our arrival was expected. Actions for malpractice were not quite as common as they are at present, or we might have been at some difficulty in vindicating our then juvenile professional reputation before an *intelligent jury:*—

On Christmas morning last I was called to a woman, aged 53, who had sustained a severe injury. On arriving, I found a transverse fracture of the patella, with a wound laying open the cavity of the knee-joint, and extending round the knee on either side as far as the outer and inner boundaries of the popliteal space. The leg lay in a flexed position, exposing the cavity of the joint, but the lateral ligaments were not ruptured. Part of the fractured patella protruded through the wound; there was considerable hæmorrhage, but not requiring the tying or acupressing of any vessel. I may here mention that the patient had inflammation of the joint, with deep-seated abscesses in the thigh, some years before, which resulted in partial stiffening of joint.

On the morning above named she was proceeding upstairs in the dark, and fell, stumbling down two steps, her leg doubling under her. She states her knee struck on one of the steps, which caused the mischief; but probably the violent doubling of the leg caused the contracted muscles of the thigh to bear violently upon the patella, the ligamentum patellæ resisted, and the bone gave way. Be that as it may, the injury was severe, and one requiring no small consideration. After careful examination, I resolved to try and save the limb, so, with the aid of my assistant, Dr. F. W. Smith, replaced the parts into their proper position, and brought the edges of the wound together by means of silk sutures and adhesive plaster. The parts were most accurately and carefully adjusted, a few turns of a bandage placed around the thigh to prevent muscular contraction, as also over the calf of the leg. I laid the knee in a pillow-splint, raising the leg a little. At noon the same day found her very restless, and administered an anodyne, which soon composed her, and she expressed herself easy, and slept several hours.

26th—Still quiet; no fever; pulse 79.

27th.—Slight constitutional disturbance; pulse 84.

28th.—More composed; had a good night.

29th.—Removed sutures and applied more strapping; found the whole extent of wound united by first intention, and skin natural and cool. Left the knee exposed to the air and covered lightly with a fold of blanket placed over a cradle.

Since then, recovery has been most complete, and without the slightest constitutional disturbance, free from pain, and enjoying good rest; to use her own words, "I have been quite easy, sir, ever since you took out the threads."

A month after the accident the patient could sit up, and in six weeks, with some assistance, walked into another room.—*Medical Times and Gazette.*

## Notes on Some Cases of Erysipelas.

By JOHN W. MARTIN, M. D., M. Ch.

In the following remarks, I merely wish to record the observation of a few points which I think are possessed of some interest.

During the last eight months, three well-marked cases of erysipelas of the head and face have come under my notice, the subjects being all persons in the poorer ranks of life, two of them women, and one a young man.

Case I.—Mary K., æt. 45, wife of a laborer; the attack commencing six weeks subsequent to her confinement.

Case II.—Mary M., æt. 35, wife of a factory laborer, and mother of nine children. Has always been delicate, and during the three months preceding the attack had to give up work.

Case III.—Maurice D., æt. 22, factory operative; unmarried.

In *all*, the form of attack was phlyctenoid; there was a period of *latency* for a week before the appearance of the eruption, as marked by languor and a general feeling of "*malaise*," and the attack itself set in with the usual symptoms of nausea, vomiting, pain in the back, loaded tongue, quick pulse, and confined bowels. In all, the glandulæ concatenatæ were painfully swollen and tender, accompanied by a feeling of stiffness in the neck.

The most careful enquiry into the cases of the two women could elicit *no history of lesion of any kind* from whence the attack might have had its starting point, thus forming exceptions to what Trousseau, in his excellent chapter on erysipelas, states to be almost universally the rule.

In the case of Maurice D., there was sore throat accompanying, but not, as far as I could learn, preceding the attack; but there was *no lesion* in the neighborhood of the brow, eye, cheek or ear, where the blush first exhibited itself.

In each of the cases the climax, as shown by thermometrical observations, was reached at periods varying from the sixth to the eighth day, the highest temperature varying from 101 one-fifth degs. to 101 three-fifth degs.

In *all*, at the point where convalescence was becoming thoroughly established, there was a fall in