alive. The eighth—nine years ago—was tedious, but the child came head first and living. The tenth and eleventh were difficult, and necessitated not only turning, but embryulcia.

There was no visible deformity about the pelvis. It was not typically osteomalacic. The interspinous diameter measured 10 inches, and the intercristal 11 inches. Internally the only diameter which appeared to be markedly shortened was the antero-posterior of the brim, which, estimated roughly, was not more than 3¼ inches.

Barnsley. C. CRAWFORD AITKEN, M.B., C.M.Edin.

RUPTURE OF LIGAMENTUM PATELLÆ.

CAPTAIN J. B. D., aged 36, on July 10th, 1892, tripped on the stairs owing to a carpet being imperfectly laid, and, making a violent effort to recover himself with his left leg, fell with this limb doubled under him. He attempted to rise, but fell again, as the right knee was powerless.

Staff-Surgeon May and Surgeon Barnes, R.N., who saw him shortly afterwards, were satisfied that there was no fracture of the knee-pan, but that the tendon was completely torn from its tibial attachment and the bone drawn up. The limb was placed in side and back splints in the extended position, and next day the patella, which was now drawn up for 4 inches, was returned to its place, and retained *in situ* by a pad and strips of plaster. The thigh and leg to near the ankle were enveloped in plaster-of-paris bandages, and the extended limb flexed on the abdomen in a McIntyre's splint and Salter's swing.

I relieved Staff-Surgeon May in charge of the case on July 31st, and continued the same line of treatment, strengthening the plaster bandage as required. On August 17th the patient was allowed upon crutches for a short time daily with the sound foot raised on a patten, while the injured limb, still enveloped in the plaster bandage, was supported by a sling passed round the neck and under the foot.

On August 23rd the bandage was removed, and a gutta-percha splint encasing the knee joint substituted. This was taken off for a short time daily, while passive motion of the joint, the patella being fixed the while, was done. The knee-pan at this date was in normal position, and could be moved laterally. There was some thickening at the site of rupture, where the reparative process was still going on.

By September 6th passive motion of the joint and massage of the limb had restored flexure to about 25 degrees, and improved the wasted condition of the muscles. This treatment was followed until the end of November, when flexure was nearly normal. The use of the splint was gradually discontinued from this time, and finally abandoned about two months afterwards. Fifteen months after the date of the injury the patient was able to commence a six weeks' riding course at Canterbury Cavalry Depôt; this was completed without difficulty.

In August, 1894, two years after the accident, the patella was drawn up three-fourths of an inch. Active or passive flexion of the joint was as easy and complete as on the uninjured side. He could kneel on either knee with equal facility. There was still some want of confidence in the limb, but this was gradually wearing off.

These results are, I believe, in a great measure due to the prompt restoration of the patella to its original position by Staff-Surgeon May, and to the lengthened time, nearly six weeks, during which the limb was rigidly fixed, together with the further period for which a special splint was worn. Temporary stiffness of the joint and wasting of the limb had to be reckoned with as consequences of this treatment, but both conditions were ultimately overcome by passive motion and massage.

J. N. STONE,
Fleet Surgeon.

MEDICAL STUDENTS IN PARIS.—At the close of the academic year 1893-94, the total number of students in the Medical Faculty of Paris was 5,144, being an increase of 621 as compared with the previous year. Of the whole number 2,977 were French and 685 foreigners. Among the former there were 21 women, among the latter 128. There were also 322 foreign students not proceeding to the doctor's degree in the ordinary course, and, therefore, not included in the numbers just given.

REPORTS
ON
MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

HULL ROYAL INFIRMARY.

CASE OF SLOUGHING INTRAMURAL UTERINE FIBROID RUPTURING INTO PERITONEUM: HYSTERECTOMY: DEATH.

(Under the care of Dr. FRANK NICHOLSON and Mr. EVANS.)

MRS. C. H., a widow, aged 31, and the mother of several children, the youngest being 4 years old, was admitted under the care of Dr. Frank Nicholson on the afternoon of January 8th, 1895. Some four years ago, after the birth of her last child, she had some pelvic inflammation, and a vesico-vaginal fistula, which had been subsequently successfully operated upon and cured. With this exception she had enjoyed fair health, her monthly periods being regular, not excessive, and usually lasting three days. About a month before admission she was laid up for a week with severe abdominal pain and vomiting, but this to a large extent subsided, and she was considerably better, though not well till four days before admission, when she was suddenly seized again with very severe abdominal pain and vomiting, which continued until her admission.

On admission the temperature was 101.2°, the pulse quick, and the abdomen greatly distended, tympanitic, and very tender everywhere. The tongue was slightly coated, and the bowels had acted the day before. There had been vomiting for three days, but none on the day of admission. The uterus was somewhat fixed from what appeared to be old pelvic inflammatory trouble, and there was thickening in both fornices.

Dr. Nicholson diagnosed acute peritonitis depending upon some pelvic mischief, the exact nature of which was not very certain, and asked his surgical colleague to perform laparotomy, and be guided in the subsequent steps by the conditions found at the operation. This Mr. Evans kindly consented to do, undertaking the operation that evening, about four or five hours after the patient's admission, assisted by Dr. Lowson. An incision, 6 inches long, passed through a thick layer of fat and exposed the linea alba. On opening the peritoneum the small intestines were seen distended to about 1½ inch in diameter, congested and dull, with commencing deposit of lymph, the interstices occupied by slightly adherent dark blood clots of a very offensive but distinctly putrefactive (not fæcal) odour. Clearing the clots away with the fingers, the left hand passed into the pelvis, felt the uterus with a prominent and rather flaccid tumour attached to the left side of the fundus, and about 1½ inch in diameter; the left broad ligament being also thickened. It at first gave the impression of a cornual fœtation, but on bringing it into view and sponging away clots, it appeared black and sloughy, and was evidently an intramural fibroid and the source of the hæmorrhage. A sound introduced into the uterus did not enter the tumour. It was decided to remove the uterus and tumour as they could not be separated, so the broad ligaments having been first ligatured in segments and divided to facilitate the lifting of the uterus out of the pelvis, hysterectomy with extraperitoneal treatment of the pedicle was performed with the aid of Koeberlé's *serre-nœud* and transfixing pins, the appendages being also removed and the peritoneum copiously washed with boiled water and made as clean as possible, a glass drainage tube being left in the wound. The patient bore the operation fairly well, but shortly afterwards suffered severely from shock. She vomited occasionally some grumous fluid, and was treated with stimulating enemata and sipping of hot water, but never rallied, dying twenty hours after the operation.

Post-mortem Examination.—Abdomen greatly distended, intestines matted together and to the omentum, with abundant lymph. A small clot lay in the left iliac region, and some fluid blood in the pelvis; the whole amounting to about 3 ounces. Examination of the tumour and uterus showed it to be an intramural fibroid, the size of a pipe bowl, which had evidently sloughed, bled internally and then ruptured into the peritoneum, setting up acute peritonitis.