

As the treatment of similar derangements in other parts of the body is not attended with such troublesome consequences, the question naturally presented itself, what local peculiarity is concerned in causing the obstinacy of this particular case? The reply suggested by what has fallen within my observation is that the constriction caused by the annular ligament produces the effect in question, by preventing the portion of bursal sac corresponding to it and the subjacent tendons from undergoing the healing process. Impressed with this conviction, I tried the following experiment, the complete success of which encourages me to hope that the method tried will be found to afford at once an effectual remedy for a complaint which has hitherto proved so troublesome.

Janet Preston, aged 20, was admitted on the 13th of February, complaining of pain and weakness in her left hand. The wrist and palm of the hand were much swelled, but not discoloured, and pressure on these parts caused distinct fluctuation, with the jarring sensation that characterizes effusion into the bursal sheaths. She stated that pain had been first felt about two years before, and that for the last twelve months she had had hardly any use of the hand, in consequence of the swelling and weakness attending it.

I made a free incision from the wrist into the palm of the hand, dividing the annular ligament. This gave vent to a quantity of glairy fluid, with many small flat cartilaginous-looking bodies, exposed to view the flexor tendons, separated and surrounded by thickened bursal membrane. The cavity was filled with dry lint, supported by a bandage moderately compressing the hand and wrist. In the subsequent treatment care was taken to prevent protrusion of the tendons, by drawing the edges of the wound together, and applying a compress over the seat of the annular ligament. Not the slightest disagreeable symptom followed the operation, and three days after it, the patient was able to sew, which she had been prevented from doing for many months previously. In the course of a few weeks the wound healed, and the limb was in every respect perfectly sound.—*Lond. and Ed. Month. Jour. Med. Sci.*, Oct. 1844.

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#### LUXATION OF THE FOREARM FORWARDS WITHOUT FRACTURE OF THE OLECRANON.

This is supposed, by most surgeons, to be impossible. M. Morin has, however, recorded an example of it in the *Journal de Médecine de Lyon*. It occurred in a boy, between six and seven years of age, and resulted from a fall. It was reduced by the following plan. The shoulder was fixed by bands. The forearm being then strongly bent on the arm, M. M. placed his hands in the bend of the arm with his fingers crossed on the palmar face of the forearm, and drew this part downwards and backwards.—*Journ. de Méd. et de Chirurg. Prat.*, Feb., 1844.

M. Segalas has made a number of experiments on living animals, in order to ascertain what is the physiological influence of the spinal cord on the functions of the genito-urinary organs. He firstly analysed the facts by which Krimer, quoted by M. Ollivier d'Augers in his work on