

had continued for several hours. She had experienced all the usual symptoms of pregnancy, and the abdomen was much enlarged. She was examined by the midwife of the establishment, and by the junior medical officer, and was informed that she was only eight months advanced in pregnancy, and not at her full term. After remaining three days in the hospital, as the pains had ceased, she left, but was recommended to come back immediately if the pains returned. As she continued perfectly free from them for the space of another month, she then applied to a physician for his advice, who referred her to me.

On examining the patient, she did not present one single sign of pregnancy, except that the abdomen was somewhat enlarged, but the umbilicus was depressed, and it was quite evident that she had never been pregnant.

Now, had this young woman, presuming upon her apparent state, have run the risk of being impregnated by another individual, during her husband's absence, she might have brought forward very satisfactory evidence as to her advanced pregnancy, at the time of her residence in the lying-in hospital.

A somewhat similar case occurred, within a short period since, in a much higher rank of life. A lady who had already borne a child, found herself, as she thought, again pregnant, and intimated the fact to her friends. The husband died suddenly, soon after this, but the pregnancy progressed in the usual manner, and at the expected time of labour the monthly nurse was sent for, whilst from certain premonitory symptoms, the medical attendant remained for several nights in the house. As labour did not occur, a more minute investigation was instituted, when it was discovered that the lady was not pregnant. Now, under different circumstances, this mistake might readily have led to some others.

DISLOCATION WITHOUT FRACTURE OF THE LAST CERVICAL VERTEBRA.

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MARY-JANE W—, aged twenty-four, was admitted on the 11th instant to the wards of this hospital, under Mr. Jordan, suffering from complete paralysis of the lower moiety of the body and loss of the powers of thoracic respiration; there was a contused abrasion at the back of the neck tending over the right shoulder, and some tenderness over the lower cervical and upper dorsal vertebræ; there was no evidence of any fracture, and it was at first hoped that the paralysis might depend upon severe concussion only. The progress of the case, however, soon gave evidence of the intensity of the internal injury; for the concomitant signs of hopeless compression of the cord were gradually developed, loss of power over the sphincters, retention of urine, tympanitis, difficult respiration, vocalization and deglutition, and she sank on the evening of the 17th, or sixth day of her admission.

Sectio cadaveris, thirty-nine hours after death.—After making an incision from the top of the back of the neck to near the bottom of the spinal column, and dissecting back the soft parts, the areolar and muscular tissues circumjacent to the lower cervical vertebræ were found extensively infiltrated with blood, and the following remarkable state of parts presented themselves:—Complete rupture of the capsular ligaments and dislocation (without any fracture) of the corresponding articular surfaces on the last cervical and first dorsal vertebræ, those of the former lying most anterior, those of the latter jutting backwards and slightly upwards, overlapping to some extent those of its neighbour; the supra- and intra-spinous ligaments were torn through, as also was the ligamentum subflavum on either side, so that a chasm existed between the two vertebræ large enough for the admission of the forefinger; there was disruption of both layers of the posterior common ligament of the spine, and on examining the anterior common ligament afterwards the whole of the deep layer of fibres (or those that pass from vertebra to vertebra) and some few of the superficial layer (or those that pass to alternate and third vertebræ) were also found in a similar state; the anterior development of the right transverse process and the posterior development of the left transverse process of the vertebra prominens were broken off; the intervertebral substance itself was obliquely torn through, the greater portion of it adhering to the lower vertebra; the bodies of both implicated bones were found, after careful inspection, perfectly free from fracture or fissure of any kind; the membranes of the cord

were unruptured, but of a dark colour; the cord itself softened and evidently trapped between the posterior surface of the first dorsal vertebra and the anterior aspect of the laminae of the bone above it; there was no evidence of much inflammatory action on the cord in either direction from the seat of injury.

It was a subject of considerable interest to ascertain, if possible, how such a severe injury could have been inflicted with so few external signs of violence. After some inquiries, I have gleaned these particulars respecting it, that the occupation of the deceased consisted in sewing together pieces of mousseline de laine laid along the floor as a matter of convenience; that she constantly wore around her waist (after the fashion of sewers) a small bundle of long thread; and that a rapidly revolving horizontal iron shaft or axle, two inches and a half in diameter, ran along the whole length of the room in which she worked, situated about eight inches from the wall and two feet from the floor. On the morning of the accident, whilst working near the shaft, the threads round her body were caught by it; feeling herself entangled, she at once jumped up to get away, when unfortunately her dress, made of strong mousseline de laine, was caught in a similar manner, and in a moment she was drawn under the shaft between it and the wall, her left shoulder and buttock resting against the latter, the shaft passing obliquely across the neck and right shoulder, grinding against them in its revolutions; her dress, however, being the weakest point implicated, was very quickly torn in pieces, and her body becoming thus liberated, she fell on the floor. It is very evident, then, that the cause of the local lesion was an indirectly applied force, the inferior part of the cervical region resting against the shaft being the fixed point, and the thoracic and abdominal regions the parts moved by the pulling on the fastenings of her dress.

Complete dislocation of a vertebra without fracture of either the body or articular processes is an extremely rare accident, and the possibility of such an occurrence was altogether denied by the older surgeons; though now recognised by modern works on surgery, few persons perhaps are aware of the small number on record. I have hunted over all books within my reach, and, excepting those that have occurred between the two upper cervical vertebræ and the occipital bone, the case now related will be found, I believe, the third or fourth pure one only in the pages of English medical literature. An account of the first, by Mr. Lawrence, may be read in the *Medico-Chirurgical Transactions* for 1827; the second is by Mr. Stephen S. Stanley, of the Royal Hospital, Haslar, particulars of which are given in *THE LANCET*, February 23rd, 1839; a third is referred to by Mr. Liston in his "Practical Surgery," but the reference must be a mistake, as I have looked for it in vain. Sir Charles Bell has described, at page 145 of his "Surgical Observations," a case of diastasis between the last cervical and first dorsal vertebræ; Mr. S. Cooper doubts that it was a dislocation at all, and to my mind his own words in the dissection go to prove that it was not one:—"On dissecting up the muscles, there was found to be an evident loosening of the last cervical from the first dorsal vertebra. A few of the dorsal and cervical vertebræ were removed, and then it was distinctly seen that there was a considerable space between the last cervical and first dorsal vertebræ; the intervertebral substance was completely destroyed, and an immense quantity of pus surrounded them." Mr. Caesar Hawkins states, in a clinical lecture, printed in the *Medical Gazette*, 17th May, 1844, that "dislocation of the spine without fracture has been denied by some surgeons, and is generally considered very rare; I have seen it, however, several times, and there is no doubt of its occurrence." I am not aware that any of his cases have been published, and most likely Mr. Hawkins refers to those partial dislocations which have been seen not so unfrequently by surgeons both on the Continent and in Great Britain. Save the gentlemen now mentioned, no surgical authorities of our own country that I know of pretend to personal knowledge of other examples of this injury.

Manchester, March 26, 1850.

THE PROFESSORS OF THE FACULTY OF MEDICINE of Paris.—The National Assembly of France have just passed a very shabby vote. The professors of the faculty have hitherto received a salary of £400 a year; an excellent arrangement, as they are thereby entirely independent of pupils and their fees. A contemptible attempt at economy has been made, by taking off £40 from this already poor remuneration. There is one chair, however, that of pathological anatomy, upon which no reduction will fall, because it was founded by Dupuytren; so that it is better to be in the hands of private individuals than in those of a niggardly government. There are twenty-six chairs, and the Exchequer will carry off £1000.