As the suggestion was then challenged for its apparent temerity, claiming, as it did, to reach cases otherwise incurable, I will add another instance from practice to those already on record in this JOURNAL, and have the less hesitation in stating the case as it is from the experience of a gentleman whom I believe entirely unbiassed.

The patient, Mrs. A., of New London, N. H., I saw in consultation with Dr. McIntire, of Goshen, during the summer of 1856. Her symptoms were somewhat obscure, but such, nevertheless, that I had no hesitation in affirming the existence of an intra-uterine polypus, in opposition to the opinions of several physicians who had previously examined the case. Want of time prevented my then operating for its removal, and though earnestly requested to do so, I was unable to revisit the patient. I have lately, however, received from Dr. M. the further history of the case, and shall now quote from his letter, which is dated April 26th, 1859.

"Mrs. A., whom you saw at New London, is now at my house. After seeing various other physicians, among whom was Dr. C., of H., all of them telling her that no polypus was there, and some of them strongly opposing your views of the case and its treatment, she could not be pacified until the os had been dilated and the womb examined beyond doubt: accordingly, three weeks since, I commenced the use of tents. Previously to this, the mass you detected (and of whose existence Dr. M. was convinced, both by sight and by palpation, during my visit with him), had sloughed off, as I think I wrote you once, leaving a healthy looking os.

"After dilating, I found a fibrous base of the same mass, broadly attached, extending nearly to the fundus, and presenting one small spot, about the size of a pea, which was extremely tender. To this I commenced applying *potassa fusa*, and have made three applications. The mass is now nearly gone, and the patient (who was bedridden) sits up three quarters of the time."

This is the second case of the successful application of *potassa fusa* to the interior of the uterus reported to me by Dr. McIntire, to whose courage and good judgment I again cheerfully bear witness.

Blue Hill, Milton, July 13, 1859.

SIMPLE AND COMPOUND COMMUNUTED FRACTURE OF THE ARM AND FOREARM.

BY EDWARD WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

On the first of August, 1849, Mr. George W. Shaw was returning from Boston to his residence in Grantville, in the Boston and Worcester Railroad cars.

He was holding a newspaper in his right hand, with his elbow projecting from the window, when the door of a freight ear, which had been improperly left too near the track, blew to, as the train was passing, bending his arm around the frame of the window. The arm was fractured just above the elbow. The iron fastenings of the door penetrated the elbow-joint, producing compound comminuted fracture in that place, two of similar character in the ulna, and a simple fracture near the wrist. The limb was broken in five places.

Mr. Shaw was a large, very fleshy man, of sanguine temperament, extremely sensitive to pain. From these circumstances and the great heat of the weather, my prognosis was unfavorable. I had my doubts whether his situation and chance of life would be much bettered by amputation. I determined, therefore, to attempt, in the first instance, to save the arm. The fractured ends of the bone were brought into apposition, the wounds dressed, and splints applied.

On the next morning, I found him doing better than I had reason to expect. I met, at his lodging, the President and Superintendent of the Worcester Railroad, who offered to procure additional surgical aid; to apply to Dr. John C. Warren, or any one else who might be preferred. As I saw no immediate occasion for a consultation, and as Mr. and Mrs. S. expressed perfect confidence in me, the offer was declined.

After a day or two, the wounds began to discharge, and this discharge soon became immense. To keep the arm in its position, I had a tin case made. This was found filled with matter at every dressing, besides quarts which had escaped upon the pillow and bedclothes.

Nevertheless he went on favorably. It was necessary to dress the arm every day, and sometimes twice a day, on account of the heat of the weather and the profuse suppuration. Every dressing, every motion of the arm produced agony. In ordinary cases of fracture, even in compound fracture, I have found much less pain than most persons would expect.

I should have stated, that in setting the arm, I had placed him under the full influence of ether, which was kept up for some time after the dressing was completed. To this I attributed the fact that the inflammation was not as violent as I expected. I do not know whether it has been observed by others; but I have thought that where ether or chloroform was used, there was less active inflammation—less tendency to adhesion, more to suppuration. If this is the case, while we gain in the use of ether in an instance such as the present, we lose when adhesive inflammation is desired.

However this may be, to the free use of ether I attributed the comparatively low degree of the inflammation, and its not producing greater constitutional effects. Everything continued to go on well; but twice I was called to him in haste, in consequence of

profuse bleedings from the wounds in the forearm. The simple fractures united well, but the wound at the elbow and the excessive pain produced there by the slightest motion, prevented flexion of the joint, so that when it became time to discontinue the splints, the elbow was found stiff.

By advice of Dr. John C. Warren, I placed him again under the influence of ether, and attempted forcible flexion of the joint. But I found that the fracture of the humerus was so near the elbow, that I should sooner break the newly-formed adhesion than restore the mobility of the joint. I did not, therefore, repeat my effort.

The wounds of the elbow and of the forearm had healed, contrary to my expectation, without leaving fistulous openings. No pieces of bone, that I am aware of, came away. Whether the comminuted pieces came away in the matter, or whether they were absorbed, I know not. He continued, however, to suffer a great deal of pain, and I had the arm constantly wet with rum; perhaps rather a dangerous practice after a patient resumes his usual walks in life, since his companions may not always distinguish whether the smell of spirits proceeds from the bandages or from his breath.

I would say, in passing, that had this patient's health been injured by habits of intemperance, he could not have recovered as he did. Next to a healthy state of the body, he owed his recovery to the unwearied and judicious care of his wife.

When he became able to go out, the arm was still kept in a tin case, and after I had ceased my attendance, leaving it to be dressed daily by Mrs. Shaw, he came for me to examine it occasionally at my house.

He never acquired the use of this arm; it remained permanently stiff, fixed at nearly a right angle.

"GRAY'S ANATOMY."

[Concluded from p. 496.]

WE have spoken of some of the deficiencies and inaccuracies which are most noticeable in Mr. Gray's Anatomy. We are sorry to observe that a good many inconsistent statements also occur in the work in question; these are the more to be regretted, as being liable to confuse the student, and leave him in doubt as to which is correct, or whether both are equally true.

At p. 198, the risorius Santorini is stated to be "placed superficial (sic) to the platysma." This is something new; for most anatomists have heretofore considered the risorius as *part* of the platysma. Mr. Gray is not unaware of this fact, for at p. 203 he says that the "most posterior fibres (of the platysma) are the rudiments of a remarkable accessory fasciculus, the risorius Santorini." At p. 348, the position of the axillary artery in the axillary