Surgery.

Fracture of the Neck of the Femur and of the Trochanter Simulating a Luxation of the Hip.—D. A., æt. 47, labourer, entered Hopital de la Pitié on the 19th of October, 1881, in the service of M. Verneuil. He was a vigorous well-made man, a confirmed drunkard. Four days ago he fell from a height of about 12 feet, and since then has been utterly unable to move the right lower limb. He cannot state exactly what part of the body struck the ground first when he fell, but declares that a physician, who was immediately summoned, diagnosed a luxation of the hip, and made many vain efforts at reduction. Sent the next day to the Hopital de Corbeil, he was likewise treated for a luxation, these trials though made under chloroform proved as fruitless as those of the night previous. The patient was then sent to M. Verneuil. On admission the following symptoms were found: Enormous swelling of the entire right thigh and of the corresponding hip with great and extensive ecchymosis. Apparent shortening of the limb, abduction and rotation outwards. Considerable swelling of the gluteal region. Abolition of all spontaneous movement, and impossibility of the patient's raising his heel or of correcting the vicious position of his leg. Abduction and rotation outwards only may be produced, but give rise to great pain; rotation inwards, abduction and flexion are impossible. Palpation gives no precise indications on account of the great infiltration of the region. Indeed the head of the femur can be felt nowhere. It appears, however, that the great trochanter has undergone a movement of ascension. No crepitation. Percussing the heel gives rise to no pain in the hip joint. No retention of urine. Temperature axill. 98°6. The patient was examined by many surgeons, some of whom diagnosed *luxation*; others, with M. Verneuil, *fracture*. On the 21st of October the patient was chloroformed and examined. Still M. Verneuil could not find the head of the femur, nor elicit crepitation. In spite of energetic tractions, he could not succeed in bringing the thigh into forced flexion, adduction and rotation inwards, neither could he succeed in extending the limb to its normal length, and during all these manœuvres, the great trochanter moved with the rest of the femur, rising and descending with it. In face of this result M. Verneuil cannot believe in a fracture of the neck of the femur, otherwise the tractions that he made were sufficiently energetic to have corrected the deviation. He concludes then that there is a luxation forwards, and proposes to reduce it the next day with the pulleys. That evening delirium tremens came on, and two days afterwards the patient died. Autopsy: Considerable effusion of blood in all the tissues of the thigh, rising in the sheath of the psoas above the iliac fossa. At this point between the iliac fascia and the muscle is a collection the size of the fist filled with black clots and bloody serum. Notable effusion of an analogous serum in the knee joint. The femoral head was in its normal position in the cotyloid cavity. *Simple fracture of the neck and multiple fracture of the great trochanter.* The fracture of the neck is intra-capsular in front and extra-capsular behind. The fragments are entirely separated; the inferior fragment is retained by Bertin's (Ilio-femoral) ligament alone, the sole portion of the capsule which remains entirely intact. The great trochanter presents a double fracture. 1st. An oblique fracture extending from the inner and upper part of the great trochanter to its lower and outer part, being prolonged backwards so as to separate into two equal parts the lesser trochanter and encroaching for three centimetres upon the diaphysis of the femur. 2nd. A transverse fracture of the upper fifth of the great trochanter. All these fragments present no impaction or even apposition, in a word, they are immobilised by the interposition of portions of muscles which they have torn or perforated, and in which they were enveloped doubtless at the time of the injury. On account of this muscular tearing, one of the osseous fragments has undergone a notable ascension backwards and inwards, and is found at a considerable distance from the surface of its corresponding section.

This observation is interesting both from a clinical and from an anatomical point of view. Clinically it shows: 1. The difficulty of the diagnosis of affections of the hip, and particularly it shows how very slight, at the patient's bedside, are the differences which separate luxation forwards from fracture of the neck. 2. The terrible gravity of surgical lesions in alcoholics and the reserved prognosis which should always be