

uterus may be due to external violence to the mother, to violent uterine contraction, or even to violent muscular action on the part of the foetus. It would seem improbable that the latter two should occur except in the presence of some dyscrasia which renders the bones much more easily broken than in the normal state, as *fragilitas ossium*, but there are many cases on record in which at birth various bones are found to have sustained fracture, in some spontaneous union is found, and the faulty position of such has in cases necessitated surgical interference.

Apart from causes in the bones themselves fractures occur during parturition by direct violence applied for the purpose of effecting delivery, most frequently in breech presentations, where either leg or arm is brought down, or where traction is made on the flexed limb by some instrument; pelvic presentations occur in 2 to 3 per cent. of all cases, and as they result in still-born children in from 10 to 20 per cent. of cases it is probable that this is a rather common accident, I mean that in a large number of such cases the condition is so serious that active measures must be tried to save the child with the chance of a fracture; but I have been unable to find any statistics as to the frequency. The bones most frequently injured are the femur and humerus.

Injuries in the first year may be due to direct violence as from falls; and syphilis, scrofula or, according to some, rickets may be etiological factors.

Ossification in both femur and humerus begins in the second month, and the shaft is completely ossified in the healthy child at birth, the line of fracture is usually more or less transverse, and near the middle of the bone, they are frequently sub-periosteal, and Hirst says they are usually green-stick but this does not agree with the opinion of other observers. Attention may be directed to the accident by the distinct cracking sound, or an angular deformity may be noticed on washing the child, sometimes the injury is not discovered until the fretfulness of the sufferer leads to a careful investigation and the finding of the swollen and deformed limb. The parts unite readily, cases of spontaneous union have been found, and there is a deposition of a great deal of callus, but there is considerable difficulty in adjusting an apparatus which will keep the fragments in place owing to their shortness and the softness of the tissues. If successful in this two to three weeks will suffice for a cure and the callus quickly disappears. In the humerus a simple angular splint (internal) with the arm bent at right angles, and reinforced by posterior and anterior short splints, with immobilization secured by fastening the arm to the body is the method advised by Keating and others, but some difficulty will be experienced in keeping them in place, and care in nursing is required. The requisites as laid down for an