Clinical Notes.

BACKWARD DISLOCATION OF KNEE.

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On October 29th, while watching a game of football, I saw a young man fall, and on going to him I found that he had a complete backward dislocation of the knee.

I had only once seen this rare and severe injury, and in conversation since with a busy surgeon on the staff of one of our London hospitals, I learnt that he had only once seen the accident. On that occasion it was the result of a railway smash, and, being complicated with severe laceration and fracture, needed amputation.

The deformity produced in the case I am reporting was so marked that diagnosis was easy, as it was even a greater departure from the normal than the like injury depicted in Treves's "System of Surgery," page 1014 (fig. 1).

My object in writing is that the method of reduction I employed differed entirely from that given in the above work, and proved so rapid and effectual that I consider it should be reported. Both because of the acute pain suffered, while unreduced, and the dangerous stretching of and...
pressure on the popliteal vessels and nerves, quick reduction is specially necessary.

The treatment recommended in the "System" for backward and forward dislocation of the knee is as follows:

"By flexion of the leg and rotation, combined with traction in the flexed position and counter extension from the thigh, these displacements may be reduced. In the complete dislocation, powerful extension is often needful, counter extension being made on the thigh."

The indefiniteness of the method recommended above prevents any accurate criticism, but means, I take it, manipulate the joint into place.

The rotation is unnecessary and painful and the further flexion of the leg on the thigh impossible, owing to the already over-stretched Vasti tendon. The exceedingly powerful hamstring muscles are in spasm and require well-directed force if they are to be overcome without an anaesthetic.

The acute agony suffered in the case I witnessed called for prompt relief, and this I effected in the following manner:

The patient being on his back, the pelvis was firmly held to the ground by one of his comrades. I then, kneeling and stooping as much as
possible, placed the upper and posterior part of the tibia on my shoulder, and, interlocking my fingers over the condyles of the femur, levered the articular surfaces into place, being much assisted by an onlooker whom I told to press firmly downwards on the lower third of the tibia when I gave him the word to do so (fig. 2).

I thus used mechanical leverage to the best advantage, my reward being the cry from the patient: "It can't be in, it's too quick."

The vessels were apparently uninjured, but the prognosis is of course a bad one, recovery at best being long delayed.

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**BULLET WOUND OF SKULL.**

By Captain J. F. Martin.

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The following case came under my notice in December, 1903, and is of some interest, as it bears upon the question of trephining after bullet wounds of the skull.

The previous history of the case is somewhat uncertain, as it could only be obtained from the man's medical history sheet, which was not well kept up—as the man was on active service—and from what could be gathered from his wife.

Lance-Corporal F., 2nd Royal Irish Fusiliers, was wounded by a Mauser bullet at Pieter's Hill, on February 27th, 1900, in the left frontal region, the skull being fractured; nothing further could be found out about the wound except that his wife states that he was unconscious for three days.

He was invalided home, reaching Netley on April 23rd, 1900, and was discharged to duty on July 2nd of the same year, and sailed for India to join his regiment on February 7th, 1903. During the time he served at home, a period of over two and a half years, and up to the day of his death, he enjoyed good health, never suffering from headaches, fits of any kind, nor had he any symptoms of paralysis. There were no other entries in his medical history sheet bearing on the case, except an admission for neuralgia about two months before his death, and of this, it is stated, he was discharged cured.

In December, 1903, he went on manoeuvres with his regiment, and had some very heavy marching to do, with the result that suddenly, on the morning of December 12th, he had a succession of epileptic seizures, about fifteen to sixteen in number, which finished in death from exhaustion, never having regained consciousness after the first attack.

On a post mortem being made, a depressed fracture could be easily felt over the frontal region of the left side, in the position of the old bullet wound. This fracture was about one inch long, and was situated