died, (namely, the two patients who were re-admitted in a state of complete collapse,) making, in seventeen cases, two deaths and fifteen recoveries. But, including the whole of those that were under the saline treatment, the total amount is, in thirty-six cases, two deaths and thirty-four recoveries.

The cases in question were under the care of Mr. Wakefield, the medical attendant of the establishment, and during his absence they were attended to by Mr. J. Wm. Crooke, who kept notes of the cases, and saw that the medicines were properly administered. We may add, also, that Mr. Wakefield, with a degree of fairness which does him great credit, invited Dr. Stevens to attend along with him, to witness the effect of the saline treatment, which has here, we may say, for the first time, been fairly tried in this disease.

We can also state, that the cholera made its appearance about the same period amongst a small colony of Italians, who live in a narrow lane within a few hundred yards of the prison. Of these, eleven were attacked. The three first cases were treated by bleeding, brandy, and opium, all used at the same time, and they all died. The other eight cases were attended by Mr. Whitmore, a surgeon in the neighborhood, who, having witnessed the effects of the saline treatment in the prison, adopted it. All his patients speedily and completely recovered, except one, who, on the 13th, was so ill that he was not expected to live many hours; even he, however, is now in a state of convalescence. Thus there have been in all fifty-three cases, seven of which were treated in the common way, with diffusible stimuli, and out of this number seven died; while, of the forty-six that were under the saline treatment, there were two deaths and forty-four recoveries.

UNUSUAL DISLOCATION OF HIP JOINT.

Case of Unusual Dislocation of the Hip Joint. By ROBERT KEATE, Surgeon.

I WAS called into the country, on the 13th February, to see a gentleman who had met with a severe accident, by his horse having fallen backwards with him and upon him, into a deep and narrow lane, where he had remained, as he supposes, for near a quarter of an hour before he was discovered, when he was nearly exhausted by pain and by fruitless exertions in calling aloud for aid. The horse was lying on its back upon him, with his heels struggling in the air; but the gentleman, who is strong and muscular, appears to have retained a firm hold of the bridle, and thus to have kept down the horse's head, and restrained, in some degree, the violent efforts of the animal.

He had been brought home, and was on his bed when I arrived. On examining the limb, I found it unusually elongated—at least from three to three inches and a half. The thigh was much flexed upon the pelvis—the leg as much bent on the thigh. The whole limb was carried outward, or apart from the other, more than I had ever observed in any case of luxation. The knee and the foot were much everted—the trochanter

extremely sunk, the soft parts being elevated in a circle around it. I found that the head of the femur was displaced, in a very unusual manner, to a situation inferior to the ischiatic notch, and I felt it lying close to, and on a level with, the tuberosity of the ischium, where it was capable of being freely moved under my fingers.

Without noticing the usual preparations for reducing a luxation, it will be sufficient to say, that in the first attempt the head of the bone was thrown into the foramen ovale. A second extension enabled me to place it *nearly* in its proper position in the acetabulum, but it could not be perfectly replaced; and on gently moving it, and placing my ear on the trochanter, I felt and heard a distinct grating, as if of ruptured cartilage. By drawing the upper part of the femur outwards, (by means of a round towel thrown over my neck,) and pressing the knee sharply inwards, the head of the bone was replaced, with a snap, in the acetabulum; but, even after this, I was able to elongate or pull down the limb, and it was evident to me that this was owing to a portion of the cartilaginous labrum having been broken off during the violence of the accident.

The gentleman was quite aware, and mentioned, after the first step, as I may call it, of the reduction into the foramen ovale, that the head of the bone was not properly replaced; and he stated that the luxation had taken place by the same route, first into the thyroid foramen, and afterwards while struggling in the ditch—from thence downwards to the situation in which I found it. The case has proved very favorable; but there was a severe injury at the same time to the knee, which threatens still to be troublesome.—*Medical Gazette*.

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ACTION OF EMETICS.

[Continued from p. 275.]

5. The next general effect of artificial vomiting, which we shall notice, is that of producing diaphoresis, and a determination of blood to the cutaneous capillaries. The last effect is the more worthy of remark, since it is precisely the reverse of that produced by emetic substances when they fall short of causing actual vomiting. The effect of nausea is shown in the contraction of the extreme vessels, in the shrinking of the skin, and in the coldness and paleness of the surface. On the contrary, free vomiting increases cutaneous action, drives the blood into the capillaries, particularly those of the face, and brings on, in most cases, profuse perspiration. This difference, which is sufficiently remarkable, has been exaggerated by some authors who have made the comparison. Dr. Good, in an ingenious parallel which he draws between the effects of nausea and