

formity has followed their reduction, and that this may account for the paucity of literature on this subject.*

A glance at these specimens, kindly put at my disposal by Dr. Shepherd, will enable you to see how easily, in the case of young patients, any one might mistake fracture through the lower femoral or humeral epiphyseal line for dislocation of knee or elbow. Moreover, in the case of the femur, the liability to just this kind of accident extends over a goodly period of time, for you will recollect that while this epiphysis is one of the first to be formed (9th month, foetal), it is one of the last to join its corresponding diaphysis (21st year). While I have these specimens in hand, I would ask your attention to the mechanism of this form of injury. When fracture takes place, the epiphysis will be tilted forward by the two heads of the gastrocnemius, thus presenting its articular surface to the patella. At the same time the diaphysis will be thrust backwards and downwards by the pull of the quadriceps extensor muscles in front and the ham-string muscles behind, and will impinge on the vessels and nerves in the popliteal space, or slipping past them, may be forced out through the skin altogether, and thus become compound. One peculiarity of the injury, when compound, is that the protruding diaphysis is always stripped of its periosteum, which is turned back like a stocking on a foot.

I have premised thus far that we may be able to see clearly what has happened in the case of this young fellow whom I accidentally stumbled upon a couple of years ago in my last practice.

When seven years old, he was standing on one foot, with the other resting on the hub of a waggon wheel; a pile of lumber behind him fell forward and struck the standing limb just below the knee, driving the lower part of the leg violently forward, and letting the lower part of the femur impinge on and perforate the popliteal space, through which the bone protruded for about three and a half inches, letting the boy down as it were. The two nearest medical men were at once summoned, and diagnosed compound dislocation backward of the femur, not noticing the absence of the condyloid cartilage on the protruding bone. Two

* cf. Erichsen's and Holmes' "System of Surgery."