tricity; pharmacy and foreign pharmacopeias; tropical diseases; statistics; pediatrics; ophthalmology and otology; public hygiene and sanitary science; military and naval medicine; medical jurisprudence, handwriting and toxicology; nervous and mental diseases.

Clinical Department.

FORWARD DISLOCATION OF THE KNEE.

BY HOWARD A. LOTHROP, A.M., M.D., BOSTON,
Instructor in Surgery, Harvard Medical School; Assistant Visiting Surgeon, Boston City Hospital.

THE injury sustained by this patient is recorded because of its rarity. He caught his left leg below the knee between a belt and pulley and was thrown to the floor. He was removed to the hospital where he was seen shortly after the accident.

Examination showed him to be a man of average development and muscular. The only injury sustained was to the left knee. The skin was intact but was stretched very tightly around the joint so that in the popliteal region over the condyles of the femur it was anemic. There

Drawing made from a photograph and x-ray picture.

was a very marked, abnormal prominence anteriorly. Lateral motion at the knee was particularly free and there was some motion in all directions such as would appear in a flail joint. When at rest there was no muscular spasm, and the pain was moderate. There was no marked inversion or eversion of the foot. The circulation in the leg was not much affected. Photographs and radiographs were taken from which the appended drawing was made. It was very easy to determine that we had to do with a forward dislocation of both bones of the leg on to the lower end of the femur, completely rupturing the capsule posteriorly and on both sides. Over the condyles of the femur the skin was so tense that it would have sloughed in a short time. It was obvious that all of the numerous ligaments of the knee joint were ruptured except the anterior portion of the capsule.

Reduction.—The dislocation was reduced about two hours after the injury was sustained. Complete general anesthesia was obtained. Reduction was accomplished easily by these steps in order: Direct traction until the upper end of the tibia was drawn down to the lower end of

the condyles, followed by hyperextension to widen the tear in the capsule posteriorly. While the lower leg was held in this hyperextended position under traction, the foot was lowered slowly as an assistant pushed the upper end of the tibia down over the condyles of the femur, so as to avoid inverting and rolling any part of the capsule between the articular surfaces. Thus the bones readily resumed their normal position. Then complete flexion was done and when the leg was left hanging over the edge of the table it moved forward and backward without resistance.

Fixation in a nearly straight position was maintained by a plaster-of-Paris bandage. Convalescence was uninterrupted. The subsequent discoloration was very moderate and the swelling not noticeable. There was no synovitis, probably because of the extensive laceration of the capsule. Patient was discharged from the hospital in ten days. He wore the bandage for about five weeks. Eight weeks after the accident patient returned to Italy and has not been heard from since.

Medical Progress.

RECENT PROGRESS IN GENITO-URINARY SURGERY.

BY F. S. WATSON, M.D.,
AND
PAUL THORNDIKE, M.D.

BACTERIURIA.

BOND¹ speaks of a class of patients who present the clinical picture usually associated with pyelitis, but with none of the causes which commonly produce that disease. He says that these cases are usually ascribed to a blood infection, excreted through the kidneys. He differs from this view, however, and, after a careful consideration of the matter, says that putting together all the facts, clinical, bacteriological and experimental, it is probably true that the infection enters the body from the urethra and so spreads upwards.

ACUTE HEMATOGENOUS INFECTION OF ONE KIDNEY.

Cobb² reports a case and discusses this very interesting subject from both a pathological and a clinical standpoint. He gives a careful bibliography and concludes from the facts at his disposal that in normal conditions of health and in normal kidneys, bacteria circulating in the blood will pass through the kidney without causing harm. In those cases apparently in good health where infection occurs, there is some cause in the kidney itself for the localization of bacteria, such as injury, prolapse or other displacement; renal calculi or other cause (such as pregnancy in women) which serves as a temporary obstruction

¹ Bond: Brit. Med. Jour., Dec. 7, 1907.

² Cobb: BOSTON MED. AND SURG. JOUR., Jan. 24, 1907.