with impunity to dogs; and more or less complete removal of the spleen has been performed in man with success, M. Péan, in 1867, having removed the entire organ without ill result in a supposed ease of ovarian tumour, which proved to be a large cyst of the spleen. These facts show that we have no definite knowledge of any important function of the spleen, and that we have no satisfactory data thus far whereby to determine the essential nature of a malady which, when of the splenic form, appears at first thought to be a functional disease of this organ.

1876.]


On July 13, 1876, I was called, by a physician of this city, to see Thomas Jones, a large and powerful man, aged about thirty years, who had been injured four or five hours previously while working in a coal mine, by a mass of rock from the roof of the mine falling upon him.

Upon examination, we found a dislocation of both hips; the head of the right femur resting upon the dorsum of the ilium, the leg flexed upon the thigh, the knee lying upon the lower portion of the opposite femur, and the toes turned strongly inwards.

The head of the left femur was displaced in a somewhat different manner, the head being in the ischiatic notch. The limb was nearly straight, the thigh being but slightly flexed upon the body, the knee nearly unbent, and the toes inverted. The accompanying sketch shows a pretty correct representation of the appearances presented. There was inability to move either limb. The lower portion of the spine was strongly arched. The amount of shortening of either limb could not be ascertained, as measurement was not available. The amount of deformity of either hip was less conspicuous than is usual in single dislocations of the same kind.

The patient was thoroughly anesthetized, and the reduction effected by manipulation. First flexing the left leg upon the thigh and the thigh upon the pelvis, I pressed the thigh obliquely across the abdomen, at the same time rotating the femur, using the leg as a lever, and then carrying the knee across to the left side, lifted the thigh to a right angle with the body, and made moderate vertical traction. I felt a sudden releasing of
the head of the bone, and easily drew the limb down to its natural position. After dislodging the head of the bone from the ischial notch, it glided so readily and so noiselessly into its proper place, that I was a little surprised to find that I had effected its reduction. There was almost entire absence of the "thud," with which the dislocated femur usually returns to the acetabulum. Considerable force, accompanied by rotation of the femur, was required to carry the flexed thigh across from the right to the left side of the abdomen; all the other movements were effected with comparative ease. Not more than two minutes were occupied in the process of reduction. The reduction of the remaining luxation was now proceeded with, and was attended with more difficulty than the first. Adopting the method usually recommended, I first moved the limb in the line of its easiest motion; flexing the leg upon the thigh, and the thigh upon the pelvis, as before, carrying the knee well upward and obliquely across the median line of the body. Then attempting to abduct while rotating the limb, I found the movement in that direction suddenly arrested. Again, pressing the thigh firmly upon and obliquely across the abdomen, and abducted and rotating as before, I succeeded in disengaging the head of the bone and bringing it apparently to the posterior border of the acetabulum; but upon bringing the limb down to a horizontal position, I found that the head of the femur had returned to its former situation upon the dorsum ili. The previous manipulations, varied somewhat, according to the methods of different authorities, were repeated several times with the same result. Finally, having brought the head of the femur to the posterior border of the acetabulum, and finding it again arrested at the edge of the socket, I directed the pelvis to be held firmly down by two assistants while I made strong upward traction upon the thigh while it was bent at a right angle with the body. After applying my utmost strength in this direction for perhaps a quarter of a minute, I felt a sudden yielding of the resistance, and the dislocated bone returned to its socket with a sound that was heard distinctly by all who were present. But little subsequent treatment was required. The patient was taken to the Wilkes-Barre City Hospital, ordered to be kept quiet, and a soothing lotion applied over the injured parts. Very little subsequent pain was complained of. He left his bed on the 23d of July, ten days after the reception of his injury, and walked about the ward with but slight difficulty.

Luxation of the hip is by no means a rare accident among those engaged in the mining of coal, as every surgeon, who has practised long in the anthracite coal fields, can attest. The frequent and sudden dislodgement of large and heavy masses of rock forming the roof of the mines, and the powerful machinery required in the preparation and transportation of coal furnish the immense forces which are requisite to the production of this injury. But frequent as single dislocations of this joint have been in this vicinity, I am not aware that any case of double luxation of the hip has occurred in this region, save the one here described, except as it has occurred in connection with other injuries of a fatal character. Indeed, I believe the records of surgery furnish but a very few examples of a similar kind. Dr. Gross in his System of Surgery says, the accident is exceedingly uncommon, and mentions but three instances of its occurrence: one recorded by Professor Gibson, one by Wm. Cooper, of London, and one
which occurred in the practice of Dr. Boisnot, of Philadelphia. Hamil-
ton, in his work on Fractures and Dislocations, mentions only a single
example of this injury, that of Professor Gibson. Each of these cases,
where the particulars are given, differed from each other, as well as from
the one here recorded in regard to the character of the dislocation; in one
the displacement being iliac and thyroid, in the other iliac and pubic,
while the one here recorded was iliac and ischiatric.

The exceedingly small number of cases in which both hips have been
dislocated, would seem to indicate that the conditions which render such
an occurrence possible are very rare and peculiar. I have, therefore, taken
some pains to learn from the subject of this report what the circumstances
were which attended his injury. He states that he was at work, standing
on a surface which inclined at an angle of about forty degrees, with the
feet widely separated, the right one being much lower than the left, and
the body bent forward. While in this position a large mass of rock,
weighing many hundred pounds, fell from the roof, several feet above him,
striking him in the lower dorsal region, bending the thighs upon the body
and pressing him forcibly down upon the rock on which he was standing.
He is certain that both joints were dislocated at the same instant, as the
falling rock immediately rolled or slid from and released him. Severe
bruises upon his back, and a deep cut on the right arm were the only other
injuries received.

Wilkesbarre, July 28, 1876.

Art. XII.—Details of a Case, in which Death is supposed to have
resulted from Ether used as an Anesthetic; with a Brief Account of
all the Fatal Results which have been ascribed to the use of Anaesthetics
at the Pennsylvania Hospital; with Remarks. By Thomas G. Mort-
ton, M.D., Surgeon to the Pennsylvania Hospital.

David D. P., aged 19, single, a telegraphic operator, consulted me in
May, 1876, in regard to his right limb, which was quite useless from
general atrophy, and an angular partial ankylosis of the knee, evidently
a result of old scrofulous inflammation. I advised division of the flexor
hamstring tendons, which were very much contracted, and immediate
straightening of the limb, and directed an appropriate brace to be made,
with a high heel and sole to the shoe for after use. On the 21st of June
the patient was admitted into the hospital, when the following notes were
made by Dr. W. B. Hopkins, the resident in charge: "Until the patient
was two years old, when he began to walk, he had been considered a per-
fectedly healthy child; soon after this a posterior spinal curvature developed;
when four years old, inflammation of the knee set in, with subsequent con-
traction of the flexor thigh muscles, with general arrest of development
in the limb, and subsequent partial ankylosis of the knee-joint; the angle