

certain that, up to this moment, no one has volunteered to state fully what have been the results in his own practice, or in the practice of the hospital, or other similar institutions, which have been under his immediate charge. In hospital records, you may find patients admitted with fractures, and, reported as 'dead,' or as dismissed cured, 'with the occasional interpolation of a good leg;' and, upon these records tables have been constructed to determine the average fatality of such accidents, and the probabilities of cure; but I have not yet seen any published reports declaring what was the exact amount and value of the 'cure'—how the bone was shortened, or bent, or otherwise maimed and deformed. In short, they still fail to inform us what are the deformities after fractures, which, under fair treatment, may reasonably be expected."

We shall now give the results of his investigations into some of the more common fractures of the extremities. In *thirty-nine* cases of fractured clavicle there were but three perfect cures. The majority of those classed under the head of imperfect cures, consisted in slight riding of the fragments with projection of the inner one, and shortening to the extent of one fourth and one half inch. Various plans of treatment were adopted, the same success apparently attending all. Fox's apparatus—Brown's bandage—Brasdar's jacket—Figure of eight bandage—Back splint and sling—Baudages and sling, with and without axillary pads were tried.

Of *seven* cases of fracture through the surgical neck of the humerus, the cure was imperfect in three, the motions of the shoulder joint being unimpaired, but the lower fragments projecting forwards. In five of the shaft of the bone in its upper third, one was shortened to the extent of one half inch, the use of the limb being perfect; and a second, which was a complicated fracture, died on the twenty-second day. In three cases out of ten occurring in the middle of the shaft, there was shortening to the extent respectively of $\frac{1}{2}$ — $\frac{3}{4}$ and 1 inch, while in a fourth union did not take place. In eleven fractures of the lower third, there occurred seven imperfect cures, while in ten at the base of the condyles there were seven. Out of eleven cases of fracture of the internal condyle, there were seven failures, the imperfection consisting generally in a displacement of the fragments downwards, and ankylosis of the joint. Every instance of separated external condyle resulted in imperfect cure. The remarks on each case are:—Condyle projects to radial side; forearm deflected to ulnar side; very little ankylosis.—Condyle projects to radial side; forearm deflected to radial side; ankylosis.—Condyle displaced 6 lines; ankylosis.—Condyle projects a little for-