISTRY BY MEDICAL MEN, AND BY WOMEN.

To the Editor of THE LANCET.

SIR:—It was with peculiar pleasure that I perused the judicious remarks contained in your valuable Journal, for December 14th, whilst noticing the translation of a book of the eminent chemist Leibig, now brought before the public by that intelligent publisher, Mr. Griffin.

I think that every sensible person will concur with the sentiment there expressed, relative to the value of a sound practical knowledge of the science of chemistry to medical men. An acquaintance with that interesting subject is, as you justly observe, becoming daily of more importance to the profession. How many eminent practi-

tioners, who either neglected this branch of their education, or acquired it before the present improved modes of analysis and new doctrines were introduced, and whilst the science was but in its infancy, as it were, now regret their deficiency? All are aware of the great value of it to medical men, not only in forensic medicine, the treatment of diseases of the lungs, liver, stomach, and bladder, but in the proper combination of medicines in prescription, and for the detection of the spurious articles that are now mixed and vended with them, as well as the spontaneous change which some substances undergo when kept under certain circumstances. Many surgeons and physicians, now practising in London, are known to order regularly substances in mixtures that are quite incompatible with each other, being quite ignorant of the changes that occur.

I think there is some truth in the remark, that one of the reasons why continental pharmacopolists and physiologists are superior to most of our own, is in consequence of their profound knowledge of this subject (practical chemistry), and the almost total neglect of it by Englishmen.

I was much surprised, on being made aware, for the first time, that Professor D—l, the Examiner in Chemistry to the new University of London, should have expressed himself in the way that he appears to have done, from your quotation of his remarks, respecting the utility of practical chemistry as a department of medical education, and his strange allusions to what he considers to be the ridiculous way in which it is taught by the eminent Professor of University College, Mr. Graham. I am not aware what description of persons attend that gentleman's lectures, but should infer, from his finding it necessary to point out the precise meaning of "practice" and "practical," that they had not, some of them, acquired the rudiments of the English language, or they could not perceive a distinction where there was an obvious difference; and that he was constantly obliged not only to state explicitly the nature of the different chemical changes, but to explain the meaning of the language in which he conveys that information, by a constant reference to Johnson's, Richardson's or Walker's Dictionary.

From his observations I should fancy that he thinks that a knowledge of the theoretical part of the science is quite sufficient, whereas it is well known that the views of chemists are changing every year, and are so liable to modifications from fresh discoveries, that what is now looked upon as being correctly explained may require to be altered before 12 months from the present time have elapsed. The laws of nature, however, as complex and mysterious as some at present may appear in their operations, are immu-