

Topsam; arrived at 11½ o'clock, p.m. On that day a.m. the patient, Mrs. Aldrich Hayward—a robust, young married woman, aged about twenty years—had been driving a young horse attached to a wagon, having an infant in her arms. The horse became unmanageable, ran; the patient was thrown from the wagon, in one of the hind wheels of which her right leg became entangled, and was seen to make three or four revolutions with it before the horse was disengaged, when the patient was found to be disabled and was carried to a farm house near by. The infant, that she had all the time held in her arms, was unharmed.

On examination the limb was found shortened 4½ inches.

The lower articulating surface of the femur could be felt among the muscles of the calf of the leg. A large space could be felt above the heads of the tibia and fibula, which were resting upon the front of the femur, in which space the patella was discovered lying loosely with its lower edge to the front.

Treatment.—After the clothing of the patient was changed she was laid upon a bed. A strong sheet was folded corner-wise and passed between the limbs resting on the perinæum, and secured to the right head-post of the bed (standing at the foot and facing the head). The foot and ankle were bandaged. A strong towel was applied over the instep and heel, and secured under the foot, to which was attached a clothes-line, doubled several times around the opposite foot post of the bed. A piece of hoe-handle, about two feet long, was passed between the several loops of the clothes-line. All being ready, an assistant was directed to turn the hoe-handle as one would turn an augur, thus making extension after the manner in which a woodsaw is tightened by twisting the lines. While Dr. Burton so managed the extending apparatus as to prevent any twisting of the limb, the other surgeon manipulated the limb, and reduction was effected perfectly, without difficulty, in a very short space of time: within five minutes.

After-treatment.—Patient was directed to remain in bed with the limb supported in a nearly extended position, and kept perfectly at rest, with fomentations of water, as warm as the patient could comfortably bear, constantly applied to the injured knee. Diet: light, easily digestible food. Patient left in charge of Dr. Burton.

March 2nd, 1862, I saw Mrs. Hayward at her home in Orange, Vt., and learned from her that about three weeks from the time the dislocation was reduced, she was removed to her home.

There was very little lameness, although some swelling of the knee remained. She had been doing the house work for the family without assistance for several weeks.

June 8, 1863, saw Mrs. H. again. No disability remains, and the recovery seems perfect.

Remarks.—The patient suffered intense pain from the time of the accident until extension was made during which, and afterward, she expressed herself as free from, or relieved from pain.—*N. Y. Medical Journal.*

Cresyl Alcohol is said to be a powerful agent in cleansing green substances off damp pavement.

Progress of Medical Science.

Amputation of Thigh—Separation of Bone through the Epiphysis.—Dr. GEORGE BUCHANAN, A. M., Surgeon and Lecturer on Clinical Surgery, Glasgow Royal Infirmary, relates (*Glasgow Medical Journal*, April, 1868), the following case:

A boy, aged 10 years, whose leg was crushed by machinery up to the knee. Amputation by a long anterior flap, through the condyles. One of the most perfect stumps I ever saw. The arteries were ligatured, and the wound healed with great rapidity.

I desire to draw attention to the mode of severing the bone. After I had cut through the soft parts, I drew the knife round the bone, to divide the periosteum where I intended to apply the saw, when I found that it passed into the soft cartilage separating the inferior epiphysis from the shaft. I laid aside the knife, and, by using gentle force, easily broke off the epiphysis, leaving the shaft with a rounded end, in which neither cancelli nor medullary cavity were exposed. This method of dividing the femur is so easy, and its result so perfect, that I would recommend its adoption in amputating at the lower part of the thigh in young patients.

Dr. C. M. CLARK, of Chicago (*Chicago Medical Journal*, March 15th, 1868), trephined a man on account of paraplegia following a slight gunshot depression of the fronto-parietal region of the skull. The paralysis began four months and a half after the reception of the injury, and had continued up to the date of the operation, three years later. At the expiration of five weeks, when the patient returned to his home, the relief was complete.

Effect of Sewing Machines on Menstruation.—Dr. Chamberlain asked the experience of the members on the effects of the use of sewing machines on menstruation, and on the condition of the uterus and ovaries. He had recently been treating a patient who had enlargement and prolapse of the right ovary, attended by general debility, which was evidently caused by operating on a sewing machine.

Dr. Perry had known two or three cases of severe uterine disease, in one of which death occurred, that were due to the use of a sewing machine.

Dr. Peaslee had a patient who had been an operator on a sewing machine, and was afterwards forewoman of an establishment in which fifty girls and women operated on machines. Most of the girls suffered from dysmenorrhœa and leucorrhœa. The derangement of the menstrual function was so great that they were generally obliged to absent themselves from work during the catamenial flow. It had recently been observed also, that the motion of the limbs in working the machines occasions a sexual excitement.

HYPODERMIC INJECTION OF REMEDIES.—Dr. Anstie (*The Practitioner*, July, 1868) claims the following advantages for the hypodermic over the gastric administration of drugs: 1. Economy of the drug. 5. Entire abolition of the depressing or irritant effects which are locally produced