

rence in the later periods of pregnancy. From the great increase in size which the organ acquires, there is less apprehension of its occurrence in those subjects who are predisposed to it from laxity of the vaginal canal, or other causes, than in the earlier periods, and much less than in the unimpregnated state. Cases can, however, be found, scattered through the works upon obstetric medicine, both ancient and modern, and there is nothing new to propose in regard to its treatment; the indications being to restore it to its proper position as speedily and with as little rough handling as possible, and then to overcome the pains by appropriate remedies. This case becomes interesting, however, from two considerations—one of which is, that no effect was produced by the administration of antimony or lobelia with reference to dilating the os uteri; and the other, that the administration of emmenagogue medicines for so long a time (about six months) exerted no apparent influence, except to bring on the precidentia.

DISLOCATION OF BOTH THIGHS—ONE INTO THE FORAMEN OVALE, THE OTHER ON THE DORSUM OF THE ILIUM, WITH FRACTURE OF THE CERVIX FEMORIS.

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BY J. MASON WARREN, M.D.

THE patient was brought into the Massachusetts General Hospital, having been crushed by the giving way of a wooden house, which he was engaged in moving, being struck upon the back as he was making the attempt to escape. The right leg first attracted attention. The thigh was fixed, slightly flexed on the body, standing off from it, the foot presenting nearly forward, the limb apparently elongated. A deep hollow was felt in the region of the trochanter, which had itself disappeared. The man being etherized, and the pulleys adjusted, a gradually increased force was applied to extend the limb. A sheet was now placed under the upper part of it, and an assistant, standing on the table, directed to lift the limb. A slight rotation was now made to disengage the head of the bone, and it went into its place without any perceptible noise or action of the muscles.

The right limb being replaced, it was now perceived that the left limb was distorted, and presented all the signs of a dislocation upon the dorsum ilii. It was firmly fixed, shortened, the toes everted and resting upon the upper part of the other foot. The trochanter was prominent, and drawn up from its place to within about three inches of the crest of the ilium. On making an effort to move the limb, an indistinct, but very decided crepitus was perceived.

The pulleys being adjusted, and a fresh dose of ether administered,

the limb was slowly and with much difficulty drawn down, a slight rotatory motion being given to it when the head was on a level with the socket. It went into its place with a loud crack, which was heard by all the assistants. The limb now appeared, at first, to have regained its natural condition. As the effect of the ether upon the muscular system subsided, the limb gradually contracted, and the foot became slightly everted. An examination now being made, by rotating the limb, and placing the finger on the trochanter, it was perfectly evident to all present, that there was a comminuted fracture of the thigh-bone, passing through the trochanter. The two limbs were therefore confined—the right one by a weight attached to it, and a cradle placed over it. To the left, Desault's splint, as used at the Hospital, was applied. In addition to the above injuries, there was a fracture of two or three ribs on the left side.

The best explanation of the appearances offered by the left limb is this. The violent crushing force dislocated the femur, at the same time breaking the neck of the bone. The separation of the parts was not, however, sufficient to prevent them from being replaced, but the fracture was made complete, on the bone being returned to its socket.

The subsequent history of this case is not without interest. The patient, from the time of his admission, had complained of his chest, where, it may be remembered, one or two ribs were broken. Suddenly, one night, great difficulty of breathing came on, and, upon examining the chest, it was discovered that a congestion of the posterior part of both lungs had taken place, such as has before been observed at the Hospital, in patients who for a long period of time have been confined on the back, without movement, after serious injuries to the lower limbs. From this affection he very gradually recovered.

At the end of two months, he left the Hospital well. The motion of the right limb was natural. The left leg was a little shortened. The motions of the hip-joint were limited; on examination, the trochanter was found irregular at the point of fracture. As it had been thought possible that the head of the femur might have been left on the dorsum of the ilium when the complete fracture of the limb took place, search was made for it, but it could not be found there.

In this connection, Dr. Warren mentioned the following case of dislocation, and which was interesting in a practical point of view. A man was brought into the Hospital with a dislocation on the dorsum ilii, which was caused by a wagon passing over him, the limb being at a right angle with the body. Ether was given, the pulleys applied, and the dislocation reduced. On raising the limb slightly, to examine it, it at once slipped out of place, and was reduced again with some difficulty. This experiment was once or twice

repeated, with the same result. Dr. Townsend, who saw the man, verified the fact. Slight, though not very marked crepitus attended the movements of the joint. From fear of displacement, and with the idea of a fracture of the edge of the upper and back part of the cotyloid cavity, the limb of the patient was kept rigidly confined in Desault's apparatus, and his desire to return home resisted. The precautions taken in this case were afterward shown to be not without reason. About three weeks after the accident, Dr. W. being out of town, the patient got out of bed, and while resting on the injured limb, attempted to turn around, thus giving a slight twist to the hip-joint. The bone immediately slipped from its socket. This accident afterward, in the course of the next week, recurred a number of times from simple motions made by the patient while in bed. It was then determined to put on a permanent splint, and allow it to remain on for several months. This had the desired effect, and the patient was seen by Dr. W. some months after leaving the Hospital; the joint was then slowly regaining its mobility.

SUCCESSFUL CÆSAREAN SECTION.

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ON the morning of the 9th of November, 1857, I was sent for to attend Mrs. Mullen, aged 30 years, and who was in labor, being at full term. The pains recurred at intervals of about ten minutes.

A vaginal examination was attempted, but could not be satisfactorily made on account of an obstruction which the finger encountered, about one inch from the vulva. The passage was so much closed that I could not force my finger farther than the matrix of the nail. The character of this obstacle resembled that of the hymen, with the opening in its centre.

I questioned my patient with regard to her previous labor, which was five years anteriorly. She stated that she was five days and nights in labor, and that the child was taken from her with instruments, and by piece-meal. There was severe laceration of the vagina at the time, and this readily accounted for the obstruction, which was the result of adhesion of the torn parts. I now called my partner, Dr. ———, in consultation, and he advised delay until the head should come down and distend the vagina, when the obstruction might be divided. The labor was allowed to progress for eight hours more, when examination showed that the head of the fœtus had not descended at all. I now took a probe-pointed bistoury, the blade being wrapped around, except its terminal inch, and divided the obstructing septum in two places. I was thus enabled to feel the mouth of the uterus, which was dilatable; the fœtal head was found to be pressing firmly against the pelvic bones.