An exhaustive article on this same subject, by Dr. Packard of Philadelphia, appeared some time ago in the *Annals of Gynæcology and Pædriatics* (vol. iv, p. 111), and to this I am indebted for many references; though, as Dr. Packard says, many of the cases have been so carelessly reported as to leave room for doubt whether they were not simple supra-condyloid fractures instead of simple diastases: regarding the compound cases there is no room for doubt. Dr. Packard at the same time relates a compound case of his own where amputation was necessary, and figures the specimen removed, with the gastrocnemius, as we have seen, attached to and tilting the epiphysis, and the bare diaphysis sticking out. I mention this particularly, because Mr. Mayo Robson,* in an article on this same subject in which he cites several cases and gives drawings of specimens in Guy's Hospital museum, makes the strange statement that the gastrocnemius is attached to the diaphysis, and that it is the muscles of the calf instead of the muscles of the thigh which prevent reduction. Accordingly, in his remarks on treatment, he logically enough recommends tenotomy of the tendo-Achillis to assist reduction, which he practically regards as impossible in compound cases, and his conclusion is that amputation above the knee is the correct surgical procedure in these cases.

An analysis of the seventy (70) odd cases I have managed to disinter from medical journals, with a view to determining the kind of violence most likely to produce this form of injury, gives the following facts: Entanglement of the limb in a moving wheel (as of a carriage), 33 cases; a fall while running, 3 cases; one case of a fall from eighty feet; body thrown forwards while leg was in a hole up to knee, 2 cases; one case while boy was playing leap-frog, and alighted with feet widely separated; direct blow to lower part of limb (as in this case), 4 cases; run over by vehicles, 4 cases; and finally, as result of surgical procedures for correction of anchylosis or deformities, five cases. In 33 of the cases the compound character of the lesion is mentioned.

* Annals of Surgery, Feb. 1889. Quoted by Dr. Shepherd, in Montreal Medical Journal, vol. xviii, p. 198.