was placed on a high table lying on his side; a jacket was placed between the scrotum and thigh (being twisted); it was firmly held by an assistant; a napkin was placed beneath this, and held by the house surgeon in such a direction as to prevent the bone pressing in the groin; extension was steadily kept up, from the ankle, by two assistants, Mr. Skey gently elevating and rotating the limb outwards. By these means the head of the bone quickly returned to its socket.

REMARKS.

This case occurred during the year I was a dresser to the late Mr. Henry Earle, at St. Bartholomew's Hospital. In a clinical lecture delivered at the time of the accident, Mr. Earle observed he had never himself met with a similar accident, but mentioned one which happened in the practice of an eminent provincial surgeon (Mr. Norman, of Bath, I think), the subject being only four years of age.

Some years since, through the kindness of my friend, Mr. Eves, of this town, I witnessed a well-marked instance of dislocation of the femur into the ischiatic notch, in a youth whose age I do not recollect, but I firmly believe he was not more than ten or eleven years of age.

In the case I have related some discussion took place as to the situation of the dislocated bone. Mr. Skey would not undertake to say that the head of the bone rested in the notch, but was rather inclined to think it rested close on its border; however, I think it corresponded well with the description given by Sir A. Cooper of the symptoms of dislocation into the ischiatic notch.

CASE OF AMPUTATION

DURING

SPREADING GANGRENE.

By JONATHAN TOOGOOD, Esq.

Senior Surgeon to the Bridgwater Infirmary.

I published a paper a short time since in the "Provincial Journal," on the propriety and safety of amputation during the progress of gangrene; and as another opportunity has been afforded me of witnessing the success of the practice, I beg to call the attention of the Association to the following case:—

Thomas Baddis, a stout youth of eighteen, was admitted in the Bridgwater Infirmary at an early hour on Sunday morning, on the 10th of this month, who had suffered severe injuries of both legs, from their having become entangled in the coils of a rope, attached to a steam-tug, which was towing a vessel up our river. There was a considerable lacerated wound of the right leg, which had completely divided the tendo Achillis; the calf of the left leg was entirely torn up, the muscles being separated from the bones, the fibula broken into several pieces, the posterior tibial artery and nerves divided. The hæmorrhage, which had been very profuse, still continued, and the poor boy was in a state of great exhaustion. As there appeared to be no chance of saving the left leg, amputation was proposed; but as the friends refused the operation, the vessels were secured, and the parts brought as well together as circumstances would permit. There was no further bleeding, and he gradu-

ally recovered from the state of collapse. In the evening he had great fever, restlessness, and pain; the foot was cold and becoming livid.

On the following day he continued much in the same state, but the coldness and lividity of the foot gradually increased.

On Tuesday morning the foot was found quite black, and the gangrene had spread to the calf, and was rapidly extending. His friends now consented to the removal of the limb, to which the patient had always been willing to consent. It was amputated as close to the knee-joint as possible, and it was remarked that he lost less blood than was ever observed at any operation which had been performed at the Infirmary. He soon became tranquil, and all the violent symptoms which a few hours before threatened speedy dissolution, rapidly subsided. On opening the stump at the usual time, the surface appeared sloughy, and this state extended to the integuments, particularly on the outside of the limb to nearly an inch above the incision, but the sloughs were not deep. They separated on the eighth day, leaving a clean surface, and the patient has been so steadily progressing towards recovery, as to leave no doubt of its being complete.

A crepitus could be readily distinguished about the foot and ankle, but it did not extend to the wound.

Bridgwater, July 28, 1842.

CASE OF

CARCINOMATOUS STRICTURE

OF

THE RECTUM,

IN WHICH M. AMUSSAT'S OPERATION WAS PERFORMED.

By ALFRED JUKES, Esq.,

Surgeon to the General Hospital, Birmingham:

Sarah Pass, aged 30, a married woman, residing at Bromsgrove, Worcestershire, was admitted into the Birmingham General Hospital, May 6, 1842, under the care of Dr. Blakiston, suffering from symptoms of intestinal obstruction. Her frame is emaciated; she has an anxious, troubled expression, and her complexion is somewhat sallow, though the cheeks retain freshness of color. She reports herself to be the mother of four children, the youngest of whom is fifteen months old. All her labors were quick and natural; during her second pregnancy she received a kick upon the belly from her husband when intoxicated, but no bad consequences followed it. Her bowels were tolerably regular until eight months ago, when she became the subject of obstinate constipation, succeeded by vomiting. These symptoms continued for a month (during a fortnight of which time she had no alvine evacuation whatever), and then subsided; she does not appear to have passed her evacuations with regularity since the attack,—her bowels not acting, at various periods, more than once in three or four days; about a month ago she had a return of urgent symptoms; her motions became sparing and infrequent, and for the last three weeks entirely suppressed, with the exception of a scanty evacuation, described as slimy, which was passed five days ago; she has