

the os cuboides and scaphoid. He then detaches the periosteum from the under and back surfaces of the os calcis as high as the sustentaculum tali, and saws across that bone at that level, making the plane of the sawn surface at right angles to the vertical axis of the leg. The posterior tibial nerve is to be cut as high up as possible, and the wound treated in the usual way. By this means the surgeon is able to examine the cancellous structure of the os calcis, and can detect any latent foci of disease if such exist. The sawn surface of the os calcis being horizontal, it supports the weight of the body without tilting, and on a good broad surface. The soft parts are divided further back, shorter flaps being required than in Chopart's original operation, and it is thus sometimes practicable in some cases of injury in which Chopart's would not be. Mr. P. J. Hayes, of Dublin, has already practised this operation on two patients, and speaks highly of the results. His paper on them, in the *Dublin Journal of the Medical Sciences* for December, is illustrated with plates showing the line of incision, the line of section of the os calcis, the stump left, and the special instrument used by M. Tripier to peel off the periosteum.—*Lancet*, Jan. 21, 1882.

Fractures of the Patella.

In an interesting review of the subject of operative interference in fractures of the patella with separation, by M. POINSSOT, the following is a *résumé* of his conclusions:—

1st. Puncture of the joint should be practised in all cases where there is much effusion into the articular cavity; it should be immediate, and it is not necessary to follow it by drainage.

2d. After the puncture, and in cases where the ordinary apparatus are insufficient to maintain coaptation of the fragments, suture of the divided patella may be practised, as recommended by Kocher.

3d. In all cases the apparatus should be examined very frequently for the first few days until the articular swelling has subsided.

4th. For several months after the union of the fracture the limb should be provided with an apparatus limiting flexion.

5th. The opening of the articulation with osseous suture is suited to cases in which puncture is not sufficient to remove the articular exudation.

6th. It is necessary also in pseudarthroses and in cases where an excess of callus interferes with the motion of the joint.—*Revue de Chirg.*, Jan. 1882.

Successful Reduction, after Four Months' Malposition, of a Dislocated Third Cervical Vertebra.

Dr. LANDON CARTER GRAY reports the above remarkable case occurring in a boy aged 15, in consequence of a fall on the head in a vain attempt to turn a somersault. For thirteen weeks after the dislocation there was none other than a difficulty in deglutition. Then the phenomena came fast and many. First, a vesical paresis; next, a numbness of the left upper extremity; then a numbness of the right leg; then a motor paralysis of both upper and lower extremities; and finally, when he came under treatment, there were found—though the relative dates of appearance could not be ascertained—a paresis of the left face, tactile anæsthesia of the left upper and lower extremities, an occasional tremor, exaggerated tendon-reflex (although there had been no hasty micturition), and contractures of certain muscles of the neck and shoulders.

Over the region of the third cervical vertebra, there was on the back of the neck a projection about as large as a pigeon's egg. Pressure upon it produced