LONGITUDINAL FRACTURE OF THE LOWER END OF
THE RADIUS TOWARD THE ULNAR SURFACE

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Longitudinal fractures of the lower end of the radius are exceedingly rare. Cotton¹ speaks of only three specimens. Parrish² and Bendell³ probably have the only roentgenographic illustration of the lesion. So far as I can learn, this case is the only longitudinal fracture of the radius that split toward the ulnar surface.

Longitudinal fracture of lower end of radius.

J. H. G., farmer aged 38, May 3, 1913, was boxing hats; his antagonist caught him by the fingers of his right hand and in jerking to free himself he felt something in his wrist snap. He consulted me the day of the injury and on roentgenoscopy the fracture was located.

1. Cotton: Dislocation and Joint Fractures.
2. Parrish, R. C.: Longitudinal Fracture of the Lower Extremity of the Radius, *THE JOURNAL A. M. A.*, Jan. 11, 1913, p. 123.
3. Bendell, J. W.: Longitudinal Fissured Fracture of the Lower End of the Radius, *THE JOURNAL A. M. A.*, May 17, 1913, p. 1537.

Gentleness in Surgery.—The fact that some operators produce little constitutional disturbance, little shock, by the performance of an operation which at the hands of another causes very serious collapse, is not due to differences in the patient, in the anesthetist, in the method, or in anything else but the surgeon himself. There are surgeons who operate on the "canine" principle of savage attack, and the biting and tearing of tissues are terrible to witness. These are they who operate with one eye on the clock, and who judge the beauty of any procedure by the fewness of the minutes which it has taken to complete. There are other surgeons who believe in the "light hand," who use the utmost gentleness, and who deal lovingly with every tissue that they touch. The former type of operator is described by Crile as "carnivorous;" the latter type is nowhere better exhibited than in his own work. The scalpel is, indeed, an instrument of most precious use—in some hands a royal scepter; in others but a rude mattock. The perfect surgeon must have the "heart of a lion and the hand of a lady;" never the claws of a lion and the heart of a sheep.—Sir Berkeley Moynihan, Address in Surgery, Brit. Med. Assn., 1913.

A FATAL CASE OF COCCIDIOIDAL GRANULOMA

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History.—The patient was a Yaqui Indian, aged 30, speaking no English (history obtained through interpreter). He worked at McKittrick, San Joaquin Valley, California, with construction gang. He knew nothing of his family history. He said that he had never been sick before and denied venereal diseases.

Present Trouble.—July 25, 1911: Patient said that he had been sick for ten days. He felt warm and had pains all over him, in shoulders, hips and all joints. He had coughed for several months and had had some pains in the lungs. A couple of weeks after admittance, patient said that he had no pains anywhere, no chills and no sore throat, but that he had perspired freely day and night.

Physical Examination.—There was no evidence of a lesion anywhere. The heart-tones were clear and strong; there was no cough; there were no signs in the lungs of any trouble. The pain in the joints of which he complained was not bad, and there was no evidence of swelling or tenderness. Even the pain in the joints disappeared without medication and did not return. The urethra and prostate presented no sign of trouble. The tonsils were slightly large but not inflamed. Widal and Moro reactions were negative. Blood-culture, urine and stools were negative. The blood-count was 24,650 at time of entrance, but three weeks later was normal.

Treatment and Course.—The progress of the disease was without incident except for the fever and failure to determine the nature of the infection. At the end of two weeks, because of negative findings, a mixed vaccine was used on the patient, pneumococci and streptococci predominating. There was no effect from this after two weeks and vaccine treatment was discontinued. The pulse was slow and the temperature ranged 3 or 4 degrees daily and was very irregular, ranging from 95.6 to 104 F., and going below normal several times.

The patient grew gradually weaker, rales developed in the lungs and he died fifty days after entering the hospital.

Laboratory Reports.—July 26, 1911: Urine: dark yellow; specific gravity, 1.015; reaction acid; sugar negative; albumin negative. Microscopic examination showed amorphous urates and a few finely granulated casts. Diazo-reaction negative. Widal negative.

Aug. 3, 1911: Widal, negative; blood-culture, negative. Differential blood-count: polynuclears, 76.5 per cent.; eosinophils, 4.5 per cent.; large lymphocytes, 1 per cent.; small lymphocytes, 18 per cent.

Aug. 4, 1911: Moro reaction negative.

Aug. 11, 1911: Sputum: elastic tissue, none; bacilli of tuberculosis, negative; diplococci, some; streptococci, many. Several days later sputum examinations showed absence of tubercle bacilli but presence of many diplococci and streptococci.

Feces: No pus, mucus or occult blood; no ova or parasites.

July 27, 1911: White blood-cells, 24,560.

Aug. 15, 1911: White blood-cells, 9,000.

Sept. 11, 1911: White blood-cells, 11,150; blood-culture, negative; bacteriologic examination of catheterized specimen of urine, negative; palpation of prostate, negative.

Necropsy.—By Dr. W. T. Cummins. Typical lesions of miliary tuberculosis in lungs with fewer lesions in the other organs. The primary focus was the lumbar lymph-nodes which were soft and caseous, fluid pus showing in certain of them. It was not until sections were made of these lymph-nodes and the lung that it was discovered that the lesions were due to the coccidioid organisms. There were no ulcerations in the intestines.

Characteristics of the Preceding Case.—The initial lesions were in the lumbar lymph-nodes, whereas in about 70 per cent. of the cases the lesions were primarily in the lungs. There were no skin lesions, which are present in at least one-third of the cases. Blood-cultures were tried on three occasions and were negative; in no previous case, so far as I know,