

danger of opening into their cavity. Where the disease was recent and progressing, so far from the opening giving relief, it appeared to be attended with an aggravation of the symptoms. Such had been the result of his own experience. He had been willing to give the system a trial, but he thought he had done great mischief by following it. The cases in which Mr. Gay had made incisions into the sinuses connected with the hip-joint would get well by counter-irritation and constitutional treatment. The practice of incising small joints was followed by Mr. Lynn twenty-five years ago; such incisions might be usefully made in fingers, whose entire removal was rarely necessary.

Mr. William Adams said that in several of the cases mentioned by the author complete destruction of the joint had not taken place. He thought Mr. Gay had understated the success with which his practice had been attended.—*Med. Times and Gaz.*, Oct. 25, 1856.

30. *Leg of a Child torn off at the Knee.*—Mr. POLLOCK exhibited to the Pathological Society, Nov. 4th, 1856, the leg of a child torn off at the knee from its becoming entangled in the wheel of street-cab. The child was brought into St. George's Hospital in the afternoon, and was seen by Mr. Cæsar Hawkins; he was then in a great state of collapse. On examination, it was found that the left leg had been entirely severed from the thigh at the knee-joint. The condyles and articular surface of the former were entirely exposed, and the soft parts were cut round, almost as if amputation by the circular incision had been performed without the bone having been sawn off. There was a simple fracture of the femur on the same side, about its middle, and a good deal of contusion. There was also a degree of tenderness of the abdomen, which led to the suspicion that some visceral injury had been sustained. It was impossible to say what quantity, or if much blood had been lost; but there was no tendency to hemorrhage from the wound, nor from the divided popliteal artery, without any tourniquet or pressure being applied to the femoral. The child having rallied somewhat, Mr. Pollock removed the portion of the thigh below the fracture, and brought the edges of the wound together with sutures. The tenderness of the abdomen had somewhat increased during the evening, and as the urine drawn off contained much blood, it was evident that some rupture of the kidney or bladder might be looked for.

The leg was picked up by a policeman, and brought to the hospital after the child. The patella was found attached to the leg, but the cartilages of neither patella nor tibia were injured. The curious point in connection with this accident was, that the sciatic nerve was torn out with the leg, and was found attached to it some two feet in length. The boy died two days after the accident. Much extravasation was found along the course of the sciatic, and in branches of the sacral plexus on the same side. Some of these branches were shreddy, and broken off close to the ant-sacral foramina. The sacro-iliac joints were separated, and the pelvis fractured on the right, through the pubis, into the obturator foramen. A sharp piece propelled inwards, and corresponding to this, was a rent in the bladder. Urine had become extravasated in the surrounding cellular tissue.—*Med. Times and Gazette*, Nov. 15, 1856.

31. *Displacement of the Trachea, and its Separation from the Larynx, from the Kick of a Horse.*—Dr. BERGER, Surgeon-General of the Prussian Army, reports the following unique accident:—

Cannonier B—, of the Artillery of the Prussian Guard, was kicked by his horse a little below the lower jaw, whilst engaged in washing its hind hoofs. A small, unimportant skin-wound exhibited itself at the edge of the jaw, and some blood, but not much, flowed from the mouth. The neck, however, rapidly swelled to an extent sufficient to materially impede respiration. The patient complained only of a peculiar sensation of weight in the epigastrium, and stated that he felt as if blood had collected in his windpipe and prevented his breathing freely. There was no fracture or injury to be discovered in the larynx. The patient was at once bled, generally from the arm and locally by leeches, without the slightest effect upon the orthopnoea. The latter symptom continued to increase rapidly until so fearful an emphysema had established itself, that