

ing to circumstances the simple puncture, operations already several times proposed by the author of this method.—*Lond. & Edin. Monthly Journal of Med. Sci.*, July, 1845.

50. *Complete Dislocation of the Tibia forwards, produced by simple extension.* By Dr. FELIX JACQUOT, of St. Die.—A sergeant, 21 years of age, of robust habit, entered the Military Hospital of Instruction at Metz, July 23d, 1844. Half an hour afterwards he met with the following accident:—Making a long jump of nearly four yards, upon a flat surface, he fell, contrary to the gymnastic laws, upon the left foot, the leg extended and directed backwards, whilst the right leg, being in advance, did not reach the ground. He experienced violent pain, and fell forwards upon his belly. A dislocation of the tibia forwards had occurred; this was evident, on the simple inspection, from the very marked characteristics of such an accident. It is absolutely impossible to confound it, when recent, with any other lesion.

The thigh formed an obtuse angle with the femoro-tibial articulation, so that the axis of the leg was placed considerably in advance of the axis of the thigh. The superior surface of the tibia was covered by the patella, the subcutaneous surface of which presented forwards and upwards. The condyles of the femur were felt in the popliteal space under the distended skin; but the pulsation of the artery was not felt so superficially as usually described; it was obscured in the space between the condyles. The triceps projected, and the tendons of the crural muscles, inserted internally and externally into the tibia and fibula, were stretched, and formed two bent cords, posterior to the concavity. The limb was very mobile, flexed easily, and without pain; extension was more difficult, and attended with some pain. The foot turned inwards or outwards, according to the position given to the limb. The shortening did not exceed one inch and a quarter.

A swelling, scarcely perceptible, existed at each extremity of the transverse diameter of the knee. The patient suffered very little. No ecchymosis could be perceived, and M. Jacquot was inclined to think that if anything was ruptured, it must be the crucial ligaments, and some fibres of the gastrocnemii muscles; it was evident that the tendons were intact.

Extension was made, and the limb being stretched moderately by three individuals, in a few seconds the reduction was effected. A fracture extension bandage was employed for 20 days, removing it occasionally, when flexion was effected without difficulty by the surgeon, but not by the patient without the assistance of his hands. There was slight swelling the first few days which then subsided. No pain in the knee but pain in the sole of the foot and along the tendo-achillis, particularly at its insertion. This pain lasted a long period, was at times very intense, and did not appear to be caused altogether by the apparatus. When the apparatus was removed, the patient could very partially bend his leg, but, by degrees, the power of voluntary motion returned, and by the 30th of August the power of flexion was, to a great extent, recovered, and he could limp about 20 paces without assistance. The left knee was at this time still somewhat enlarged. On the 3d of September he walked without limping, experiencing only towards the evening rather more than usual fatigue.

M. Jacquot remarks that Velpeau and others deny that a dislocation of the knee can be produced by flexion or extension alone, and that this case tends to invalidate that opinion.

He gives a complicated theoretical explanation of the manner in which this happened, but the simple view of the case taken by the editor of the "*Archives*" is doubtless the true one. "There was not only extension of the leg, but also a rapid fall of the body towards the earth; that is to say, a force which tended to slip the condyles of the femur over the articulating surface of the tibia. It appears to us that the combination of two forces tending to produce the extension of the leg and the rapid fall of the femur downwards, might very easily produce a dislocation of the tibia forwards."—*Ranking's Abstract*, vol. i., from *Archives Générales*, April 1845.

51. *Polypus of the Rectum.* By JAMES SYME, Esq.—Sir A. Cooper states, in his *Surgical Lectures*, that, "in the course of his life," he met with only ten cases of