with the chisel, and portions of the metacarpal were removed with a heavy pair of bone forceps.

Prof. Cooper's method of treating wounds of the joints differs somewhat from that usually directed in the books. He fears not the effects of air even in the knee-joints, and in severe wounds, or after operations on that joint, he dresses open, with lint and bandage, and thus heals by granulation. A few weeks since we were called to a case of severe wound of the knee-joint. The wound was made with an axe, which just touched the patella on the inner side, and entered the joint freely, wounding both the *femur* and *tibia*. The wound was oblique—passing from within outward and downward. No physician was called at the time, it was carelessly dressed, and the patient was for a time about on crutches. We saw it ten days after the accident—the joint was much swollen, and the opposite surfaces of the cut were gaping, and at least two and a half inches asunder. The discharge of synovial fluid, or the secretions of the joint cavity was quite profuse. We dressed with adhesive strip and roller, and the wound healed without untoward symptoms, by a slow process of granulation and cicatrization. The constitution sufferred far less than we expected.—*Med. and Surg. Rep.*

MIDWIFERY.

RUPTURE OF UTERUS; RECOVERY.

By G. T. Elliot, Jr., M.D., New York.

On the 25th of November, 1860, I was called by Dr. Slevin to see Mrs. M. in her second labor. The first had been severe, but terminated naturally. She had suffered for eighteen hours, when she complained of a sharp, agonizing pain in the left iliac region, and the contractions ceased. Before this the brow, tips of the fingers and the funis had been recognised as presenting, but they have now receded. She was weak, and was vomiting a clear green fluid; pulse one hundred and thirty, and feeble. Within the cervix, to the left, was a longitudinal fissure, which did not involve the entire thickness of the cervix. It was decided to turn; the patient took some stimulus, and the operation was completed, the delivery of the head requiring its being broken up, as locking occurred. After the delivery, the fingers could be passed through the rent so as to feel a loop of intestine and the peritoneal coat of the abdominal wall. Slight hemorrhage took place and contraction ensued, which was aided by ergot and ice in the vagina. The ergot was vomited almost immediately. The patient was placed in bed, and care taken to procure reaction. The vomiting was persistent for two days, when she began to improve, and by the latter part of December was out walking. The treatment was solely sedative and stimulant.—(*Am. Med. Times*, February 23, 1861.)

A CASE OF SPONTANEOUS EXPULSION OF FULL-GROWN FŒTUS.

By Dr. Nagele.

Dr Nagele relates a case of spontaneous expulsion of a full-grown fætus. In December, 1856, a woman who had been in labour twenty-eight hours was brought to hospital; the liquor amnii had long escaped; for forty-eight hours no fœtal movements had been felt. The pelvis was of full size; the child presented in the second shoulder-position; the pains were good. Chloroform was administered to facilitate turning; but all efforts persisted in during two hours and a half-failed in reaching the feet, so strong were the spasmodic contractions of the uterus excited by such endeavour. It was determined to wait; presently, under strong pains, first the right shoulder revolved under the pubes, then the right side, then the breech, and lastly the head. The mother recovered favourably. The child showed signs of putrefaction.—*Brit. For. Med. Chirg. Rev.*