

this part was much stretched and discoloured by the pressure, but not perforated.

The day after the accident, the patient having been put under the influence of chloroform, M. Boyer endeavoured to reduce the dislocation. Two assistants made extension of the heel, whilst other two maintained a counter-extension of the thigh, the leg being half flexed, with its inner aspect looking upwards. Considerable lengthening having been thus effected, he tried to push back the astragalus. The bone was easily forced into the place made by the extension, but it retained its wrong direction, and the displacement recurred as soon as the extension was lessened. Several such attempts having failed, M. Boyer, whilst the limb was being extended, pushed upon the external margin of the foot with his knee, so as to cause forcible abduction of it, and at the same time pressed with both thumbs on the superior border of the astragalus. The displaced bone was thus turned round, and resumed its right position with a loud crack, the deformity completely disappeared, and the foot could be moved without causing pain. No unfavourable symptoms occurred; the patient gradually recovered the use of the limb, and he can now walk with ease.—*Monthly Retrospect*, Jan. 1848, from *L'Union Médicale*.

51. *Vertical Dislocation of the Patella*.—DR. MENDOZA, in his Surgical Statistics of the Hospital of Barcelona, during the year 1847, reports an interesting case of vertical dislocation of the left patella, in which the internal edge of this bone was engaged in the depression between the condyles of the femur, and the external edge had become the interior edge, and the anterior face had become the internal face, whilst the external face had become the posterior face. Great efforts were made to replace the patella in its natural posture, but in vain; and only a slight alteration was produced in the position of the bone. The patient was then placed under the influence of chloroform, and, upon a rapid and forcible flexure of the leg, the patella regained its natural position with an audible noise. The internal condyle of the femur had, in this case, performed the part of Guyat and Wolff's apparatus.—*Med. Times*, Dec. 16.

52. *Excision of the Os Calcis*.—MR. T. M. GREENHOW related to the Newcastle and Gateshead Pathological Society, (Nov. 13, 1848,) two cases of excision of the os calcis, which operation, he conceived, has an advantage over the operations of Mr. Wakley and others, inasmuch as it left the patient the free use of the ankle-joint.

The first case was that of a pitman, who was admitted into the infirmary, June 15, with an abscess discharging from the left heel, and the adjacent tissues indurated and swollen. It was stated by the patient, that eight weeks previously, a nail had accidentally been thrust into the affected part. There was likewise a distinct sense of fluctuation below the outer malleolus. The foot could be flexed on the leg without causing pain. On introducing a probe, the bone was found exposed and carious: rested ill. Ordered poultices, and twelve grains of Dover's powder every night.

For a period of two months he continued in the same state as on admission, and there being little prospect of amendment, it was determined to remove the diseased os calcis, which operation was accordingly performed on the 15th August, in the following manner:—

First, an incision was made at the internal malleolus, and carried to the centre of the heel, where it communicated with a like incision, extending from the external ankle. A third passed transversely across the sole of the foot, to join the two former. Each malleolar flap was then formed by continuing the incisions along the external and internal margins of the foot. The flaps were dissected back, the tendo Achilles divided, and the knife being introduced between the astragalus and os calcis, the bone was forcibly disarticulated and dissected out.

On the 22d, the report stated that sloughing of the flaps had occurred, with swelling and redness of the integument on the back of the leg. An abscess formed in the calf a few days afterwards, and was opened. From this period he continued to amend in every respect, the abscess having gradually closed

up, the tendency to slough in the seat of operation ceased, and the wound cicatrized favourably.

The second case was also that of a pitman, aged 29, who was admitted into the hospital August 10th, 1848, with disease of the left foot, affecting principally the os calcis, which can be felt in a carious state by a probe introduced through several fistulous apertures.

The disease was stated to have commenced two years and a half previously, with spontaneous inflammation and subsequent abscess. For this disease he was under surgical treatment in this hospital some months ago, and some portions of diseased os calcis were then removed.

On the 15th August, another portion of diseased bone was removed, the patient being under the influence of chloroform. He continued to progress favourably after the operation, up to September 3d, by which period the incisions had nearly healed. The foot then became inflamed and tender, accompanied with œdema of the extremity as far as the knee. Considerable sympathetic fever likewise supervened.

The report of the 5th stated that the febrile symptoms had somewhat abated, but the inflammation had extended up to the knee. On the 8th, the erysipelas was principally confined to the foot, attended with œdema, and a greater lividity of the integument. An incision was made along the dorsum of the foot. From this period the inflammation gradually declined, and the wounds healed up, with the exception of several fistulous apertures on each side of the foot, through which the bone (os calcis) was felt extensively diseased.

On October 17th, removal of the diseased os calcis was determined on, and the operation was accordingly performed, in a similar manner to the preceding case.

The report of November 10th stated that the wounds had almost healed up, and that the deformity was not very great.

In the first case the patient retains the use of the ankle-joint, and is already capable of bearing considerably on the affected limb.—*Lond. Med. Gaz.*, Dec. 1848.

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53. *Excision of the head of the Femur in Morbus Coxarius.*—In a clinical lecture recently delivered by Professor SYME on morbus coxarius, he reprobated, we think very properly, the operations lately performed for the cure of this disease.

"Lately," he observed, "in some of the London hospitals, it has been attempted to cure the disease by removing the carious head of the femur; but this is improper, as caries of the joint never exists without the bones of the pelvis being equally involved. I regret that these operations should have been attempted, as they tend to throw discredit on the excision of other joints, such as the elbow, where the practice is eminently useful, and which has now become an established operation in surgery. If the disease admits of recovery, excision of the head of the thigh-bone is superfluous and useless. If it does not admit of recovery, cutting out the head of the thigh-bone can only hasten the fatal termination. If the patient recovers after the head of the bone has been cut out, it is a distinct evidence of the uselessness of having excised it. If caries is curable, why amputate the head of the bone? If incurable, why remove the head of the bone, and, at the same time, leave behind carious portions in the acetabulum, which cannot be removed?"

"Common sense and their unsuccessful results will, no doubt, ultimately show the impropriety of such operations."—*Med. Times*, Dec. 30, 1848.

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54. *A new mode of removing Nævi.*—J. C. CHRISTOPHERS describes (*Lond. Med. Gaz.*, Dec. 1848) a method of applying a simple ligature to strangulate and remove nævi, which, he says, he has employed in six cases, and in all with perfect success, and without any untoward accident occurring. His method is as follows:—

1st stage.—Take a piece of strong silk, well waxed, about half a yard long, and dip the moiety of it in ink to dye it, the more readily to distinguish the ends after it is divided; thread a needle with the same, leaving the ends equal,