

in the groin and once in the loins, without saving one of his patients, and adds, "I have only been able to find a single successful case recorded since the publication of M. Rochard's paper" in 1859, although that publication must have given rise to the performance of many similar operations. "In that case, which occurred under the care of Dr Pooley in the State of New York, the operation was performed on an otherwise healthy male child, in whom there was imperforate rectum and a communication with the bladder. The report was published six months after the operation, the child being then in perfect health. The fæces passed about twice a day from the artificial opening, and the fæcal discharge from the bladder appeared to have quite ceased. M. Giraldès, however, had a case of colotomy for imperforate anus, in which the child lived $2\frac{1}{2}$ months, and died from another cause." It thus appears that the statistics of colotomy are quite against this operation for congenital malformation of the bowel. I have always maintained that even though an artificial anus could be made anywhere above the pubes by means of colotomy, such an operation is not to be commended in the newly-born child. It is one thing to make such an artificial anus in the adult, but quite a different thing in the helpless infant. It was far better that the child should die thus early than merely to have its days prolonged, even for a few years, to a life of great pain and extreme misery.

I have only to add, in conclusion, that the preparation having been divided in the mesial line, I have really now two preparations, or rather two halves of one preparation, each of which illustrates very well this rare and interesting malformation. The one will be presented to the Anatomical Museum of the University of Edinburgh, and the other to the Museum of the Royal College of Surgeons of Edinburgh.

IV. — RARE INJURY: RUPTURE OF LIGAMENTUM PATELLÆ, WITH TRANSVERSE FRACTURE OF PATELLA.

By M. GARDINER, M.B., L.R.C.S. Ed. House-Surgeon in Mr Bell's Wards, Edinburgh Royal Infirmary.

W. S., aged 33, maltman, was admitted to Ward XII., Royal Infirmary, on 10th January, complaining of pain about the knee and inability to walk or stand.

Patient is a heavy, powerful man, and stated that while at work he had tripped over a bag and fallen heavily on his knee on the floor. While falling he had tried to recover himself by a backward jerk, but had failed to do so. Trying to rise, he found he was not able, and when set on his legs he could neither walk nor stand without assistance.

On examination a large, tolerably definite swelling was seen over the knee-cap. Touch proved this to be fluid. The movements of the joint were limited, extension being almost abolished. Fluctuation was also to be felt on each side of the ligamentum patellæ, but the attachment of that structure could not be defined, and the finger felt as if it could pass right in between tibia and femur. Rupture of the ligament was therefore diagnosed. Owing to the history, attention was next directed to the patella itself, patient stating that he thought it was broken. On account of the swelling the patella could scarcely be defined, and owing to the rupture of the ligament its superficial area did not seem increased. Fracture was therefore only suspected, but not absolutely diagnosed.

The swelling of the knee and surrounding tissues increased, but finally subsided under the treatment adopted, and on the fourth day the joint had so far returned to its normal state as to allow of a thorough and perfect examination. This proved the suspected fracture to be real.

It is difficult at first sight to account for both rupture and fracture, but the probability is that the backward jerk described by patient ruptured the ligamentum, and that the blow on the floor fractured the patella. Effusion was very rapid and very extensive, seen principally over the patella and on both sides of the head of the tibia. Hot fomentations applied at first did not seem to answer well, but the application of dry cold proved of great service in reducing both swelling and pain. The case is doing well.

V.—ON A CASE OF SINUSES TREATED BY SPONGE-GRAFTING.

By W. WINSLOW HALL, lately House-Surgeon to Dr Gray's Hospital, Elgin.

ON the 10th of January 1883, a short and sturdy young man came to Gray's Hospital, Elgin, suffering from a chronic swelling and sinuses in his right forearm. He said that seven months before admission he noticed a hard knob on his right ulna. This knob was painless unless firmly pressed, and though it grew steadily its growth was slow. He rubbed tincture of iodine over the skin of the forearm, and the lump grew larger and softer till, about a month after the beginning of his trouble, a medical man opened it, and a small quantity of pus and blood came away. He poulticed the wound, but the arm remained unimproved. Five months afterwards he went to another medical man, who made a larger wound in the same situation, but no pus was found. From that time until admission nothing had been done to the arm.

As regards previous illness, family, and social history, nothing worthy of note could be ascertained.

On examining the right forearm there was seen midway