

varication,) that she had again removed the bandages, "only two or three times, just to see how it was getting on." The fear of displacing the lower fracture prevented my doing more than re-apply the splints and bandages, until Friday the 3rd April, when I rubbed the fractured ends of the bones freely together, making longitudinal pressure, and allowed it to remain in that state until the latter end of April, when, finding re-union had not taken place, I wrote the history of the case to a medical gentleman in Quebec, Dr. James Douglas, of whose surgical skill and knowledge I entertain a high opinion. I subjoin a portion of his letter (although it was not written with a view to publication) as being interesting not only from its bearing upon my case, but in itself also.

Soon after its receipt I had resolved to operate as suggested, and had obtained the consent of the patient and her friends. On the 20th of May Dr. Bruneau, of Montreal, having been called in consultation by the friends of a patient of mine, I availed myself of his visit, to shew him the case. He suggested rubbing the fractured ends of the bones again, applying starched bandages and making longitudinal pressure, as the only means of preventing the removal of the splints. Various circumstances, having no bearing on the case, prevented my doing anything more until Saturday the 15th of June, when I resolved, as a *dernier resort*, to give Dr. B.'s suggestion a fair trial before operating. I accordingly applied pasteboard with starched bandages, having first rubbed the ends of the bone freely together (in fact until the patient complained of pain and soreness) and made *strong* longitudinal pressure. So slight, however, was my hope of success, that I had written to my friends, Dr. Von Iffland, of Yamaska, and Dr. Gilmour, of Three Rivers, a few days after, announcing my intention of operating on the 22nd of July, and asking their assistance at the time, if disengaged. Ten or twelve days elapsed after the last application when she stated, that "the arm was very itchy, and that if she could have removed the bandages *without my knowledge* she surely would have done so, to give it a good scratching." She also said "she was sure the bone was knitting, as she often felt shooting pains in the bones, &c., to all which I gave no heed, except to urge her not to disturb it, as being her only chance of avoiding an operation, which, indeed, I thought inevitable. On Saturday the 20th July, being two days previous to the day on which I proposed to operate, I proceeded to remove the bandages and splint, or pasteboard, and you will more readily imagine, than I express, my surprise, and the poor woman's delight, on finding that *re-union was perfect and complete*, if we except a very slight curvature depending either on the degree of longitudinal pressure applied, which was

considerable; or on the action of the muscles, or both, as she admitted having attempted to raise the arm *sometimes*.

## EXTRACT OF LETTER.

Quebec, May 3, 1844.

"It is odd that the humerus is the bone in which, when broken, non-union is most frequently observed. I think the want of union does not depend alone on constitutional causes; if it did, union would not have taken place in the ribs or thigh of your patient. I had a case last year of fractured ribs and humerus in a strong and powerful man of good habits and middle age (35). The ribs united in due course of time, but there was no attempt at union of the humerus. Pressure was made longitudinally, and the ends of the bones were forced together, but without avail. I tried to produce the necessary action by rubbing the fractured ends together, but equally without avail. Five or six months after the receipt of the injury, I cut down to, and removed the ends of the bones, which succeeded perfectly. The arm is now as strong as ever, and the individual earns a livelihood as a labourer. In Mrs. —'s case, pressure, and rubbing, and setons inserted between the fractured ends, were used, but without success, and I believe they are generally unsuccessful. From the appearance of the ends of the bone in last year's case, I am satisfied that nothing but the removal would have done good. The operation offers the best chance, and is the least painful; when cut down to, the ends of the bone may be removed by a strong pair of bone forceps."

Signed, "J. DOUGLAS."

My own opinion now coincides with that of Dr. Douglas—that non-union did not depend on constitutional causes in my case; nor did it depend on parturition. Non-union is sometimes attributed to the continued use of cold applications, &c., but I am convinced that in my case it depended solely on the stubborn and repeated displacement of the ends of the bone by the patient herself.

## EXTRA UTERINE PREGNANCY.

## REMOVAL OF THE CHILD BY THE CÆSAREAN OPERATION.

By M. McCULLOCH, M. D., Lecturer on Midwifery, McGill College, Montreal.

Madame Reaume, aged 21, a native of St. Eustache, in this District, had, on a former occasion, a living child at the full term, and when she first consulted me, in May, 1828, was again pregnant, and had passed about fifteen months from the last catamenial period and about ten months from the time of quickening, without having experienced any symptom of parturition, although the abdominal enlargement and other symptoms left no doubt of the existence of pregnancy. During the first nine months of that period, she frequently experienced severe pains in the right iliac region; but after the completion of the usual term of utero-gestation the motion of the child was no longer felt, and she thought her sufferings, in consequence, became much less severe. About the same time the milk began to flow from her breasts, and a lochial discharge appeared, and continued several days. Notwithstanding this remarkable change the abdomen did