which, by means of the right great trochanter resting upon the ground, acted as a wedge. Swelling and œdema of the right thigh and iliac region followed, and ended in a deposition of matter underneath the fascia of the right iliac fossa and down along the sheath of the vessels of the right thigh. There was a great deal of localized peritonitis in the right iliac region. The patient finally sank, from pelvic cellulitis, upon the eighteenth day.

A *post-mortem* examination was made twenty-four hours after death; and upon opening the abdomen there were found, in the right iliac region, a fluctuating swelling, to which the cæcum was attached by lymph, the result of the circumscribed peritonitis above alluded to. The cæcum was dark-coloured and inflamed, but there was no communication between it and the swelling. Laying open this latter there was found a great deposit of purulent matter, which was traced along the psoas muscle as high as the fourth lumbar vertebra, downwards, half way down on the thigh, along the sheath of the vessels, and inwards to a fracture of the os pubis, which will presently be described. This cavity contained, in addition to pus, some aplastic lymph and ecchymosed blood. Along the right ilio-pectineal line there was extensive ecchymosis under the peritoneum, as if the wheel, after leaving the ala of the left ilium, had pressed down upon this part. The bladder, vagina, uterus, rectum, and intestines were carefully investigated, and were found uninjured. Upon examining the osseous structures of the pelvis there was found, in the left os innominatum, a fracture extending from beneath the anterior inferior spinous process to a point about an inch behind the anterior superior spinous process, and breaking the piece off. There was another fracture commencing about an inch in front of the posterior superior spinous process, and running into the left synchondrosis. In the right os innominatum, where the counter-fracture had occurred, there was a longitudinal fracture, commencing at the upper and outer part of the obturator foramen, and extending backwards through the acetabulum and the ala of the ilium to the crest, at a point about two inches in front of the posterior superior spinous process. From the centre of this fracture there was another, extending through the ala of the ilium and the anterior superior spinous process. Turning to the acetabulum, the great longitudinal fracture, already described, was found passing through this cavity in a line slightly above its notch. From this there branched off a fracture of the shell of the acetabulum, running across the whole cavity. The cartilage of the head of the femur opposite these two fractures was eroded; and around the erosis the cartilage was very vascular. In the right pubic ramus there were two fractures, one of the thin portion of the descending ramus a quarter of an inch above the point of fœtal union, and the other of the ascending ramus of the ischium where it joins the tuberosity. Lastly, there was a dislocation of the symphysis pubis, the right pubes being dislocated forwards and slightly upwards, the inter-articular cartilage remaining attached to the left pubes, and having still connected with it a fragment of the right pubic bone. The sacrum and coccyx were uninjured.—*Dublin Quarterly Journ. of Med. Sci.*, Feb. 1867.

27. *Spontaneous Fracture.*—Dr. CASPARY relates the following interesting case, occurring in the person of a short, strong, healthy man, twenty-six years of age: In June, 1866, while ascending two steps which led to his dwelling, he felt a peculiar sensation in the left leg, as if unable to bear the weight of the body. He got indoors, however, and was even able to sit at table; but when he arose and attempted to walk, he cried out that he heard his leg crack, and that it was coming asunder. He could no longer stand, and was conveyed to bed. On examination, there was found to be a transverse fracture of the tibia at the junction of its upper and middle thirds, with but little mobility, and no crepitation or displacement. The patient exhibited no sign of rickets, nor did the bone itself present any abnormal character. A gypsum bandage was applied, and the limb laid on a firm mattress. The patient lay very quietly and without suffering; but when the bandage was removed, after three weeks, the limb remained precisely in the same condition. Under the advice of Dr. Wagner, assistant at Langenbeck's Clinic, the iodide of potassium was administered, that surgeon having found it of great utility in several cases of fracture of difficult

consolidation. In this case it proved of no utility, as at the end of another four weeks union had not taken place. A very thick gypsum bandage, which reached up above the knee, was now applied, and the patient was directed to walk about, which he was soon able to do tolerably well with a stick. In twelve weeks, and five months after the occurrence of the fracture, bony union had taken place. The most careful investigation of this case failed to show any general or local pathological condition capable of explaining the occurrence of the spontaneous fracture.—*Brit. and For. Med.-Chir. Rev.*, April, 1866, from *Berlin Klin. Wochenschrift*, 1867, No. 4.

28. *Internal Strangulation of the Bowel by a Band, associated with a Reducible Hernia, successfully treated by Operation.*—Dr. Thos. Bryant related to the Royal Med.-Chir. Society (March 12, 1867) a case of this to which he was called by Dr. Wilkinson. It was that of a gentleman, æt. 51, who had been ill for several days with symptoms of intestinal obstruction. The patient had been the subject of an inguinal hernia on the right side for twenty-five years for which he had worn a truss; during that period the bowel had come down on several occasions, but it had only given pain on one—some six months previously. On the morning of December 28, during the exertion of dragging up a tree, the hernia partially descended, but it was at once readily returned on the application of the hand; vomiting, however, soon appeared, and pain situated on the right side of the umbilicus. These symptoms continuing on the 29th and 30th, and increasing in severity, Dr. Wilkinson was sent for. A careful examination was then made, but no hernia was found; there was a large opening into the abdomen, but no swelling or pain even on deep pressure being made. On December 31 (the third day), the symptoms becoming more severe, and vomiting being fecal, Dr. Wilkinson, who saw the necessity for an operation, called in the assistance of the author. The seat of the hernia was then examined, but no indications of anything wrong in these parts could be made out, yet marked symptoms of intestinal strangulation existed; the pain in the abdomen was very severe; it was situated to the right of the umbilicus, and paroxysmal. Under these circumstances an exploratory operation in the region of the hernia was proposed, and power given by the patient to do whatever might be deemed the best. Chloroform was given, and the ring of the direct inguinal hernia exposed; no signs, however, of any strangulation of the bowel by the parts concerned in the hernia could be made out. A piece of omentum existed in the hernia sac, but no bowel. The finger could also be readily passed into the abdomen, and the neck of the sac was perfectly free. The bowel which came into view was, however, clearly strangulated, for it was of a bright cherry colour, und œdematous. Under these circumstances the ring was enlarged upwards and the strangulated bowel drawn down; the finger of the author's right hand was then passed along the bowel, used as a guide, upwards into the abdomen towards the point of fixed pain. When it had been passed as far as it could go, and as much traction had been put upon the bowel as was deemed justifiable, a tight band was clearly felt. The abdominal incision was then enlarged, and the band, which was made tense by the finger, was carefully divided by a pair of scissors passed into the belly, its points being well pressed into the pulpy portion of the finger till the band was reached. The wound was then closed. On the third day the bowels acted naturally, and a rapid convalescence followed. The author then made some few remarks upon the case, stating that it must be looked upon as one of strangulation of the bowel by a band, and that the hernia had nothing whatever to do with the symptoms. He then passed on to consider the points in the case with reference to the diagnosis, and related the particulars of a similar case which took place in his practice six years previously, in which such an operation as he had performed was proposed, but abandoned, and the patient died unrelieved. An analogy between the successful and fatal cases was then drawn, and the special practical points dwelt upon, the author concluding by stating that he was disposed to believe that in many cases of intestinal obstruction, when the symptoms are marked, and pain fixed and paroxysmal, whether with or without a hernia, relief might often be afforded by an operation, where