

fracture had extended into the acromio-clavicular articulation, rupturing the acromio-clavicular ligaments, the superior at least. When the arm was bandaged firmly to the body and the shoulder raised by a short sling, the acromion was fixed from below by the ball of the humerus pressing on it and acting as a splint, while it was secured from above by the turns of the roller which were carried over it. The clavicle was thus placed between two fixed points, and certain movements of the body would act with greater power on its scapular extremity than if the shoulder and arm were free. In consequence, therefore, of some sudden movement of the body during the night while the patient was asleep, the force of which was expended principally on this extremity of the clavicle, it was thrust through the ruptured ligament and became placed upon the acromion process. He stated further, that deformity was almost inevitable in consequence of the compound nature of the case, but that the man would have notwithstanding a very useful limb.

The clavicle was then reduced as well as possible by drawing the shoulders forcibly backwards; and in addition to the bandages, &c. which had been previously employed for the fracture, there was an apparatus adjusted to keep the shoulders in this position. This consisted of a cross made of wood well padded and laid against the back, and to which the shoulders were firmly bandaged.

On the 10th April, five weeks from the time of his admission, he left the Hospital. Union has now taken place, and at the site of fracture there is a distinct ridge as if from the presence of "ensheathing callus." The prominence produced by the dislocated clavicle has much diminished, and there is not the same amount of flatness of the shoulder. The motions of the arm are perfect in a direction forward and backward; he can raise his arm freely, to a certain extent but he cannot extend it fully without experiencing some pain.

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*Conical Cornea, treated by Paracentesis Corneæ, combined with pressure.*  
Reported by Mr. LOUIS ROBITAILLE.

Mary Quinlan, aged 18, who was admitted into the Montreal General Hospital for Common Continued Fever, came under the care of Dr. MacCallum on the 1st February, 1858. While under treatment, attention was drawn to her right eye, in consequence of the peculiar brilliancy of the cornea. She states that while young she was much troubled with sore eyes; and, as far back as her memory serves her, she has had great difficulty in distinguishing objects with the right eye. Latterly, this imperfection of sight has increased so much, and interferes to so great a