risms failed from subsequent hemorrhage, with gangrene, which necessitated amputation.

Mr. E. is exceedingly brief in his treatment of dislocations, and usually confines himself to an enumeration of the common method of reduction, upon which his information is never by any means full and particular. The surgeon in practice will scarcely be satisfied with what he reads, as he will naturally expect to be prepared for cases of difficulty or failure that may occur. Dislocation of the femur on the dorsum ilii, from its great importance, may be taken as an illustration in point. Mr. E. sums up the whole management of such a case in less than half a page of print, and confines himself to some very general directions as to the manner of effecting the procedure ordinarily adopted. We once had a case of this dislocation, where considerable difficulty was experienced in obtaining reduction. The ordinary plan was used; but after a patient trial, it was feared that it would be unsuccessful, and the hip might possibly continue out of joint. Fortunately, however, our worst fears were not to be realized, for it occurred to the gentleman in consultation to put into execution Mr. Skey's proposal, to buckle the belt with the pulling straps above the ankle instead of the knee; when after a very short extension, and a few coaptatory movements, the head of the bone slipped into its socket. Now, by this novel expedient, our minds were at once relieved, and our labours ended. We did not, however, believe that the case by any means decided the relative advantages of the knee and ankle extensions; for the latter was only had recourse to after a protracted trial of the former, and therefore under more favorable circumstances, as the muscles had already been pretty much fatigued. The superiority of the method, that was here followed by reduction, consists, it is said, in the additional power gained by the increased length of leverage. Even in this dislocation, other procedures are spoken of by most authors except Mr. E.; but their specification is unnecessary here. We would, however, remark, that very recently an American Professor of Surgery, whose name we do not now remember, has stated that the element of resistance to reduction is not muscular but ligamentous, and that the unbroken part of the capsular ligament is the sole impediment to the return of the head into the acetabulum. The efforts of the surgeon then merely effect this object, and before they can be successful it must be attained. If such a view be correct, it becomes highly necessary to determine whether there be not some other method which would more surely and readily effect reduction than the ordinary one of extension, counter-extension, &c., so painful to the patient and laborious to the surgeon.