

after a cautery, heated to a white heat, was applied to the bleeding parts of the wound; some hours after a small wick was introduced into the anus, and afterwards a cerate. He could retain them but a very short time. During the day he complained of transient colic pains, (diet, diluting drink, &c.) The next day the colic pains were more violent and more prolonged, the verge of the anus was tumefied and painful, the patient felt difficulty in voiding urine, feverish symptoms, (bled in the arm, diluting drink, &c.) The third, fourth, fifth and sixth days after the operation, the pains decreased, the urine was freely evacuated, and the feverish symptoms disappeared; the appetite returned, and he was allowed some aliments. The seventh day, as the patient had not been at stool from the day of the operation, an ounce of castor oil was administered to him, and some hours after the bowels were opened five or six stools occurred during the day, they were all accompanied by great pain at the anus, nevertheless, after each of them, the patient felt considerable relief. The following day he went freely and naturally to stool, the colic pains became less and less frequent, but the twelfth day they returned with violence, and were followed by diarrhoea, the cause of which was unknown, (mucilaginous drinks, &c.) The next day he was in the same state, (treacle one ounce.) The fourteenth day the diarrhoea ceased, and with it the colic pains, (rice gruel.) On the fifteenth day the patient was quite well. He was allowed a moderate portion of food, he was radically cured of the hæmorrhoids, and the anus remained free in whatever posture he placed himself; defecation caused no pain, and he quitted the hospital completely cured.

27. *Pregnois and Treatment of Luxations of the Cervical Vertebra.*—Dr. SIMONIN relates in the *Journal Complémentaire des Sciences Médicales*, two cases of unilateral luxation of the cervical vertebra, in which reduction was successfully and readily effected. The three principal symptoms of this luxation are stated by Dr. S. to be the impossibility of the patient's turning over his head to the side opposite to that of the luxation, the inclination of the head to the side where the luxation has occurred, and the position of the spinous apophyses of the luxated vertebra beyond the normal line of the spinous apophyses. That this luxation by itself is not dangerous, is proved by anatomy and experience. The efforts of the surgeon for its reduction are not to be so much feared as has been believed. The elongation of the spinal column by extension and counter-extension, cannot injure to any extent the spinal narrow, this elongation being participated in by all the articulations, and consequently it is very little for each one of them. In practice the increase of the inclination of the head in the direction of the luxation may be avoided.

28. *Case of Luxation of the Lower End of the Ulna, with Remarks.*—An officer, aged thirty-two, of athletic form, was thrown from his horse, and his right arm got entangled and confined between the horse's head and the ground in such a manner as to receive a violent shock. He experienced acute pain, and imagined that his arm was broken. It proved, however, to be a dislocation at the wrist, and attempts were made by two surgeons to effect reduction, but without success; and he repaired to Paris to consult M. Dupuytren. When seen by this distinguished surgeon, which was thirty-four hours after the injury, the symptoms were as follows:—The forearm was swollen; the hand in a position intermediate between pronation and supination; the inferior part of the forearm was rounded, and consequently lessened in its larger diameter; an unusual projection raised the skin at the middle and anterior part of the wrist; on the inner side the internal malleolus could not be felt; behind, a hollow occupied the situation of bulging usually produced by the head of the cubitus: if this bone was traced with the fingers from the elbow to the hand, it would be perceived that it was directed obliquely forwards and outwards, crossing and passing above the lower part of the radius. The dislocation of the ulna towards was therefore evident.