four years ago the 27th of last May, occurred, as nearly as I can remember, in the following manner :—

"I was running very fast, and, fearing the object of my pursuit (a rat) would escape me, was in the act of endeavouring to propel myself faster by springing further at a time, when, the moment I made the effort, which was with my right leg, I felt a strong shock all over me, very similar to that of a tolerably good sized Leyden jar, highly charged, accompanied by a deep, dull sound, much resembling that produced by the breaking in of the covering stone of a shallow drain gutter. I got a tremendous fall, and, as soon as possible, I endeavoured to get on my feet, but found my right leg almost useless, and immediately discovered that I had injured my knee, and being alone I proceeded to walk home (about three-quarters of a mile), which I was only enabled to do by having a strong support in my hand, and keeping my left leg constantly in advance of my right, and bringing that up at every step, even with my left, without being able to move it one inch further forward at that time. As soon as I came home I sent for Mr. Kendall, who attended on me, examined my knee, and bandaged it up immediately. I then went to bed, when a considerable enlargement of the joint took place, accompanied by much pain, both of which continued to increase until about two o'clock the next morning, when the swelling ceased to enlarge, and the pain began to abate. I remained in bed about eight or nine days, during which time I kept my leg and thigh extended in a right line, as near as I possibly could, and, for a length of time afterwards, when I got out of bed (which was only to sit in a chair), I had always some one to assist me, and keep my leg and thigh in a straight position. I went on, I thought, doing tolerably well, until about the 24th of August (nearly three months), when I unfortunately got another fall, by my left foot slipping two or three inches into a wheel rut; my right knee immediately bent forward, and I came down on my back, and, while I was in the act of falling, I heard something in my knee snap, very much like the sudden breaking of a small dry stick; I then felt such very severe pain that it made my teeth chatter in my head, and a considerable enlargement of my knee again took place, which obliged me to lie in bed some days, as near in my former position as I possibly could. I had walked and rode on horseback frequently before I met with my second fall, and in the early part of that day I had walked nearly three miles, and I have also flattered myself that I could walk much better, faster, and stronger than ever I have been able to do since that time. After leaving my bed again, I continued to sit in a chair for a fortnight or three weeks, with my leg and thigh in the position I have just before described, the swelling gradually diminishing, and the pain abating, until my knee was reduced to its original size, which it took two or three months to do, and up to the present time I have never felt any pain whatever in my knee, except it may be a little fatigued at times in over-walking; I am never without a strong stick in my hand, for fear of an accident, for I am as liable to fall now, by the sudden giving way of my knee, as I was when the accident first happened. If I bring my thigh into an horizontal position, with my leg unsupported, it will immedi-

ately fall down to a right angle with my thigh, and I am not able, by any power in my knee, to move my foot forward out of that position; I can move it backwards or sideways as well, I believe, as I can the other.

"The above is the chief part of the particulars relating to the accident in my knee that I can at present recollect; but if there are any more questions respecting it that you would wish me to answer, I will at any time give you the best information in my power, and if you should feel desirous of any further examination of my knee, you shall be very welcome to do so at any time when it may be convenient to you.

I remain, Sir,

Your obedient servant,

JAMES WHITEFIELD.

Water-farm, Stocourey, August 29."

COMPOUND DISLOCATION OF THE ASTRAGALUS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL
JOURNAL.

GENTLEMEN,—The perusal of Mr. Turner's elaborate paper on Dislocations of the Astragalus, in the last volume of our Transactions, reminded me of a case of that description, which occurred a few years ago in my practice, the particulars of which, from notes taken at the time it happened, I should have had much pleasure in forwarding to that gentleman, had I been aware of his intention to publish on the subject. I now subjoin them for insertion in the pages of your valuable Journal, should you deem the communication of sufficient interest.

I have the honor to be, Gentlemen,

Your obedient servant,

T. W. W. SMART.

Cranborne, Dorset, August 24, 1843.

October 22, 1831. Robert Bush, an agricultural laborer, aged fifty, healthy, with the exception of having experienced repeated attacks of ague during the last three years, required my assistance, having met with the following accident :—

In attempting to change the station of an empty waggon which was standing on a declivity, it rushed down the hill, knocking him down backwards, and dragging him along with it, his clothes having become entangled in some part of the gear. I saw him about four hours after the accident, and found there was a clean, apparently incised, wound, extending from the right external malleolus across the ankle-joint to the inner edge of the tendo Achillis. The wound was gaping, and engaged between its edges, in front of the joint lay a considerable nodule of bone, which, upon close inspection, presented the superior articulating surface, and the anterior rounded head of the astragalus. The lower end of the fibula was exposed, but neither fibula nor tibia fractured. The foot was slightly inverted. The dislocated astragalus was still connected to the os calcis by a few ligamentous fibres, and, as it appeared to me to be useless to attempt its reduction, these were divided by the scalpel, and the bone removed. The operation was very painful, and caused syncope. No hæmorrhage followed, nor had there been much at the time of the

accident. The foot was then restored to its natural position, the wounds accurately closed by several ligatures, the limb laid in the straight position on a pillow, secured by splints, and cold water was ordered to be kept constantly applied to the wound. To take two grains of opium. On examining the removed bone, it was found fractured in two places—viz, anteriorly, where some of the fibres of the deltoid ligament are attached; and posteriorly and internally, a corner of the superior articulating surface was broken off, and no doubt left attached by its ligamentous connections to the os calcis.

23. Restless night; foot and leg tender and painful; feverish. To take

Sedative solution of opium, half a drachm;
Tartar emetic, one grain;
Sulphate of magnesia, two drachms;
Camphor mixture, three ounces;
Distilled water, three ounces. Mix. A sixth part to be taken every four hours.

To take thirty minims of sedative solution of opium at bed-time. A lead lotion.

24. "Quite easy to what he was;" has slept and dozed a good deal; is quite collected; leg much swollen, and hot; a livid patch, with small vesications on the inner side of the calf. Repeat the mixture and lotion.

25. Removed ligatures; wound united; leg and foot still much swollen, but of a natural color; restless night; seems weaker; pulse 80, soft; complains of pain, which came into the left shoulder this morning, and has extended down the side of the chest, which is tender; it somewhat affects his respiration. Repeat the mixture, and let him have a three-grain calomel pill.

26. Restless night; hacking cough occasionally, and has expectorated once or twice a small quantity of blood; weaker; tongue brown in the centre, edges moist; the upper part of the left side of the chest in front emits a dull sound on percussion, with crepitating respiration; the foot is easy, and less swollen; the outer and inner side of the thigh is inflamed, swollen, very tender, with one transparent vesication; bowels not open. Let him have an ounce of castor oil directly, and a blister to the chest. To take

Tartar emetic, one grain and a half;
Nitric ether, three fluid drachms;
Solution of acetate of ammonia, two fluid ounces;
Distilled water, one ounce. Mix. Let him take a sixth part every four hours.

Bread and water poultice to the thigh; to have gruel, with a small quantity of brandy, at intervals.

27. Much worse, yet says he is better, and talks of recovery; some sloughing has taken place over the external malleolus, exposing the extremity of fibula; there is a large livid patch, with a dark vesicle containing putrid sanies, on the upper and outer part of the thigh, formed since yesterday; bowels freely open. To have wine.

28. Died at one, a.m., having vomited, half an hour before his death, a quantity of "corruption." Sixteen hours afterwards, putrefaction had extensively advanced. The leg and foot are pale, and not swollen, but the thigh and lower part of the body are tumid, and dusky red. No further examination made.

I well remember that, after the unfortunate termi-

nation of this case, it became a matter of anxious consideration to myself whether I ought not to have amputated the leg, especially when I reflected on the serious injury the ankle-joint had sustained in the loss of so important a part of its structure as the astragalus, and on the large amount of violence that must have been expended in producing a displacement, opposed by so many obstacles, and attended by such disastrous consequences. Since, however, the perusal of Mr. Turner's paper, I feel satisfied upon that point of conscience and of practice, being persuaded that I acted right in not attempting the reduction of the bone, as well as in endeavouring to save the limb. The fatal result must obviously be attributed to diffuse cellular inflammation, which, Mr. Turner observes, "is a very usual sequel of this accident."

PROVINCIAL MEDICAL JOURNAL

SATURDAY, SEPTEMBER 2, 1843.

We have observed that the newspapers have been unusually full of late of cases in which the attempt to produce criminal abortion has come under the cognizance of the legal authorities, in consequence of the injurious or fatal consequences to the unhappy females involved; but we cannot help thinking, both from our own experience and from that of many of our professional friends, that the number of instances in which this crime is perpetrated successfully, and without detection, is out of all proportion to the comparatively small number of cases that are found out and punished.

But this, like many other evils, is much more easily lamented than remedied. So long as the existing state of civilisation places restrictions on early marriage—so long as the indiscretion of youth, and the habitual sensuality of maturer years, have their force—and so long as the loss of her fair fame and social position hang over the head of the guilty female—in other words, so long as human nature remains what it is, the attempt will continue to be made to conceal and destroy the fruit of sexual transgression. And our own experience leads us to believe that the attempt is by no means so difficult as some writers seem to represent it. We find Dr. Guy, for instance, in his excellent "Principles of Forensic Medicine," stating, as the result of his investigations, "that there is no one medicine which can be depended on as a means of procuring abortion; that, if given in doses short of those which would destroy the life of the mother, they would almost certainly fail of accomplishing their purpose; that, when they do succeed, they place the life of the mother in jeopardy, and often sacrifice it; and that, for every case in which the mother escapes, there is, probably, one at least in which the mother and her offspring