On the 15th of last July, James W——, in the employment of the North British Railway Company, while endeavouring, by means of an iron crowbar, to put the brake upon one of two trucks, which were being prepared to run down an incline into the goods steamer, unfortunately allowed the bar to get between his legs, whereby he was at once thrown down when the trucks got in motion. He was lifted aside, and I saw him shortly after. He lay flat on his back, with both limbs fully extended. He complained of great pain in the right leg and knee, down to the toes. On examining the limb, I found that in front the knee had lost its natural shape, there being a depression below the patella, while behind the head of the tibia could be felt pressing backwards in the popliteal space. There was no rotation of the leg whatever. Everything was quite rigid about the joint, and no crepitus could be felt. In order to effect reduction, while the thigh and pelvis were kept firm by an assistant, I grasped the leg, and made steady traction. After pulling for a little without reduction being effected, I was induced to flex the knee slightly, and, in doing so, *I was speedily gratified by seeing* the head of the tibia glide *slowly* forwards over the condyles of the femur, into position, showing thus very clearly the extent and nature of the injury. The patient was afterwards placed in bed, and the limb maintained at perfect rest. Considerable ecchymosis occured, as evidenced by great swelling and discoloration of the skin on the posterior part of the joint. The joint itself at first remained free from any effusion; but subsequently, when the swelling resulting from the bruise began to subside, a good deal of *passive* effusion occurred. By a continuance of rest, aided by friction and a bandage, this soon became quite absorbed, and, by the 20th of August, about five weeks after the receipt of the injury, the patient could progress with the aid of a crutch. Now he walks, although slightly lame, with perfect freedom, and without any mechanical assistance.

## Placenta Prævia.

In the last number of THE LANCET, Mr. Richardson communicates a case in which Simpson's method was successful. He decribes the method pursued as follows: "I plugged the vagina, applied a T bandage, and gave a drachm of tincture of opium .....Next day the flooding was renewed as soon as the plug was removed; os uteri dilated to the size of a florin. I introduced my hand into the vagina, and with index finger passed through the os uteri, I fully detached the placenta all round from the uterine surface. The bleeding ceased, and the os uteri gradually dilated."

Upon this I beg permission to observe that the "method" pursued was not that of the illustrious Professor of Edinburgh, but mine. The practice inculcated by Sir J. Simpson was (see "Obstetric Works," vol. i., p. 683) "the complete separation and, if necessary, extraction of the placenta before the child."

Now, I presume Mr. Richardson does not wish it to be understood that he "completely separated" the placenta by the index finger passed through the os uteri. In my Lettsomian Lectures on Placenta Prævia (see THE LANCET, 1857), I have shown, first, the fallacies upon which the practice of completely detaching the placenta was based; secondly, the error of supposing that the placenta can be completely detached by one or two fingers passed through the os uteri. Let Mr. Richardson measure the length of his index finger; then let him measure the diameter, or even half the diameter, of a placenta. In placenta prævia it is very common for the placenta to descend to the edge of, and a little across, the os uteri, whilst the main bulk rises, perhaps, nearly to the fundus. His index finger would have to reach five, six, seven, eight, or more inches. It is therefore physically impossible to completely detach the placenta without passing the hand into the uterus.

But it is very possible to practice what I recommend,—namely, the detachment of the placenta from the cervical zone of the uterus, by one or two fingers passed through the os. This is what Mr. Richardson did; and his success is another testimoney to the truth of my theory of the physiology of placenta prævia, and to the value of the practice based upon that theory, to be added to the many proofs which have been accumulating from the *practice of professional brethren in every part of* the globe.

I am, Sir, your obedient servant,

ROBERT BARNES, M.D.

Finsbury-square, June 16th, 1858.—*Lancet.*

A CASE OF CÆSAREAN OPERATION, SUCCESSFUL TO MOTHER AND CHILD.—John Taylor, M.D., M.R.C.P., London (*Lancet*), gives the following history of the operation, which was performed by Mr. Baker Brown, assisted by himself and other medical men.

Mrs. H——, wife of a porter to a confectioner, aged 23, at the full period of her first pregnacy. On examination per vaginam, the promontory of the sacrum was found arching forward to within one inch and a quarter of the pubes. The os uteri was found hanging over the contracted pelvis-brim like a nipple. The abdomen, viewed externally, showed that the uteris occupied an oblique position, and the child's head could be felt hanging over the left groin, in the intervals of pain. She was removed to the "London Surgical Home," and with *the patient's concurrence, the Cæsarean operation* was performed. A healthy female child, weighing seven and a half pounds, was quickly removed. The uteris and abdomen were closed by silver sutures.

The whole operation was done in five minutes. A low form of general peritonitis followed, and until the fourth day vomiting occurred incessantly, when a severe attack of sickness caused one of the abdominal sutures to give away, which allowed a knuckle of intestine to protrude. The inflammatory symptoms ceased forthwith, and the patient is now convalescent.

The child is fed on milk and water, and seems none the worse for the novel manner of birth.