

No *brain symptoms appearing* except slight vomiting, which lasted but two or three days. *Entire recovery*, the child going to school and playing as other children. Subsequent death from another cause and a post-mortem examination revealing that there had *been no disease of the brain*; that the *ball* had *traversed* the posterior lobes of both hemispheres of the cerebrum, and rebounding had lodged in the brain substance, where it had remained with impunity, causing no inconvenience, and had become almost "a forgotten thing."—*Buffalo Medical and Surgical Journal*.

DISLOCATIONS OF THE HIP OF LONG STANDING.

Dr. D. J. Thomas, Surgeon to the Melbourne Hospital, read, at a meeting of the Medical Society of Victoria, a paper in which the following cases were related.

CASE I.—On February 8th, 1865, Mr. Evans Morgan, a miner, consulted Dr. Thomas about a dislocation of his hip-joint. On December 15th whilst working in a gold mine in the kneeling position, the earth fell upon him, causing his thighs to be widely separated. When extricated he was taken to the surface; and it was discovered that he had sustained a dislocation of the head of the femur. An attempt at reduction was made, but without success. The following day he was taken to a neighbouring hospital, when another attempt was made to replace the head of the bone by means of pulleys, and with the aid of chloroform. In this attempt, he stated, the head of the bone became changed in its position; it was probably brought from the *dorsum ilii* to the *sacro-ischiatic* notch. After nine days, he commenced walking about; and seven weeks afterwards came to Melbourne to consult Dr. Thomas. He was a powerful muscular man. On February ninth, chloroform was given and when he was under its influence, Dr. Thomas extended the limb, and rotated it in all directions, for about ten minutes, when the staple broke. It then occurred to him to try the plan recommended by Dr. Reed of America. He flexed the leg on the thigh, and gradually brought the thigh diagonally across the abdomen. He then abducted the thigh, whilst his assistant, who stood on the opposite side, got hold of the foot, and with some degree of force, pulled it across the lower third of the sound femur, whilst Dr. Thomas depressed the knee. The head of the bone entered the acetabulum with a loud crack; immediately upon which Dr. Thomas's attention was drawn to the patient's state. His face was livid, his tongue nearly black, and slightly protruding; there were no abdominal respiratory movements visible; no pulse could be felt; and his eyes were fixed. Without waiting a moment, Dr. Thomas opened the external jugular vein. At first