but not congested. All the other abdominal organs presented their natural appearance. The bladder contained about 5vj of clear urine, but *no* sugar could be detected in it.

The blood from the hepatic vein, from the right and from the left side of the heart, was examined with a view of detecting sugar. In the first only was it at all perceptible. Thus: the blood was first dried, then boiling alcohol added, and filtered; this evaporated, and the residue dissolved in distilled water. To this Barreswil's liquor was added, and by boiling a slight canary tint was made evident.

BALTIMORE, March 3, 1853.

ART. XI.—*Mode of Reducing Dislocation of the Thumb.* By JOHN DOE, M. D., of Cabot, Vermont.

HAVING had occasion to reduce a dislocation of the thumb several times, when the first phalanx is thrown upon the dorsum of the metacarpal bone, and having never encountered any particular difficulty in effecting it, it has been a cause of surprise to me that the method I am now to describe is not more generally known. There is not an English writer on Surgery, from Sir A. Cooper to Fergusson, nor an American one, so far as I know, that alludes to this method; and, if we are to judge from an article by M. Demarquay, published in the *Medical News*, of May, 1852, and accredited to the *Bulletin de Thérapeutique*, it might well be presumed that the French are also innocent of practising or teaching it.

The common method of reducing this luxation is, as is well known, to flex the thumb, fasten upon it a tape with a clove nitch, and with this make extension. If this, or more violent means do not succeed, we are directed either to abandon the attempt at reduction, or what is still worse, effect it by making incision, or by amputation of the end of the metacarpal bone. Extension has sometimes been persevered in to such a degree that the soft parts have been lacerated, or the thumb actually torn off; and in *Braithwaite's Retrospect*, part xxii., M. Blandin describes a forceps well calculated to do this.

In this dislocation, the phalangeal end of the metacarpus projects into the palmar surface of the hand, forcing itself between and through the flexor muscles of the thumb, which form a loop around the head of the bone. Extension made upon the thumb makes this loop more tense; and, as the metacarpal end of the first phalanx is broad and considerably flattened on its palmar aspect, it must be apparent at once that the difficulty of reduction is directly as the amount of extension. There is good reason to believe that extension would never succeed in these cases without rotation. The principal indication in treatment here, is to relax the flexors forming the loop, so that the

end of the phalanx can be pushed forward into the loop, and by carrying the muscles forward with it disengage the head of the metacarpus. This can be done in the following manner:—

Having previously warmed the hand, if cold, in warm water, the surgeon should seat himself by the patient, facing in the same direction, and upon the same side with the injured thumb, and place the hand upon his knee. Tip back the thumb upon the dorsum of the metacarpus to more than a right angle, or so as to form a slightly acute angle with the latter bone; place both index fingers against the ball of the thumb, and the ends of both thumbs against the dorsum of the disarticulated end of the phalanx; now by pushing forward forcibly, get steadily against the phalangeal bone with both thumbs. Reduction will generally be effected on the first trial, and almost instantly.

The writer claims not the honour of originating this method, but supposes it to be adopted by many surgeons in this country.