lung; the heart and ribs have resumed their normal position; the intercostal muscles are in perceptible action, and the metallic tinkling is seldom heard.

Such is the history of this case. The result we have yet to learn.

REMARKS.

It is somewhat singular that these three cases should have occurred in the left pleural cavity. Whether the left side of the thorax is more frequently affected with this disease than the right, my own experience is too limited to determine.

The first case is so plain a matter of fact as to require no observation, except that pleural abscess in young and healthy constitutions will, under proper treatment, justify a favourable prognosis.

That the second case consisted of purulent effusion there can be no reasonable doubt.

Had it been serous it would have been complicated with some disorganisation of the lung, which would have led to a detection of its true character. There would have been probably no dilatation of the intercostal spaces, and no displacement of the heart.

I do not mean to assert that the thorax is never dilated by serous fluid. As Laennec writes—doubtless it sometimes is so; but I feel convinced that such a result is very uncommon; that it is the exception, and not the rule. But why is it that accumulation of serum in the thoracic cavities does not more commonly produce abnormal enlargement? Because serous fluid is the effect of infiltration, which is passive, and inferior to the resistance of the thoracic parietes; whilst pus is the direct effect of arterial secretion, which is active, and superior to their resistance.

Thoracic enlargement, dilatation of the intercostal spaces, and displacement of the heart, associated with symptoms of fluid in the side affected, must, therefore, be considered in the great majority of cases as indicative of the presence of pus.

The case of Robert Gee is, in every point of view, most interesting; whether we consider the state of atrophy and dyspnoea to which he was reduced; the complete marks of diagnosis; the relief afforded by the operation; or the auricular symptoms which occurred after the evacuation of the abscess.

The term "metallic tinkling" does not, to my mind, comprehend all that is signified. It is exactly descriptive of one sound, but not of another, which, by way of distinction, ought to be called "the dropping sound," or "the drop-tinkling," so distinctly heard in this case.

I think some term ought also to be given to the sound produced by the rushing of air from the lung into the pleural cavity, as above described—and this I would denominate "the pulmo-pleural inflation."

Whether I am the first to give a name to this auricular symptom I cannot determine.

From the great relief experienced by the operation, I was disposed to think there was no important disease of the lung; but from the sign just mentioned—proving a communication between the lung and the pleural cavity—such an opinion is not tenable; and this fact, associated with a hydropic condition of the peritoneum, still renders the termination of this case extremely doubtful, and forbids a favourable prognosis.

Southampton, June 2, 1842.

ON

DISLOCATION OF THE KNEE-JOINT.

By JONATHAN TOOGOOD, Esq.,

Senior Surgeon to the Bridgwater Infirmary.

Complete dislocation of the knee-joint is so very rare an accident, that I believe few surgeons have ever seen it. I furnished Sir Astley Cooper with the following case, which he published in his work on Dislocations. He had never met with a similar one, nor has any surgeon of my acquaintance connected with the London or provincial hospitals, although I have related it to a considerable number; neither do I remember to have read of such a case. I learnt also, in a conversation with Dupuytren and Roux, that it had not occurred in their practice.

Dec. 5, 1806. Francis Newton, a strong, athletic man, thirty years old, fell from the fore part of a waggon heavily laden with coals, and, entangling his foot in the framework of the shaft, was dragged a very great distance before he was released. I saw him two hours after the accident; the left knee was very much swollen; the tibia, fibula, and patella were driven up in front of the thigh, and the os femoris occupied the upper part of the calf of the leg, the internal condyle being nearly through the skin. It was a complete dislocation, and the appearance of the limb was so dreadful that I despaired of being able to reduce it; but to my surprise it was more readily effected than I imagined. By placing two men at the thigh whilst I extended the leg, the reduction was immediately effected. The whole limb was placed in splints, and the strictest antiphlogistic treatment observed, with the most perfect quiet. The symptoms were very mild, and, by carefully watching him, he suffered very little inflammation or pain. At the expiration of a month I allowed him to get up, and on the 29th of January he came into this town, a distance of four miles, in a cart, and walked from an inn to my house, with his leg but little swollen, and having some motion of the joint. He eventually recovered very good use of his limb, and walks with so little inconvenience, that he has followed his business as a waggoner ever since, and this day (November 30, 1822) I have seen him walking by the side of his team with very little lameness.

I am induced to send you this case, which occurred many years ago, in consequence of having read in your last number a short account of one of a similar nature by Mr. Coote. In his case, I should imagine, from the speedy recovery of the patient, the dislocation was not so complete as in that above related; but, as such cases are so very uncommon, I hope he will publish the details. The successful issue of both cases clearly proves his position, "that in dislocations of the tibia forwards, or of the femur backwards, the injury to the ligaments and other soft parts about the knee-joint is not necessarily such as to render the recovery of the limb in a perfectly useful state a forlorn hope, as has been represented by writers of high authority, some of whom have almost regarded amputation as *prima facie* necessary to save the life of the patient."

Bridgwater, May, 1842.