exotic, it is quite common in mild latitudes, and may be seen growing in most of the gardens at the south. The expressed oil of the seed is much used and admired in many families, instead of the imported sweet oil. In Georgia and the Carolinas especially, the mucilage of the plant is a common remedy in bowel complaints of children, and is administered, we believe, by almost every nurse, as occasion requires. It is useful also in common inflammation of the eyes, and we have found it a very elegant and effectual remedy in other inflammatory complaints, upon which hereafter, perhaps, we shall have occasion more fully to remark. We apprehend the plant will not always come to maturity in this northern climate. During the last season, however, we were enabled to raise some few plants, which answered a good purpose, and by devoting particular care to their culture in future seasons, we hope to make them reach such a degree of size and goodness, as to answer common expectations in remedial practice.

5. *Cubeba* or *Cubebæ*, is another valuable medicine, and, without relying upon the authority of great names, under which it has lately been introduced into practice, we have had sufficient experience to warrant our urging a more general use of the medicine, in those complaints for which it was first introduced to our notice. With some constitutions indeed, it will either prove disagreeable or inert, while with others, it makes a speedy and obvious impression, and answers all the good intentions that could be wished for, or expected from any other remedy. It should be repeated in large doses during the day, and, as other writers have suggested, if no effect is produced in the course of a week, it should be discontinued, and other remedies adopted for a cure.

Portland, December, 1824.

Remarks on the Dislocation of the Head of the Radius forwards.
By ELISHA NORTH, M. D.

[Communicated for the New England Journal of Medicine and Surgery.]

THAT Sir Astley Cooper should say, when treating of dislocations of the elbow joint, that he had seen only six examples of the dislocation of the head of the radius forwards, struck my mind with astonishment. Equal surprise was also excited, when he says this luxation appears to be a *difficult one to reduce*; and that in the two first cases of the kind all attempts at reduction were unsuccessful. But this surprise was somewhat lessened, when he immediately afterwards informs us,

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that the last patient was placed upon a sofa, and the arm was put over the back of it, and extension was made from the hand, without including the ulna; and *that this seems to be the most likely mode of succeeding.*

From this I discovered that Sir Astley was so unfortunate as not to know, with all his great knowledge and experience, how to remedy this evil. See New England Journal of Medicine and Surgery, third series, Vol. II. p. 426. The signs, or marks, which Sir Astley has given, by which this luxation may be known, are good ones, as detailed in the Journal, for I have not yet seen the original work. It might have been proper to have mentioned, that a sudden extension and pronation of the fore-arm, is commonly the cause of this accident. And that this is done by a foreign force, applied when the mind of the patient is not operating upon the muscles of the arm. In the numerous cases which I have seen, much more numerous than those given by Sir Astley Cooper, the luxation has been produced by a sudden jerk, given the arm by another person. And this is the reason why this injury is more commonly found among children. For these, as is well known, are often pulled by one arm, and sometimes carelessly, by those who have the care of them.

I have been induced to re-peruse Memoir 10th, of Dr Caldwell's Translation of Desault on Fractures and Luxations. From this memoir, it appears that even that celebrated French surgeon was more unfortunate than Sir Astley Cooper. For he has not even given the signs, by which it may be known, when the luxation of the radius over the ulna has taken place. And even doubts the accuracy of Duverny and other French surgeons, who report such cases to have happened. He attempts to show, from anatomical considerations, that such an accident, from violence, must be extremely rare, if it ever occurs. It seems also, that when Desault found this kind of luxation in children complicated with a swelling of the joints, he considered it a kind of chronic affection, and that sometimes it could not be reduced by the expedients of art. He has also neglected, or rather avoided, informing us what those expedients of art were. Now, judging from my own experience in similar cases, I believe that if the Doctor had known how to replace the bone in such cases, the swelling would have disappeared, and that too in a short time. I once had a young girl, to whom another surgeon had been called, and who had, as he said, reduced the shoulder joint. But I found, upon examination, the doctor had made a sad mistake. For it was the elbow, and not the shoulder, that had received the injury. The el-

bow was very much swelled, for the radius had been luxated for several days. There was no difficulty in replacing the bone in this case, and the swelling, of course, disappeared in a few days.

The mode to be taken to reduce this bone is as follows: The upper arm is to be held firm by an assistant. The surgeon takes hold of the fore-arm of the patient near the wrist, with one hand, and with the other he grasps the same arm just below the elbow, moving his fingers upon the head of the radius. He then applies sufficient extension and supination to the fore-arm, and the moment this is done, he with a sudden and quick movement, preventing the arm from pronating, carries the wrist and hand of the patient to the patient's shoulder, at the same time pressing his fingers upon the head of the radius. In this way, I have never failed, during a practice of more than thirty years, of reducing this bone; and that too at the first attempt. I have had children brought to me several miles, who could not use their arms at all; but, upon the bone being replaced, would, in a few minutes, make use of them. I have generally thought it prudent however, to put their arms in a sling, and sometimes to apply a bandage.

New London, Conn. 1824.

Case of Tracheotomy; and Case in which a Stake passed longitudinally through the body. By DR PETER P. WOODBURY.

[Communicated for the New England Journal of Medicine and Surgery.]

CASE I.

ON Tuesday, March 26, 1822, I was called in great haste to a son of Rufus Merrill, aged two years, who had got something into its throat, and at times appeared near suffocation. When I first saw the child I thought the difficulty in breathing proceeded from something within the œsophagus. The parent stated that it had been playing with chesnuts but a few minutes before it had come out of another room in this situation. I passed a probang into its stomach, which gave immediate relief. For a moment I felt gratified with my success, but it soon puked, and immediately suffocation was again threatened. I introduced the probang two or three times more, and sometimes with relief. I was now confident that the difficulty of breathing was produced from something within the trachea. When I passed the probang into the stomach, I could distinctly feel the end of the instrument pass over something about as large as a chesnut; and this circumstance, with the relief it gave the child, induced me to repeat the operation.