

ening life, must be confined exclusively to the uterus ; thirdly, in cases, where it is ascertained that no other sources of infection, more centrally situated, in all probability exist, such as thrombosis or embolism.

The knowledge, however, that portions of the placenta and even the whole of this, may remain for months in the uterus without causing any infection ; and furthermore the fact that many women recover from severe puerperal infection, must necessarily limit the indications very materially.—*Deutsch Med. Wochensch.* Nov. 4, 1886.

C. J. COLLES (New York).

WOUNDS, INJURIES, ACCIDENTS.

I. Rupture of Tendon of Quadriceps Extensor on Both Sides. By M. ED. BLANC (Lyons). A man, æt. 51, while carrying a heavy weight, slipped and fell backwards, feeling a violent pain in his right knee, accompanied by a sensation of tearing. Carried home, he lay up a fortnight, and when all swelling about the knee had subsided under the use of leeches, he got about. He kept on at his occupation of a glazier for a year, when one day, losing his balance, he again slipped, and made a violent effort to save himself from falling backwards. He at once felt in the left knee the same sort of pain and cracking as he did in the right a year previously. In bed six weeks, with swelling of the knee and much pain. Cold dressings were applied. He then got about on crutches, and being unable to work, sought advice for first time. When standing up, the slightest pressure or weight suffices to make him fall ; in fact, a cat brushing past him upset him one day. The local condition is interesting. Right knee : when flexed, the condyles are most clearly seen projecting with a hollow between them, and the sharp upper border of the patella is felt in relief, with no fibres attached to it. The finger can be pushed down with the skin in front of it, into a large hollow behind the patella and between the condyles. When the leg is extended, the patella is extremely mobile. The left side differs only in there being a more complete severance of the tendinous fibres of the vasti muscles, allowing greater mobility of the patella. A good illustration accompanies the description of the knees.

Out of 43 actually reported cases of these tendinous ruptures, there are only 11 double ones. Binet and Nélaton place the rupture one or two inches above the border of the patella, but here there seems to be a regular tearing away of the fibres from their bony attachment. The fact of the second accident happening after a year's interval agrees with Malgaigne's explanation of the patient having to put the sound limb to greater exertion. There is no hope for improvement here. Ruptured tendons mend by cicatricial tissue which cannot occur here as there are not two ends for the reparatory tissue to be thrown out between. Suturing would not do, as in the absence of a lower end it would not be tempting to sew the musculo-tendinous stump to the bare bone of the patella. To an apparatus is the only resource, one with supports on each side, a hinge allowing slight voluntary flexion, and with a strong pad of caoutchouc to replace the tendon.—*Lyon Medical*, Oct., 31, 1886.

L. S. MARK (London).