Excision of the Head of the Femur for Spontaneous Dislocation.

At the meeting of the Royal Medical and Chirurgical Society, on October 28, Mr. WILLIAM ADAMS contributed an example of spontaneous dislocation of the head of the femur on the dorsum ilii, occurring during the progress of rheumatic fever, in a boy eleven years of age. The patient was admitted into the Great Northern Hospital on the 4th March, 1882. After two unsuccessful attempts at reduction, having previously divided the adductor longus tendon, he had excised the head of the femur on the 29th March, making a λ -shaped incision with the long arm two and a half inches in length directly over the head and neck of the bone: and the small arm, one inch in length, transversely over the head of the bone, which was at once exposed uncovered by capsular ligament, and the articular cartilage in a healthy condition. It was found that the capsular ligament had been ruptured, and the torn margins of the rent passed on either side of, and closely embraced, the neck of the bone. After dividing the margins of the capsular ligament he passed his small subcutaneous saw to the neck of the bone, and cut through it a little below the margin of the articular cartilage. The detached head of the femur was then drawn out of its position after some slight adhesions had been cut through. The round ligament preserved its normal connection with the head of the bone, and was adherent to the articular cartilage, having been divided with the saw a little below the head. The wound progressed favorably without much suppuration, and on the 1st June was completely closed. On the 14th June the patient was allowed to walk on crutches, and on the 1st October without crutches. The limb was perfectly straight, and the movement at the hip-joint freely permitted in all directions. The author observed that in all the cases of spontaneous dislocation which had fallen under his observation the head of the femur had been dislocated on to the dorsum ilii. These he arranged in three classes: (1) Dislocation occurring during the progress of fever. (2) Dislocation occurring in cases of paralysis, generally infantile, but occasionally in the adult. (3) Dislocation occurring in the first stage of hip-joint disease without suppuration. Excision of the head of the femur in its simplified form as above described the author believed would be found applicable to all these cases, unless sufficient freedom of motion be obtained by tenotomy and passive movements. He also thought it might be applicable to some cases of fibrous ankylosis of the hip after disease when the limb remained contracted, as free motion was seldom obtained by simply dividing the neck of the bone. The cases of dislocation of the hip brought before the Society by Mr. Morris were alluded to, and also the cases published in *St. Thomas's Hospital Reports*, by Sir William MacCormac, in which he excised the head, neck, and great trochanter in a case of unreduced traumatic dislocation of the hip into the thyroid foramen. The firm adhesions, and, in some cases, new bone thrown out in cases of traumatic origin as the result of the inflammation following the injury, the author observed, distinguished these cases from cases of spontaneous dislocation occurring during the progress of fever, or in cases of paralysis which had chiefly fallen under his observation.—*Medical Times and Gazette*, November 1, 1884.

Resection of the Knee.

In a recent contribution (*Mittheilungen aus der Chirurgischen Klinik zu Tübingen*, 1884) on resection of the knee in cases of fungous disease, Prof. BRUNS states that of late he has attained much better results from this operation in consequence of certain improvements in its performance, in the dressing of the wound, and in the after-treatment. In nineteen out of twenty cases in