

displaced backwards, the displacement being most marked when the limb was extended, and almost absent when in the flexed position. The circulation in the injured limb was not interrupted, neither was the nervous sensibility affected. After trying to reduce the dislocation without success while the patient was under the influence of chloroform, the continuous extension apparatus was applied, with a weight of 16 lb. to the limb, and kept up for three days, the object of this being to tire the muscles which act on the knee-joint, and so afford a better chance of reduction. At the end of that time chloroform was again administered and reduction attempted, but again without success. On both occasions the manual method only had been employed. On the 22nd March the pulleys were applied, and as much extending force employed as was justifiable, but without effect; accordingly Professor Spence proceeded to open into the knee-joint under the antiseptic spray, and with thorough antiseptic precautions, by making a semilunar incision into it immediately below the patella, as in excision of the knee-joint. On opening the articulation it was found to be filled with blood-clot, the internal lateral ligament was ruptured, and the posterior part of the left semilunar cartilage displaced. The dislocation was easily reduced after the external lateral ligaments and tendons of the hamstring muscles had been divided. The wound was then stitched up, a large drainage-tube having been inserted, and dressed with the antiseptic gauze. A posterior splint, extending from the upper part of the thigh to the sole of the foot, was applied, and, in addition, the continuous extension apparatus, with a weight of 8 lb., so as to keep the dislocation reduced.

Previous to the operation the temperature was normal, never being above 99.4° , and continued so for five days after the operation, when it rose to 100.6° . The wound was dressed every day after the operation, and the healing process was going on favourably with slight discharge, but on the fifth day the discharge increased in quantity, and on examining it microscopically a few bacteria were seen in the field. As the wound was free from putrefactive smell, the antiseptic dressing was continued till the seventh day, when the discharge had a putrid odour, and was in considerable quantity, the temperature keeping between 100° and 101° . The antiseptic dressing was then stopped, and carbolised oiled lint applied. The temperature then fell to normal, and the discharge diminished. During the whole time the wound was quite healthy, though the healing process was slow. The drainage-tubes were lessened by degrees, till the middle of June, when they were discontinued, and by the end of the month the wound was entirely healed. Great care was taken during the after-treatment to get ankylosis of the limb in the straight position, and for this purpose, in addition to the posterior splint, lateral splints, and pressure from before backwards over the lower end of the femur, which had a tendency to project forwards, were used when necessary. The extension-weight was gradually diminished, till it was taken off altogether on the 15th of June.

He was sent to the Convalescent Home for three weeks on the 15th of July, and after his time there expired he went home, his knee being quite healed, but the posterior splint was still kept on to prevent yielding of the joint.

On the 13th of September he presented himself looking well, and the limb promising to be a very useful one.

HÔPITAL ST. LOUIS, PARIS.

PECULIAR FORM OF LUXATION OF THE EXTERNAL EXTREMITY OF THE CLAVICLE.

(Service of M. PÉAN, under the care of M. NICAISE.)

THE luxation of the clavicle directly backwards over the acromion is a form which is rarely seen. In neither "Malgaigne" nor the "Dictionnaire Encyclopédique des Sciences Médicales" is any mention made of it.

Michel H—, aged eighty-one, shoemaker, native of Antwerp, came to the hospital, complaining of inability to use his right arm. On the 7th September, while crossing the street, his foot slipped as he was getting on to the pavement, and he fell on to the back part of his shoulder.

At first sight the case appeared to be one of luxation of the head of the humerus forwards, several of the symptoms of that form of displacement being present. But upon

closer examination it was easy to determine that the head of the humerus had not left its cavity, and that there was in reality a luxation of the clavicle, and not of the humerus.

The symptoms were briefly as follows:—In front the internal extremity of the clavicle was prominent, the inferior and superior clavicular fossæ were effaced, and the distance between the middle line and the shoulder was diminished. At the shoulder the head of the humerus was found to be in its normal position. The articular surface of the acromion was found to be situated in front of the clavicle. Behind the acromion the external extremity of the clavicle could be readily distinguished. The articular surface of the latter was situated outside the acromion, and its anterior border corresponded with the posterior border of the acromial process. The head was slightly flexed, and turned towards the right. The elbow was separated from the body by a distance of ten centimetres. The spinal border of the scapula was prominent, and its inferior angle was pushed towards the spinal column. The movements of the arm were very limited, and caused much pain.

The patient was put under the influence of chloroform with the view of reducing the luxation, but this was found to be impossible; accordingly his arm was fixed in a sling.

M. Nicaise, who was doing duty at that time for M. Péan, proceeded to make some experiments upon the dead body, in order to determine the mode of production of this form of luxation. With the section of the acromio-clavicular ligament it was impossible to produce the luxation. The trapezoid ligament was then cut, and it was then found easy to produce the desired displacement. The conoid ligament was left intact. From these experiments it may be inferred that the rupture of the trapezoid ligament is necessary for the production of this form of luxation.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THIS Society met for the first time after the vacation on the 10th inst., the President, Sir James Paget, occupying the chair. The meeting was well attended, and the discussion on the two papers read during the evening was well maintained. It will be seen that both papers dealt with subjects in the province of the surgery of deformities; Mr. W. Adams summing up the results of subcutaneous division of the neck of the femur for ankylosis of the hip-joint, and Mr. Davies-Colley describing a remarkable case of resection of the tarsus in each foot for the relief of bilateral equino-varus. Opinion was divided as to the introduction of such an operation into practice.

The first paper read was entitled "Subcutaneous Division of the Neck of the Femur for Ankylosis of the Hip-Joint; with a table of twenty-two cases which have been operated upon up to the present time;" by Mr. WILLIAM ADAMS, F.R.C.S. During the six and a half years which have elapsed since the above operation was first performed by Mr. W. Adams on 1st Dec., 1869, he has collected from published and unpublished sources the details of twenty-two cases in which the operation has been performed, including five operated upon by himself. In the table accompanying the paper it is shown that the operation was successful in twenty out of twenty-two cases, death from pyæmia resulting in one case, and death accelerated by chronic suppuration following the operation in another case, that of a girl, aged eighteen years, who succumbed with symptoms of kidney disease and tubercular deposit in the lungs. Such a result bears good testimony to the general safety of the operation the dangers of which may be greatly diminished by the judgment of the surgeon in selecting his cases, and the skill shown in the performance of the operation. In cases where there is a doubt as to the possibility of the neck of the femur being divided subcutaneously in consequence of alterations which may have taken place at the articulation, it should not be attempted, but some other operation below the joint, such as that first proposed and successfully per-