

wards, and forearm is deflected outwards; very slight ankylosis.—Condyle projects to radial side and a little backwards; ankylosis.—Condyle projects to radial side; partial ankylosis.—One fragment not united; use of arm perfect—motions of arm perfect, but radius, which was dislocated backwards, remains unreduced. And lastly, every case occurring between the condyles resulted in imperfect cure.

Fractures in the vicinity of the shoulder joint are exceedingly difficult to diagnosticate. It is all very well for the writers of systematic works on surgery to lay down with rigid conciseness the characteristic symptoms belonging to this, that and the other forms of fractured and dislocated bone, but instances occur, of no great rarity either, in which the skill of the most experienced practical surgeons is found to be at fault. "Although a celebrated writer has affirmed," says Dupuytren, "in allusion to these dislocations and fractures, that there are few diseases the nature of which is better understood, or in which surgical science approaches more nearly to the idea of perfection—it will be shown in the course of the present chapter, how unfounded this assertion is." In this opinion he is supported by many other eminent names, as Sir Astley Cooper, Aston Key, Robert Smith, of Dublin, and Nelaton. The latter thus expresses his views: "*mais il n'est peut-être pas possible de distinguer entre elles les diverses variétés de cette fractures, Boyer, qui a plusieurs fois constaté par l'autopsie des fractures du col anatomique, dit que, pendant la vie des blessés, il lui avait été impossible d'assurer du lieu précis où était située la fracture.*" Professor Hamilton, and, we have no hesitation in saying, every one who has met with many cases of accidents to the bones in the vicinity of the shoulder joint, readily admits the great difficulty that often exists to determine the exact nature of the lesion present.

Of thirty-eight fractures of the radius, not one was attended with such a laceration of the soft parts as to render it compound. Twenty-three occurred in males and fifteen in females. Three occurred in the upper third, two in the middle third, and thirty-three in the lower third. All of the three occurring in the upper third are believed to have been fractures of the neck. Only two fractures occurred in the middle third. In neither case was the resulting cure perfect, one having left a slight impediment in the power of pronation and supination, and the other presenting a forward displacement of the fragments. Of the thirty-three fractures belonging to the lower third, twenty-three were near the lower end, or from half an inch to an inch, and a little more, from the articular surfaces; all being included in those fractures called "*Colles' fractures.*" These fractures, according to Smith, who first brought