

cured him, but he was afterwards subject to returns of the displacement, which he learnt to reduce himself. Another case of dislocation of the pronator radii teres, whilst playing lawn tennis, fell under Mr. Callender's notice, and led him to study the subject of muscular dislocation, which had been previously discussed by M. Ponteau, who relates an interesting instance where a young girl dislocated one or more of the digitations of the splenius. If, then, we meet with a case in which sudden and unusual movements of the body have been followed by pain—local in its character—made worse by certain movements, or preventing certain movements, and especially if such pain be referred to the site of muscular digitations about the spine, etc., it is wise to adopt measures to reduce muscular dislocations, by relaxing the muscles or part of muscle displaced, and by rubbing, kneading, or pressing, while attempting to reduce it; if this fail, make pressure over the part while the muscle is brought into play. As we need guidance from the patient, these manipulations, often painful, had better be done without the aid of anesthetics.—*London Medical Record*, Aug. 15, 1878.

Muscular Necrosis.

Dr. LÜCKE (Strasburg) related, at the late Congress of the Society of German Surgeons, the case of a medical student, who, while on the ice on February 10th, slipped and fell. He did not feel any special pain, and no extravasation of blood could be seen. While in bed on the evening of the same day, he was attacked with severe pain in the leg, in the middle of which a small swelling of the size of a cherry was detected. The pain became so severe that Dr. Kohts administered chloral, injections of morphia, ice, etc., but without result. On February 13th, leeches were applied, without relief. On the 21st Dr. Lücke saw the patient for the first time. The whole leg appeared swollen, and a point at the upper part, between the bones, was very painful, and projected considerably. Percussion showed that the case was not one of osteomyelitis of the tibia; the fibula was inaccessible in consequence of the swelling of the soft parts. An incision was made, and a piece of muscle in a state of waxy degeneration escaped, but no pus, although the tibia was partly denuded of periosteum. The operation was done under antiseptic precautions. On February 23d the dressing was renewed, and a small purulent shred of tissue, which unfortunately was not examined, escaped on pressure. There was moderate and limited suppuration on the 25th. On March 3d the temperature was 103.3° Fahr. Several deep incisions were made, which gave exit to pus and to a quantity of offensive gas, which was probably the cause of emphysema which had been observed in the thigh. On March 9th, while the wound was being cleansed, the whole of the tibialis anticus was drawn out; and on the 10th the extensor of the great toe and the common extensor of the toes were removed. These muscles were quite necrosed, and had a peculiar waxy colour. Microscopic examination showed, towards the upper end, small quantities of colouring matter of the blood and crystals of hæmatin. The subsequent progress of the case was very favourable; the patient, however, was obliged to wear an apparatus to counteract the preponderance of the sural muscles arising from the loss of the extensors of the legs. The necrosis was probably due to embolism of the artery supplying the parts. The pulsation in the dorsal artery of the foot remained unaffected throughout.—*London Med. Record*, June 15, 1878.

Effect of Posture on the Peripheral Circulation.

Mr. LISTER recently read a paper on this subject before the Paris Académie de Médecine. According to the report in *L'Union Médicale*, he stated that he