

was picked up insensible and carried to the hospital. He presented all the symptoms of a severe fracture of the base of the skull, and a very unfavorable opinion was given to the man's friends. He remained for several days insensible, breathing stertorously, the bowels acting involuntarily, fluid coming from his ears, etc. From that time he began slowly to regain consciousness, and in a fortnight he was up and about the wards, although for two months his faculties were in a very disturbed state, not recognising his friends or seeming to have any recollection of the past, and behaving altogether in a very silly, childish manner. In four months he was nearly as well as ever, and went back to his business.

One of the most painful cases I ever saw was that of a very tall, powerful brewer's drayman, upon whose head a thirty gallon keg fell a distance of eight feet. His skull was extensively fractured, in spite of which he lived a week, during which time scarcely an hour passed without his being thrown into a very severe convulsion, in one of which he died.

With regard to the treatment of cases of fracture of skull, in most of them very little was done beyond quiet, purging, and such local applications as might be indicated in each case. In regard to cases of depressed fracture, unless symptoms of compression of the brain manifested themselves, it was seldom deemed advisable to interfere with the injured part. I think the operation of trephining is very seldom resorted to in London, and is only looked upon as justifiable in very well marked cases of compression. There is a wide difference of opinion about what constitute the certain symptoms of fracture of the base of the skull. I have seen a good number of such cases, in most of which post-mortems were made, and as far as I can judge there is only one symptom which can be taken as positive, and that is the oozing of cerebro-spinal fluid from one or both ears. Recovery followed this occurrence in only two cases out of a large number.

Fractures of any of the vertebræ do not often occur, and when they do, a fatal result, sooner or later, may nearly always be anticipated, especially when the cervical ones are implicated. I remember two cases of that nature, in both of which post-mortems were made.

A woman, about forty years of age, was brought into the hospital dead. According to her husband's account, she had fallen backward down a flight of stairs, alighting upon her head. She screamed, "Oh, my neck," and died instantly. A post-mortem revealed a fracture of the fourth cervical vertebra.

In the second case, the history was more obscure.

A young woman was taken into the hospital in a paralyzed condition. According to her own account, she had fallen from a table a week previously, and had been unable to move since. She gradually failed, and in a fortnight died. During this fortnight the prominent symptoms were great pain in the neck, high temperature, and very rapid, difficult breathing. A post-mortem revealed a compound fracture of the body of the fifth cervical vertebra. Inflammation had followed, and pus was found between the fragments, and for about two inches along the spinal cord.

Fracture of the clavicle is, perhaps, the most common, and the one of all fractures that yields to treatment the most readily. The old method of treatment, with the figure of eight bandage, has, to a great extent, fallen into disuse, and has, I think, very sensibly been replaced by the following plan. A firm pad about the size of an orange, is placed in the axilla of the affected side. The elbow is then raised by an assistant, and the lower part of the arm, the elbow and forearm (with a pad of wool under the hand) are bandaged firmly to the side. By these means, if carefully applied, the outer fragment is raised and drawn outward, which will generally bring the broken surfaces in apposition. The seat of the fracture is not covered, so that it can be readily examined. In severe cases, two or three days in bed will assist towards a rapid and successful recovery.

One of the rarest of fractures is that of the body of the scapula. A man came into the hospital one day with his right arm bandaged to his side. A man in driving a very high-wheeled cart, had driven against him. The wheel came violently in contact with his right scapula, splitting it in two nearly equal pieces. He went to an hospital near by, and was at once told the nature of his accident, and that the only treatment required was to bandage the arm of the affected side firmly to the body. Not being satisfied, he came on to Charing Cross for a second opinion. There was not the least doubt about the nature of the injury, as he was very thin and the fragments could be easily felt. The parts united rapidly, and the man soon went back to work.

One of the most unpleasant sights to a surgeon is that of an ununited fracture. A wide difference of opinion exists as to the cause of non-union of bone. Syphilis, scrofula, rheumatism, and several other complaints come in for a share of blame in most cases. In the few cases I have had to do with, non-union has been due to one or other of the following causes, mal-apposition of the fragments from careless-