

ing as an evidence of the importance of *conservative surgery* and of the amount of extension which can be obtained by gradual efforts, notwithstanding the adverse circumstances, viz. the removal of a considerable portion of integument and subjacent tissues and the subsequent inflammation. According to both Adams and Paget, inflammation, if of any extent, interferes very materially with the proper reparative process; the pabulum of new formation being described by Paget as "*nucleated blastema*," and different from inflammatory lymph, in which fibrocellular tissue is developed from nucleated cells.

Paget in his *Surgical Pathology*—page 176—says.—“It is evident that the exposure of the wounded parts to the air did little harm, if it was continued only for a few hours.” To the correctness of this statement I can testify, from having had many cases occurring among the operatives engaged in the large lumber mills in and about Ottawa. In fact it is surprising in many instances, with what rapidity the various structures unite, recovering both their original structural characters and functional activity.

Incised wounds of the fingers, by which every structure has been divided, to the smallest portion of integument, will unite, providing that the parts are immediately placed in apposition, and then retained by appropriate splints and bandages, afterwards interfered with as seldom as possible. In cases of divided Achilles tendons I have rarely found any difficulty, particularly if the external wound healed quickly, the union of the divided tendon being as speedy and complete as in ordinary cases of sub-cutaneous division. An anterior splint extending from the tips of toes to the knee-joint, I have found to give the heel a sufficient elevation, and answer instead of Monro's apparatus.

CASE II.—*Ununited fracture of the Tibia; operation and recovery.*

Thomas Murry, farmer, æt 35 years, of robust conformation of body. While engaged playing foot-ball, accidentally fell and fractured both bones transversely at the lower third of the leg. The fracture was rectified in the usual way by the medical man in attendance, and every care bestowed upon the case. At the end of six weeks the leg, not appearing to gain much strength, was placed in a starch bandage. After some weeks the bandage was removed, but the limb was weak as before. In this condition Mr. M. continued for about nine months, when I was consulted. Upon examination I found that the fibula had united, but not the tibia. An operation being decided upon, the seaton was considered most advisable. This however, I was unable to accomplish, owing to the irregular nature of the fracture and the close proximity of the parts. Having no Brainard's perforator, I substituted a strong packing needle, and thus pierced sub-cutaneously the extremity of each fragment at several points and afterwards passed the seaton as near the seat of fracture as possible. Lateral splints being applied and perfect rest enjoined, at the termination of six weeks union took place. The seaton was removed upon the ninth day, and cold water dressing applied to the wound. Three months from the date of operation he was enabled to take a lively interest in his usual agricultural pursuits. Over-anxiety on the part of the patient, a want of perfect quietude together with rather spare diet, were the original causes of non-union. With these precedents in view, I prescribed a liberal supply of beef