ceased. It was interesting to watch the oesophagus during swallowing before the external wound contracted. It was easy to see that the oesophagus opened when the man took water. There has been some doubt whether there is a mechanical distension of the mouth of the oesophagus in gluttony, or whether there is some such action of the oesophagus itself. In this case it certainly did open to receive the water. The man has made an uninterrupted recovery. There has been no attempt made to use a voice tube."

Dr. BRYSON DELAVAN said: Let me call your attention to several points of interest which this case illustrates. The man breathes freely with the aid of a tube. He is able to phonate with sufficient power and volume as to be heard distinctly at a considerable distance. He can even sing, although the latter expression must not be understood as meaning too much. He swallows both liquids and solids with ease, and can perform the act of smoking. He is not subject to any troubles of the bronchial tract, and he enjoys good health, although unable to do any kind of hard work. In the course of the operation the external integument was slightly inverted, with the result that several hair follicles were included. From these a number of hairs have grown, and their presence in the inside of the pharynx has been so annoying that it has been necessary from time to time to remove them. The special advantages of the operation have already been alluded to. They are admirably exemplified in this case, and it is chiefly on account of them that I have brought him from the United States to exhibit him to you.

A CASE OF DISLOCATION OF THE FEMUR ON TO THE PUBES, FRACTURE OF THE NECK, AND REMOVAL OF THE HEAD OF THE BONE.

By GEORGE J. W. FLOWER,
Honorary Surgeon to the Yeovil Hospital.

I was called on the evening of July 4th to see A. H., aged 48, who had been under my care for eight or nine years, suffering from locomotor ataxy. He had managed to get about fairly well with the aid of a stick, but on this particular occasion, in stepping off the pavement to allow some people to pass, had fallen and dislocated his hip, the head of the femur being forced on to the pubes. All immediate attempts at manipulating the bone into place having failed, I asked one of my colleagues to visit the patient with me, for the purpose of administering ether, and otherwise rendering me assistance. The anæsthetic having been given, manipulation was recommenced; when suddenly, as the limb was being rotated, the head of the bone separated with a snap from the shaft, which then assumed its proper axis, leaving the head of the bone under the femoral vessels, so that the femoral artery could be felt pulsating over it. The limb immediately presented a dusky—I might almost say purple—hue, from venous congestion, and became cold. It was obvious that the only possible course was to cut down upon and remove the head of the bone; and this was accordingly done by means of an incision of about 5 inches in length, and just to the outer side of the vessels. The anterior crural nerve and the femoral vessels were turned aside, and the head of the bone (see illustrations) was removed with the lion forceps. The incision was closed with chromic gut sutures, dressed with iodoform and double cyanide gauze, and a Desault's splint applied. The wound healed by first intention, and at the end of three weeks I put on a plaster spica, and allowed the patient to get up and walk on crutches. He did remarkably well, the shortening is very slight, certainly not more than an inch or an inch and a-half.

I reported the case and showed the patient at the meeting of the Dorset and Hants Branch on October 10th, 1894, on account of its several peculiarities. A dislocation on to the pubes is rare in itself, but the question as to whether in this instance the neck of the bone was partially fractured by the accident and completely broken by the rotation, or whether the

disease from which the patient suffered had made the bone so friable that it could be fractured by simple rotation, remains undecided. Then, again, the fact of the head of the bone having been left under the femoral vessels and obstructing the circulation of the part constitutes, I think, an accident which has not been hitherto reported. I may say that the bone had the appearance of undergoing some form of degeneration, the layer of compact tissue being remarkably thin.

In support of the theory that the bone was rendered friable by disease and fractured by the rotation, it may be said that in locomotor ataxy the bones have a tendency to atrophic changes, and Dr. Charcot, in 1868, described a peculiar form of disease resembling osteo-arthritis with absence of pain, and often great deformity as occurring in the ataxic, and at the same time mentioned this tendency to atrophy of bone and liability to fracture.

The accompanying illustrations show the naked-eye appearance of the fragment and the plane of its separation from the shaft.

October 24th, 1895.—It is interesting to note that now, fifteen months after the accident and operation, the patient walks as well, if not better, than he did before it happened.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

A CASE OF DIPHTHERIA TREATED BY ANTITOXIN. The following notes seem to us to be worthy of publication whilst the antitoxic treatment is on its trial.

G. K., aged 8 years, daughter of Dr. Kirk, was found on August 26th, 1895, suffering from a sore throat and enlargement of the submaxillary glands, a high temperature, and a thickly furred tongue. Dr. Kirk at once swabbed out the throat with a strong solution of nitrate of silver, which caused the membrane to separate and to be removed, but it was readily reformed. The following day the throat was swabbed out with liq. ferri perchloridi and glycerine twice a day, and the patient given a saline mixture and 5 grains of antipyrin on the night of August 26th. She took fluid nourishment well.

Mr. Berry saw her on the morning of August 29th. The tongue was thickly coated, and on the right tonsil there was a sloughy patch the size of a sixpence, and a second one behind it the size of a pea, with a good deal of tenacious mucus in the naso-pharynx, but the posterior wall of the pharynx appeared free; the application of the iron and glycerine had apparently removed the membrane. The temperature was 102.8° F. It was decided that the antitoxin treatment should be employed, and Dr. Peck, the medical officer of health to the Ormskirk Rural Sanitary Authority, kindly came over in the evening and gave her a dose of antitoxin by injection in the cellular tissue near to the inferior angle of the scapula.

On August 30th Mr. Berry saw her again. She had passed a restless night, but slept towards morning. The mucus in the throat was less tenacious, and she had vomited a quantity