

dislocation backward of the same phalanx of the ring finger, and simple dislocation of that of the middle finger.

These were reduced as the other cases.

For this plan of treatment I am indebted to Mr. Wornald and Mr. Vincent. The former gentleman pointed out the position I have described of the hand and arm, as most completely relaxing all the extensors and flexors of the thumb. The mode of reduction is that taught by Mr. Vincent at St. Bartholomew's, and since published in his valuable "Surgical Observations" pp. 39, 40, where he shows that the chief difficulty in reduction "is in the lateral ligaments, which usually remain entire, but are altered in direction." "If these ligaments are entire, the phalanx that is dislocated lies over, and parallel to, the other, and the lateral ligaments are now at right angles, instead of being in the same line as the bones, and any power to draw the bone in the line of its axis must only press the bones most closely together," and would consequently be useless.

He cites cases in which extension failed, but "reduction was effected without any pain and with the utmost facility," when the mode by flexion was adopted.

Holmes Chapel, Cheshire, 1850.

PECULIAR CASE OF DISLOCATION.

By HUGH THOMSON, Esq., Greenock.

A. H—, aged thirty-five, by trade a sawyer, on the morning of the 25th of January last, whilst walking upon a log over his sawpit, slipped, and fell into the pit, and sustained an injury of the left leg, in consequence of which he was unable to walk home without assistance. On examining the limb about two hours after the accident, the only thing remarkable to be seen was an unusual prominence of the head of the fibula, which I found to be thrown forwards upon the anterior and outer aspect of the tibia. I endeavoured to replace it by pressure with the fingers, but without success, until I directed the leg to be flexed upon the thigh, so as to relax the biceps muscles, when the bone immediately slipped back into its place with an audible crepitus, and the part, at the same time, assumed its natural appearance. A compress and bandage was applied, and rest enjoined. A slight effusion took place into the knee-joint, which subsided in a few days, and the patient was able to resume his work in a fortnight.

Greenock, March, 1850.

Foreign Department.

Treatment of Ascites by Injections of Iodine.

Dr. LERICHE, of Lyons, has published in *L'Union Médicale* a paper, wherein he strives to establish that idiopathic ascites may be cured by purely surgical means. He asks: "Why should injections of iodine into the abdomen be more dangerous than the same injections into the tunica vaginalis, or other synovial cavities, since the anatomical identity between the peritonæum and these membranes admits of no doubt?" The author starts by quoting two cases of penetrating wounds of the abdomen which were perfectly cured, and infers that iodine injections are less trying than such wounds. He condemns the free use of purgatives and diuretics advocated by Cullen and Brown, and commends the attempt at cure by a substitutive inflammation, in spite of the opinions of Frank and Grisolle, who reject the practice. A case is then cited where repeated injections of a decoction of Peruvian bark, after evacuation of the fluid accumulated in the abdomen, were followed by the happiest and most lasting results; and M. Velpeau, who is rather favourable to attempts of this kind, is quoted at length. From the passages of the "*Médecine Opératoire*" of that author, extracted by Dr. Leriche, it appears that the first trials of this method were made by Brenner; Warriek followed him, injected Bristol water with success, and failed with red wine and tar-water; Hales advocated the introduction of two canulæ, so that the fluid injected by the one might escape by the other; Heurmann and Bossu gave their support to abdominal injections, but had few imitators until Broussais mentioned two successful cases obtained by the vapour of wine. MM. L'Homme and Gobert used the same means in two cases, and the patients recovered perfectly. Yet M. Velpeau thinks that such cases are not sufficiently clear to authorize a like practice; he holds, as shown by two autopsies, that the cure is effected by the agglutination of the parietal layer of the peritonæum to the

abdominal viscera, and asks whether we are in prudence and humanity justified in thus imitating the process of nature? M. Jules Cloquet has mentioned a case of congenital hydrocele, where the alcoholic fluid, injected into the tunica vaginalis, penetrated into the abdomen without giving rise to unpleasant symptoms. M. Roosbroeck, of Louvain, has tried the injection of nitrous oxide gas into the abdomen, this idea being suggested by the diuretic and diaphoretic properties of this gas. Two men and one woman were subjected to this treatment with advantage; and M. Broussais used it on a patient, who was so exhausted beforehand, that it appeared surprising to see him survive the operation a whole week. Dr. Leriche, having thus given an historical sketch of this method, according to M. Velpeau's book, adds: "The first case of iodine injections into the abdomen which has come to my knowledge is one of Dr. Dieulafoy: he employed them three different times on the same patient, who quite recovered. I have myself used these injections in several cases of ascites, and was perfectly satisfied with the results, and so convinced of their innocuity, that I tried them in a case of ascites resulting from cirrhotic liver; and though the effusion eventually returned, I did the patient no harm by two operations." Two cases of complete success are then quoted by Dr. Leriche—one relates to a girl of seventeen, whose abdomen measured thirty-eight inches in circumference over the umbilicus. After evacuation the following injection was thrown in:—Tincture of iodine, one ounce; iodide of potassium, one drachm; water, eight ounces. The patient did not experience any pain; the abdomen was well kneaded; about four ounces were allowed to escape again, and a bandage was put on. The case was very successful, yet we cannot help thinking that the author, in a subsequent paragraph, rather oddly ascribes the ascites of this girl to pleuritis, which, by contiguity of tissues, had spread to the peritonæum in a latent form. The second case is that of a woman, thirty-eight years of age, who had ascites after a sudden check to the flow of the catamenia; the abdomen measured forty-eight inches; the fluid was evacuated, and the same injection as above thrown in. The irritating liquid was brought into contact with the whole abdomen by handling its surface, and almost the whole allowed to flow out again. The patient, from whom about nine pints of greenish-yellow and adhesive serum had been drawn, recovered perfectly; she was seen six months after the operation, and complained of no return of the effusion. It should be mentioned that the injection caused but very little pain.

Twin Birth—Abnormal Disposition.

DRS. SAGOT and d'HURTEBISE have recently published in *L'Union Médicale* the following extraordinary obstetric case. A healthy girl of twenty married about five months ago, and almost immediately after marriage, she felt the first symptoms of pregnancy. Gestation went on in a regular manner up to three months and a half, but at that period the abdomen took rapidly a development and a tension of a morbid character, and the legs began to swell. At four months and a half, the abdomen was enormously stretched, much more so than is usual on the ninth month of a natural pregnancy; there was fluctuation, and the œdema of the legs became considerable, though neither the face, arms, nor superior portion of the trunk were swollen. When the fifth month had been reached, the patient no longer felt the child, intermittent pain in the loins set in, no serosity; not a drop of blood escaped; the os uteri began to dilate, and the head of the fœtus presented at the brim. The expulsion was very rapid; the child had the dimensions of a fœtus of four or five months; it was dead, and from the colour of the skin it might easily be perceived that death had taken place several days before. The umbilical cord was thin, about the size of a quill, and the passage of the child had been unaccompanied by any blood or serosity, in fact, not a drop had escaped. The mother's abdomen was, however, as distended as before, the placenta was not appearing, and by the finger the cord might be felt communicating with a smooth, soft, and fluctuating membrane. The examination being carried further, the membrane burst, and a tremendous gush of a yellowish serosity took place. No less than from eight to ten quarts escaped. The abdomen fell in considerably, pains came on, and a second child was soon born; it was a little larger than the first, and the umbilical cord was enormous, knotty, and at its foetal insertion, as big as a man's thumb. A little blood escaped with the placenta; the latter was voluminous, of an oval shape, separated by no groove or division, and received the insertion of both cords, which, however, were implanted at some distance from one another. The patient was soon well, and the œdema entirely