

peated. Ordered antimonial mixture, and a stimulating liniment for the chest.

2. Much worse; constant jactitation; had only one dose of the antimonial; frequent mouthfuls of dark fluid, like coffee-grounds, discharged; stomach distended; several stools; tongue moist; pulse 140; sutures giving way; wound gaping; discharge the same; pain severe. Continue the warm application; omit the antimonial. Take of carbonate of ammonia and extract of hyoscyamus, of each a grain and a half; camphor, two grains. Mix them. To be given every second hour. He died at one, a.m., the following morning.

Remarks.—The poor patient on being extricated from the machinery, and perceiving the extent of the injury inflicted upon his arm, sprung on his legs, and entreated of those around, and ultimately ordered them to hew him down in any convenient way; a circumstance very characteristic of the Malay people, when suffering from any severe bodily affliction. He, however, next day, and until his death, repeatedly expressed the greatest desire to live, and would willingly have submitted to any kind of remedy proposed.

The severe shock the system had received, the extensively lacerated and bruised state of all the different structures surrounding and for some way beyond the articulation; the usual consequences attendant on such an injury, and more particularly in the seat in question; the deplorable indifference and carelessness which natives almost universally show about their friends when afflicted with disease, and consequently the impossibility of obtaining that care and attention which was so imperatively required under such circumstances, all led to the improbability of a favourable result to the case however treated. Yet something required to be done, and notwithstanding the difficulty of procuring a sufficient covering of any kind to the surface of the joint, Mr. Scott concurred with me in the opinion that disarticulation was the only mode left of affording the smallest prospect of preserving life. No inflammation had supervened previous to the operation; but it has been shown how rapidly this took place afterwards, and terminated in extensive sloughing of the bruised parts, the effects of which carried off the patient. No post-mortem examination was obtained.

BLEEDING AND SUPERACETATE OF LEAD IN HÆMOPTYSIS.

To the Editor of THE LANCET.

SIR,—If I possessed the leisure, I should yet lack the inclination to engage in controversy with an opponent wholly unknown to

me, except as the avowed author of a letter, which, not content with strictures upon my treatment of a case recently recorded in your pages, as uncalled for, as I believe them to be unfounded, commences with the imputation of motives beyond all others repugnant to an honourable mind. With sincerity I disclaim the being actuated either by the desire of “flourishing in print,” or the more ignoble wish “to seek unjustly that which right denies me.” It is far from me to aspire to “notoriety,” or to covet an “immortality” to which I possess no real claim; and I would put it to the better judgment of Mr. M^cClatchie, if it would not have been in all respects as well (however deserving reprehension my practice might, in his opinion, be), had he been kind and courteous enough to assume this of a person against whom he would, I trust, be unable to substantiate his accusations? May I, Sir, be allowed to correct some errors into which your correspondent has fallen, in his eagerness to condemn one who participates to the full in his own righteous detestation of practices which none can justify?

And, first, I would respectfully beg to call his attention to the fact, that at the time at which I first saw my patient the hæmorrhage had ceased, and also to an error in his representation that the patient was voiding blood “by mouthfuls.” If he will be good enough to refer to my letter, he will find that I report “the blood was discharged in half-mouthfuls.” *The bleeding had ceased*, and my unwillingness to use the lancet unnecessarily arose from my apprehension that further depletion would but favour the progress of the tubercles with which I knew the apices of both lungs to abound. *The bleeding had ceased*—and although a jerking irritable pulse remained (as frequent in asthenic as in more active hæmorrhages), I could not then,—and Mr. M^cClatchie must pardon me,—cannot now persuade myself that under those circumstances I was called upon to use the lancet “freely,” and “without reference to quantity.”

My opponent may rest persuaded that whatever injury will accrue to the public from the erroneous notions my communication was calculated to convey to the minds of the younger members of the profession, he could not possibly instil a doctrine more erroneous or more fraught with mischief than that in *all cases* of pulmonic hæmorrhage, the “leading indication” is to employ the lancet in the manner he has recommended. Assuming that it is *the remedy* in those cases of hæmoptysis which happen to the plethoric and robust, yet it is to be remembered that the circumstances of the attack are ever varying,—that peculiarities of bodily constitution, and other causes originating in the age, sex, and previous health of the patient, and connected with its complications in different cases, the number, character, and force of

which can be very imperfectly surmised, except at the bedside, may render its employment the source of mischief,—aye! of *death* in others. The student may believe me, that whilst nothing is so easy and delightful as to promulgate general rules and sweeping precepts, nothing will be harder than to discover their applicability to every instance of disease. Experience will teach him, when engaged in actual practice, that nature and disease defy all systems, and overwhelm our “leading principles,” and our most fondly-cherished expectations.

One other remark, and I will leave this part of my opponent's letter. He notices to reprehend my having omitted to “lay down the principle” upon which I subsequently bled my patient to a pint. It might, perhaps, be sufficient were I to remind your readers that my former letter consisted of a *bare report* of a case, and that *as such*, it was not to be expected that I should enter into a disquisition of the principles which guided my proceedings. My leading principle, I may mention, was the welfare of my patient. If, however, I am thought to merit reprehension for having omitted to specify that I employed my lancet with a view to induce *syncope*, I would here join issue with my antagonist, and fearlessly declare that, except in the cases I have mentioned, I would never bleed for such an end in pulmonary hæmorrhage. I believe most practical men will agree with me in opinion, as to the superiority of small and repeated to large and excessive bleedings. Small blame, then, to me for omitting to state what I cannot feel myself justified in believing.

And now as to the employment of the lead. If it really possess any power of controlling hæmorrhage, I would not seek to detract from its reputation. I will not boast of my “frequent” and “free” use of it in hæmorrhage, diarrhœa, and a long catalogue of maladies.

But I must still adhere pertinaciously to the fact, that in the case I have described, its employment did produce *colic*—not simple constipation, however learnedly defined—but true, undoubted, well-marked, genuine lead colic. Mr. M'Clatchie refers to the period of his pupilage in Dublin for proof of his assertions with regard to the utter harmlessness of lead. I, too, would state, that it is perfectly within my recollection that during the period of my attendance at University College Hospital, a case, in all respects analogous to mine, happened to Dr. A. T. Thomson. There it was evident to all that colic was produced by the administration of medicinal doses of the acetate of lead in a case of pulmonary hæmorrhage, and I distinctly remember that Dr. Thomson favoured us with lengthened clinical remarks upon it. I, too, would appeal to authority, and to the recorded and unwritten experience of men justly eminent in the profession

of medicine. One of our own physicians, distinguished no less for his gentlemanly urbanity than for his professional attainments and enlarged experience, has this day informed me that, uncombined with opium, the acetate of lead is extremely apt to develop the disease in question. I am quite ready to admit that the attack was of a mild description, but must still maintain that it was colic, engendered and aggravated by the employment of the lead Mr. M'Clatchie, lastly, quarrels with the administration of salines and laudanum, five drops of laudanum being so calculated to lock up the secretions and hinder the peristaltic movements of the bowels!—opium, moreover, being so generally disused in *colica pictonum*! I am, Sir, your constant subscriber,

JOSEPH BOWERS GRAY, M.R.C.S.
Duke-street, Chelmsford,
Nov. 8, 1841.

P.S.—Since writing the above, I would beg to direct the attention of Mr. M'Clatchie to a case of hand-drop, mentioned by Dr. Thomson in a recent discussion at the Westminster Medical Society, to have occurred from the medicinal employment of the acetate of lead in a protracted case of diarrhœa. See LANCET, Nov. 13.

INCOMPLETE FRACTURE OF BONE.

To the Editor of THE LANCET.

SIR,—Dr. Mantell is assured that I do many things that I cannot *see*, and he assumes too much in supposing me not to have seen cases of partial fracture. But I cannot perceive that the cases related by him were partial fractures. Indeed, his own expressions appear to prove the contrary, for he asserts in his first letter, that after receiving the injury in question a bone will “remain permanently curved;” and in his last letter he states, that “in injuries of this nature the bone is so *firmly fixed* in a bent position, that it cannot be reduced by moderate extension and pressure.” This I contend is a principal diagnostic sign of bent bone, but not of partial fracture, which is very satisfactorily proved by Mr. Gibson in your Number of October 30th.

If further evidence be wanting, allow me to quote again from the doctor's first letter, where he compares the injured bone to “a tough twig.” And I will add, for him, that the twig, under such circumstances, will, when pressed, have an angular or hinge-like motion. So, also, for a limited time, will a partially fractured bone. This motion must necessarily be slight if one bone only of the forearm be injured, from the circumstance of its being so closely and firmly united to the other. But, much or little, in all such cases it may be discovered.