

ternal to the tendon of the extensor longus digitorum, obliquely downwards and outwards to just below and in front of the external malleolus; through this was protruding the head and neck of the astragalus. This bone was, therefore, rotated on a vertical axis drawn through the centre of the bone, so that the semilunar facet for the internal malleolus was directed forwards and the triangular facet for the external malleolus backwards, and the long axis of the superior saddle-shaped articular surface was directed from before backwards, instead of in a transverse direction. The bone was held in this position by a part of the external lateral ligament and a band of fibrous tissue on the inner side of the bone. These were divided, and then the bone was easily withdrawn with the fingers. The astragalus was intact with the exception of a slight graze on the head of the bone. There was no fracture of any other bone, and but slight bruising of the soft parts. The cavity left by the removal of the bone was thoroughly irrigated with a solution of corrosive sublimate, a drainage-tube inserted, and the wound closed and dressed with double cyanide gauze. The limb was placed on a back splint with a foot piece. The subsequent progress of the case requires no comment. There was a little quiet suppuration, which somewhat retarded recovery, but otherwise he went on well, and was eventually discharged with a sound and useful limb.

DEVONSHIRE HOSPITAL, BUXTON.

FRACTURE OF THE ANTERIOR INFERIOR SPINE OF THE ILIUM BY MUSCULAR ACTION.

(Under the care of Mr. SHIPTON.)

THE case which Mr. Gibson (to whom we are indebted for the notes of the case) describes is a most unusual one, and our works on surgery, general or special, contain no references to such an injury. Fracture of the anterior superior spine as a consequence of direct injury is not uncommon in our accident wards; and there are at least five recorded examples of separation of that process by muscular action. Fracture involving the anterior inferior spine, except as the consequence of gunshot injury or a severe crush of the ilium, is apparently unknown.

E. M.—, aged thirty-five, bricklayer's labourer, was admitted into this hospital on Dec. 12th, having fallen from a scaffold sixty feet high. He was found to be in a semi-conscious condition. The right leg was more everted than the left one, the front part of the right thigh had lost its rounded outline and was a good deal flatter than the other. There was no fracture of any limb. A catheter was passed without difficulty and four ounces of clear urine drawn off. On grasping the ilia, no mobility or crepitus could be made out. On carefully examining the pelvis, a piece of the anterior edge of the right ilium, about one inch in length and three-quarters of an inch in breadth, comprising the anterior inferior spine with the origin of the short head of the rectus, was found to be detached from the ilium to the extent of about a quarter of an inch, and could be easily moved between the fingers. There was no redness or ecchymosis on the skin over the part, but a slight discolouration appeared three days later simultaneously with very marked ecchymosis around both eyes. The rectus was relaxed, and later on, when the patient had recovered consciousness, he was asked to flex the right thigh, which he did with difficulty and pain—situated at the seat of fracture,—but only raising the thigh a few inches from the bed; and the anterior inferior spine was found to be still further separated from the rest of the bone. No other injury was found. On obtaining the history of the accident from the patient, it was ascertained that whilst carrying a hod full of bricks over his left shoulder his foot slipped, and to prevent the bricks falling on him he threw the hod backwards, falling on "all-fours" into a quantity of soft shale, sixty feet below. This statement was corroborated by a fellow-workman who saw the accident. The patient made an uninterrupted recovery, a good deal of callus being thrown out around the fracture.

Remarks by Mr. GIBSON.—The case is of interest, as the fracture appears to have been caused by muscular action. I have come to this conclusion on consideration of the following facts: (1) The history of the case shows that the right rectus must have been suddenly and forcibly brought into

action when the patient threw the hod over his left shoulder, so as to help to steady the pelvis, and so prevent him from falling backwards. The long head of the rectus was probably ruptured simultaneously. He fell on his hands and knees into a quantity of soft shale, which partially buried him, and therefore it is improbable that the injury was caused by the fall. 2. The absence of redness or bruising until the third day, when a little discolouration appeared over the part simultaneously with considerable ecchymosis around both eyes. 3. The anterior inferior spine is well protected from direct violence on all sides by muscle, and on the outer side, where it is most accessible to injury, it is shielded by the great trochanter as well. 4. Absence of evidence of any further fracture of the pelvis. Having never heard of a similar fracture by muscular action I venture to record the case.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Operative Treatment of Congenital Dislocation of the Hip.

AN ordinary meeting was held on March 22nd, the President, Mr. Timothy Holmes, in the chair.

Mr. BARWELL communicated a paper on the Operative Treatment of Congenital Dislocation of the Hip. The condition thus called was, as many anatomical investigations had shown, absence, more or less complete, of the acetabulum, usually combined with a certain truncation of the head of the femur. The well-known signs of the deformity were merely mentioned, and a symptom not hitherto noticed was described and illustrated by a sketch rapidly taken from a patient—namely, when she bowed forwards with straight knees till the back of the pelvis was nearly horizontal the great trochanters, or the trochanter in unilateral cases, projected upwards and outwards from the ossa innominata, and lay in some cases actually higher than those bones. Stress also was laid on a jolt which occurred when the limb was drawn down far enough to bring the head of the bone into its normal situation. Two prevalent methods of treatment were described: the one by division of the rotators and capsular muscles, originating with M. Guérin, and recommended by Mr. Brodhurst; the other by long-continued recumbency with extension, inaugurated by M. Pravaz, followed in America by Dr. Buckminster Brown, and in England by Mr. Adams. According to the last-named the recumbency must occupy two or two years and a half, and be followed by a year and a half of instrumental treatment and of go-cart and crutches. It must begin, in order to have chance of success, in infancy, or very little beyond that period. The writer stated that this deterrent period of treatment might be very much shortened, the chances of success greatly increased, and cases seen at a later age might be cured by the division of certain muscles. But he contended that the rotator and capsular muscles were valuable aids in keeping the head of the femur *in situ*, and must be left intact; while the muscles which ran from the pelvis to the femur, in a direction almost parallel to the axis of the latter bone, being those which, in the absence of an acetabulum, propelled its head upward on to the dorsum ilii, were those which should be divided. Indeed, the extension which Pravaz and his followers carried out for such lengthened periods could only avail by counteracting this action of those muscles, which might be much more surely, rapidly, and as safely overcome by division. Three cases were given, the oldest beginning treatment at eleven years of age, in which the author divided the adductors &c., and allowed the patients to get up in a few weeks, and which were completely successful. A letter from the first patient was given, describing her activity and power. The author showed one of the younger patients.

Mr. BRODHURST said that in one of the cases, though the result seemed to be exceptionally good, yet there appeared to be some doubt whether it had ever been one of congenital dislocation; the femur also in that instance was short, and he did not remember ever to have seen a shortened femur in association with this malady. The author had made a mistake with regard to Guérin's opera-