

leather belt round the body instead of the linen roller, but he cannot bear the lower straps to be tightened, as the pressure gives him pain above the pubes.

"19th.—Was restless during the night, and is much worse this morning; has vomited several times, and is much distressed with hiccough; the urine dribbles away guttatim and gives him much pain. Effusion has taken place into the scrotum and perinæum, but to no great extent. We tried to pass the catheter, but could not succeed, either from the urethra being ruptured, or from a stricture of some years standing; pulse 130, weak and low; cold perspirations on the forehead; has had several loose stools. The hiccough is much relieved by taking ether with camphor mixture, which he says he finds very refreshing.

"20th.—Was very restless in the early part of the night; had two stools; passes more urine and with much less pain; hands quite cold; pulse 145 and very weak; the effusion into the scrotum does not increase, and it has assumed a livid appearance; tongue is clean and moist, but he complains of being very thirsty; has been reading during the morning, is quite sensible, and free from pain, and can scarcely believe that he is in great danger, though he is evidently and rapidly sinking; since the morning the whole of the abdomen is swollen very much and appears to be distended with air; he is continually dozing, but being unable to obtain sound sleep, at 10 P. M. I gave him, at his own request, thirty drops of laudanum, but he rejected it almost immediately. The hiccough still continued, but he remained free from pain, and died at 2 A. M. the following morning, (the 21st.)

"The body was examined ten hours after death; the cavity of the abdomen and its contents had a livid, purplish appearance, as if blood had been extravasated through the whole extent of the peritoneum; it contained about six ounces of blood, on which a small quantity of oil floated; the stomach exhibited effused blood on its external surface, and several clots were discovered on its inner membrane. The liver had numerous and firm adhesions to the diaphragm; there was dark discoloration on its right lobe, and on raising it, a quantity of thick, florid, coagulated blood was found underneath. The intestines were much distended with air, and in several places had the appearance of being bruised; there was a very small opening in the colon less than the size of a pea, we were not certain whether it was ruptured, or whether it was caused by the knife; when the intestines had been exposed to the air for about half an hour, they turned of a greenish hue; on removing them, and detaching the psoas and iliac muscles from the os innominatum, on which there was much effused blood, a total separation of the ilium from the sacrum was discovered, at the sacro-iliac symphysis, and a small transverse fracture of the ilium, nearly two inches in length. On cutting through the recti muscles over the pubes, about an ounce of brown coloured fluid escaped, of an urinous smell. The ossa pubes were disjoined at the symphysis, the cartilage was torn from the bone on the left side, leaving the surface rough, and there was a space of about half an inch between them. The bladder contained a small quantity of urine, and its external and internal surface had a dull red appearance. The urethra was ruptured, just before its passage through the triangular ligament, and some urine had escaped into the adjacent cellular membrane; the stricture was about six inches from the orifice of the urethra.

"From the very great injury the parts had sustained, it may appear surprising, that the patient suffered so little pain; for, excepting when passing his urine, he was quite easy."

A case of this variety of dislocation is related in the memoirs of the Academy of Dijon, and another, which occurred to Dr. HARRIS, will be found in the fourteenth volume of the Philadelphia Journal of the Medical and Physical Sciences.

47. *Perforation of the Membrana Tympani.*—It has been believed that in certain cases of deafness, advantage has been obtained from perforating the membrana tympani, but as the wound almost always soon heals, the benefit has been but temporary; and some ill consequences have sometimes resulted from the

inflammation which follows the operation. Dr. SOLERA, in a communication published in the *Annali Universali di Med.* for Jan. last, states that he is satisfied that these ill consequences are rather attributable to imperfection of the mode of operating, than to the operation itself, and he recommends it to be performed by introducing a piece of gum elastic catheter into the external meatus down to the tympanum, and through this, to pass a probe armed with caustic potash. When the potash touches the tympanum, a rotatory motion is to be given to it. The loss of substance thus occasioned, prevents the future obliteration of the opening.

48. *Fracture of the body of the Scapula.*—JAMES SYME, Esq. relates in the *Edinburgh Medical and Surgical Journal* for April last, a case of this rare accident. It occurred in a man aged forty-five, who, whilst carrying a heavy stone in a handbarrow, across the sunk area of a house, the wooden gangway broke, and he was precipitated to the bottom. He fell first, and the stone struck him on the back. The lower portion of the scapula was drawn upwards, and projected outwards by the action of the *levator* muscles, together with the *latissimus dorsi*. Mr. S. put a cushion of tow in the axilla, another over the lower part of the scapula, and then applied a spica bandage, under which treatment the patient felt quite easy, and was dismissed free from uneasiness or deformity in three weeks.

49. *Fracture of the edge of the Acetabulum.*—Dr. M'TYRN has given in the *Glasgow Medical Journal* for February last, some interesting particulars respecting four cases of fracture of the edge of the acetabulum, an injury of which little notice is taken by any surgical writer, and yet it would seem not to be of exceedingly rare occurrence, since three of these cases occurred within little more than twelve months in the Glasgow Royal Infirmary. In the first case, a fracture was found to pass through the bottom of the right acetabulum, from below upwards and forwards, while a wedge-shaped piece of bone, about an inch and a half long, was separated from the upper and posterior margin of the cotyloid cavity. When the muscles were removed by dissection, this portion of bone was held in place by the capsular ligament, and a few fibrous bands at its superior margin, which here formed a kind of hinge. When the head of the femur was brought into its normal situation in the acetabulum, the separated portion of the margin of the acetabulum fell into its proper place. The capsular ligament was lacerated at the lower and posterior part, the triangular ligament was also separated from the bottom of the acetabulum, and there was no resistance offered to the head of the femur raising the detached portion of bone, passing under it, and then gliding on to the dorsum of the ilium, which situation, while the patient was alive, it always assumed, when the thigh was left to the uncontrolled action of the muscles attached to it.

The second case differed from the first, only in this, that the portion of the margin of the acetabulum which was separated, was chiefly from the upper part.

The third case differed from the two former in the situation of the fracture, and there was some dissimilarity in the position of the limb of the affected side, from that of the other cases. In this example, as in the first, a fracture passed through the bottom of the acetabulum, but here it was nearly transverse. From that part of the acetabulum opposite the ischiatic notch, a thick, somewhat triangular-shaped piece of bone was separated, removing an inch and a half of its margin; another portion, containing about half an inch of the brim of the acetabulum, was also removed, a little lower than the former, and this adhered to the extremity of that portion of the cotyloid ligament from which the largest piece of detached bone had been entirely separated. The head of the femur was lodged over the ischiatic notch on the pyriformis muscle; the largest portion of bone separated from the ilium was pushed towards the coccyx, whilst the head of the femur had passed under the smaller portion. The cap-