

The pelvis strap and pulleys were again readjusted, but the direction of the force was now more upwards and outwards, the ankle held by the assistant was drawn under the other and at the same time rotated, and in a few minutes the head of the bone was felt to move, and almost immediately afterwards slipped into the cotyloid cavity, with the same grating sound as when it was dislodged from under the arch of the pubes. This sound more resembled that produced by the laceration of muscular and tendinous structures than the clear snap generally heard on the reduction of a dislocated bone.

The force required was considerable, but the patient was well under the influence of chloroform during the whole time, except at the close; and when the luxation was reduced he immediately exclaimed that the bone was in its right place and expressed himself greatly relieved.

His legs were bound together and he was placed in bed. From this time until the 5th day of February not a single bad symptom presented itself; he gradually recovered the use of his limb, and on the day of his discharge (5th, Feb.) he was able to walk very well with the use of a stick.

At the time that this case occurred and for some years afterwards I believed this accident to have been unique, as no work that I had consulted contained an account of a similar displacement of the femur. In Dr. Frank Hamilton's work on Fractures and Dislocations, page 661, will be found two cases, one of which, not only in its symptoms, but in the manner in which the injury was received, is singularly alike. We are bound therefore, to admit, that the head of the femur may be thrown occasionally into this unusual position, and it must, for the future, be included amongst the rare accidents to which this joint is liable.

Toronto, C. W., February, 1861.

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ART. XVI.—*Vaginal Hysterotomy, Occlusion of the Os Uteri.* By JOHN R. DICKSON, M.D., Professor of Surgery, University of Queen's College, Kingston, C. W., Surgeon to the Kingston General Hospital.

Mary Buckley, pregnant with her first child, was admitted into the Kingston General Hospital, on Saturday, 12th April, 1856, at 5 o'clock in the afternoon, being then in labour.

The pains were frequent and strong. On making an examination two bands were discovered in the vagina; one near the entrance was firm and unyielding, occupying three fourths the diameter of the canal; the other, one and a half inch more internally, was neither so extensive nor firm as the outer one.

The Os Uteri was completely occluded, so that it could not be discovered with the finger. As the case was in charge of three students, they now sent for Professors Yates and Fowler, who, after making examinations, sent for me. Having instituted a minute examination, I thought I discovered a furrow in the uterine wall, into which I made an unsuccessful attempt to introduce a stiff bougie.

The unanimous opinion now entertained, was that, as the woman was not married, an attempt had been made to induce abortion, by the introduction of