

and humerus. Further, surgical authors generally agree that the fractured end of the bone or bones, are ultimately rounded off, and enclosed in a proper capsule. Liston (vide Pract. Surg. 4th edition, page 98,) gives three positions which the fractured extremities may take—the broken ends may be separated from each other and rounded off; others may be in contact and surrounded by a cyst formed by condensations of the cellular tissue; or they may overlap considerably and lie side by side, either in close apposition or with some substance interposed." The treatment of this affection is too well known to require any notice here. I may merely briefly enumerate the various methods which surgery has put into requisition, rest, irritation, by friction of the extremities, setons, sawing off the ends of the bones, rasping them, cauterizing them, and in fact putting the unhappy sufferer to all kinds of torture. If active means are to be adopted at all, probably the seton is the least objectionable. But here again a great error is often committed, viz.: a misconception as to the desideratum, to be obtained by the use of the above means. As Mr. Liston remarks (op. cit.) "The plan I have pursued has been to pull about the parts a good deal at first, to introduce a larger, and larger cord, and to remove the foreign body at the end of a few days—eight or ten—so soon in fact, as a considerable degree of excited action has arisen in the bone and periosteum, and before it began to decline; the limb is then to be put up with great care, and every chance of the slightest motion guarded against. The object in passing a seton is assuredly not to promote and maintain discharge, which is prejudicial to, and which when the result of accident often enough interferes with the union and gives rise to the necessity of such operations as that now under consideration." Mr. Liston then gives a very interesting case of perfect failure of an attempt to induce bony union, although all means and appliances were tried for a period of three years. Among the last was the seton, but the cord was actually only changed twice in the course of 13 months. I have very cursorily noticed the treatment of false joint, merely wishing shortly to run over the chief views of authors before contrasting them with Mr. Symes' ideas upon the subject. He says, "most writers think, that in false joint, the ends of the bones are rounded off, and enclosed in a proper capsule." This, according to Mr. S., is not the case, as upon careful examination the ends of the bones are found to be merely united by cartilage. The same authority considers the various practices generally employed quite unjustifiable, and all he recommends is *perfect rest*, which is to be commanded by the proper application of a splint well padded. The ends of the splint should extend beyond the neighboring articulations. The time required for firm union is, of course, considera-