position of the wrist-joint, with the concavity downwards. The fingers were semiflexed and flaccid. Both styloid processes could be plainly felt, immovable, and in the right position, as proved by comparing the two fore-arms, and by following down the subcutaneous lines of the ulna and radius. The convexity of the carpal articular surface and the concavity of the radio-ulnar could be distinctly felt, the hand itself being slightly drawn to the ulnar side. The diagnosis of dislocation of the carpus on to the extensor surface of the fore-arm was indubitable.

Reduction was effected without any difficulty by simple extension; it was sudden, and the deformity was at once removed, and did not return in any degree when extension was removed, and the movements of the joint could be then all elicited with but slight pain. The hand and fore-arm were placed on a straight splint, reaching from the elbow to the metacarpo-phalangeal joints on the flexor surface.

Twelve days later the splint was removed, and the joint was found rather abnormally lax, and slightly swollen over the flexor tendons. The patient could supinate and pronate the fore-arm freely, and could also lift a light chair with the affected hand without pain. He said that since the reduction he had experienced no pain, and he had slept well.

A similar case of dislocation of the wrist backwards was reported by Mr. Alder Smith, in the *Journal* for June 24th, 1876.

Mr. Holmes states, in his *Surgery*, that "dislocation of the wrist occurs almost always backwards," and that "dislocation in the other direction (*i.e.*, with the hand in front of the fore-arm) hardly ever occurs as a traumatic lesion." There is, however, a good illustration of a traumatic forward dislocation in Erichsen's *Surgery*, taken from a cast of a case of Mr. Cadge, of Norwich.

Dr. Frank H. Hamilton, in his classical work on *Fractures and Dislocations*, relates a case of backward dislocation which he himself saw in an old man aged 75. He also quotes another case, that of a lad about thirteen years old, who dislocated both wrists by being thrown from a horse, one wrist being dislocated backwards, and the other forwards.

The accident certainly but very seldom comes under the observation of surgeons; but Hamilton states, on the authority of Professor F. L. Parker, of South Carolina, that there are thirty-three cases of wrist dislocation on record, and of this number only ten were forwards, and the remaining twenty-three backwards; but he declares that only five of the backward, and two of the forward dislocations are free from all objection. The cases reported by Mr. Alder Smith, Mr. R. Anderson, and myself agree in the following particulars. The patients were all aged about fifteen years, the diagnosis and the reductions were very easy, and the dislocations were all the result of great violence.—*British Medical Journal.*

Discharge of Pistol against Epigastric Region.—Passage of the Ball *per anum* on the Fourth Day.

From *La Correspondencia Médica* we extract the following case published by D. Félix V. Cors: A boy of 16 years, while cleaning a double-barrelled pistol (of Lefancheux's system), held the mouth of one of the barrels against the stomachal region, and had the misfortune to discharge it. Seen a few minutes later, he presented in the epigastric region and a little to the left an irregularly circular wound about 12 millimetres ($\frac{1}{2}$ inch) in diameter, with flaccid edges, blackened and slightly inverted in an oblique direction downwards and to the left, probably that taken by the projectile. Exploration promptly showed that the skin and gastric mucous membrane had been traversed, and the complete absence of any wound of exit, taken in conjunction with the vomiting and pains the patient presented, caused the presence of the projectile in the fundus of the stomach to be suspected. On the night of the third day pains appeared in the middle and lower part of the belly, with desire to defecate. On the following morning three bloody motions were passed, and with the second a leaden ball of conical form, of 12 millimetres, and corresponding to the cartridge-shell which remained in the pistol after the discharge The epigastric wound soon cicatrized, without giving rise to a fistula or ulterior digestive disturbance, and without, during its course, any resentment on the part of the peritoneum of the lesion it had received.—*Rev. Med. y Cirúgia Pract.*, Madrid.