

The hand is allowed to hang down in front of, and below, the cushion. On the twelfth day a splint and compress four inches long are substituted, and kept on by two broad tapes tied over a single pad on the back of the arm, so as to avoid all constriction. If there is displacement towards the interosseous space, a compress may be there interposed. Entire consolidation takes place towards the thirty-fifth day, and, in consequence of the absence of injurious compression, neither gangrene, muscular atrophy, nor adhesions occur, and tedious convalescence and imperfect recovery are avoided.—*Brit. & For. Med. Chirurg. Rev.*, Oct. 1848, from *L'Union Médicale*, No. 46.

46. *A New Mode of Performing Lithotomy by the Rectum.* By M. MAISONNEUVE.—An interesting case has been recently published, in which the operation performed by Sanson and Vacca was advantageously modified. After placing the patient (æt. 28) in the ordinary lithotomy position, and giving the catheter (with a very large groove) in charge of an assistant, M. Maisonneuve, standing between the thighs, lodged the nail of his left index-finger, passed into the rectum, in the groove of the catheter, just anterior to the prostate. Along this finger he next slid a pointed bistoury, guarded by lint to within a centimetre of its end, and made a small incision through the rectum and membranous portion of the urethra. Still retaining his nail in the groove, he next passed a double lithotome, with its concavity upwards, and having assured himself of its secure implantation in the groove, withdrew his index-finger, took hold of and slightly raised the catheter with his left hand, while with his right he opened the bladder with the lithotome. The catheter was now withdrawn, and the right hand so turned as to bring the concavity of the lithotome backwards. Next he introduced the index and middle fingers of the left hand above the lithotome, and separated the one from the other, so as to dilate the rectum and protect the sphincter while he withdrew the lithotome, the blades of which, separated fourteen lines from each other, made a bilateral incision in the prostate and rectum. The forceps were then passed along the fore-finger, and the stone removed.

The patient recovered so rapidly, as to be sitting in the yard on the fourth day, and he was exhibited at the academy after a long walk, on the ninth. A urinary fistula still remained when he returned to the country on the seventeenth day, but this subsequently healed. This operation differs from that of Sanson and Vacca by leaving the lower end of the rectum, the sphincter, and the perineum untouched; and this prevention of the exposure of the wound to external influences, places it very much in the same category with the subcutaneous incisions.—*Brit. & For. Med. Chirurg. Rev.*, Oct. 1848, from *L'Union Médicale*, No. 63.

47. *Reduction of a Dislocation forward of the Inferior Surface of the Fifth Cervical Vertebra.* By M. VRIGNONNEAU.—The patient fell from a tree, on his head, and lost consciousness, which, however, returned in half an hour; he then complained of violent pain at the vertex and back of the neck; the author diagnosed—how, he does not say—a dislocation forwards of the inferior surface of the fifth cervical vertebra. He bled the man, and ordered absolute rest, but without avail; and forty hours subsequently—speech having become difficult, the face injected, the respiration stertorous and the pulse almost imperceptible—he determined to give him the chance of an attempt at reduction. For this purpose the man was seated, two assistants pressing firmly, one on each shoulder, while M. V. gently extended the neck. Partial extension rendered the speech stronger, and respiration freer, and emboldened the operator to proceed further. When he thought the extension sufficient, he carried the head and superior part of the neck backwards; this manipulation was followed by a snap, and from that moment the man recovered as by enchantment. The patient at the date of the report had returned to his work, but there still remained some rigidity of the neck, and lateral motion especially is very limited.—*Journal de Connaiss. Médico-Chir.*, Jan. 1848.

48. *Vertical Dislocation of Patella.*—M. DEBROU relates a case of this rare accident. It happened to a man of sixty, who got his leg entangled in a cart wheel; when raised he could not stand upright. His appearance was as follows: