

structions to bring the child again shortly, but it was not seen again for two weeks. The joint's action was materially interfered with now, resulting from retained position and the discovered lesion present. Upon examination of the joint carefully it seemed to be all right, as by slight force the arm could still be bent at an acute angle, and he could touch his lips unaided with the forefinger, but the joint evidently was not natural. What, then is the lesion? The ulna and the radius occupy their proper places, but compared with the sound elbow it is wider and sharper to the touch internally, and there seems to be a slight depression between the shaft of the bone and the inner condyle. Putting these together undoubtedly the diagnosis is a separation of an epiphysis, or if you please a fracture of the inner condyle. Now its condition made it impossible to diagnose exactly at first, and before it was again seen it was too late to attempt adjustment, if indeed it could have been at all, inasmuch as it is always a matter of doubt after the lapse of so much time. The object was to secure as much action as possible, not forgetting that the most carefully treated cases leave but a limited action, to accomplish which passive motion was ordered, even to bending the elbow at an acute angle occasionally, but the case did not progress to suit, and therefore was taken to another practitioner. Strange to say, his diagnosis was dislocation, and the poor little fellow had to undergo a process of extension and manipulation of a very painful character. Of course, if his ideas were correct it would require it after the lapse of four to five weeks. After this treatment, "It wasn't exactly as he would have liked it," he said, "but if he had got the case from the beginning, he could have made a good job of it." The arm was put in splints for *two* days, then treatment as directed by myself substituted, thus unwillingly evidencing against his own expressed diagnosis, for surely no man in his senses, would, after powerful extension and successful reduction, limit the application of the splints to two days, or grant such freedom of action.

Since the foregoing was written, the case has again come under my notice, and upon the closest scrutiny, no difference in the joint can be detected. The fragment is still there, but comparatively firm. The joint is wider, but as union has gone on strength has returned, and the lad can use it more

dexterously. The arm hangs at an obtuse angle, but will improve by suspending weights daily. He can place his hand to his nose, and upon the whole the recovery is not bad.

Case IV.—Is recent and is now under treatment. This is a lad too, five years of age, who was pushed from the railing of a bridge backwards, struck his elbow and dislocated both bones posteriorly. The points mentioned by Professor Dupuis were very prominent here. Being a nervous, irritable lad, it was thought advisable to give him a little ether and chloroform. This done, extension and bending the elbow firmly over my fingers, reduced it immediately. An angular splint and bandage with arm carried in a sling, completed the procedure, and the case is progressing very favourably. By using passive motion occasionally, very soon no one will know that the accident ever happened to him.

To sum up then, on presentation of such injuries, the difficulties should be remembered, and criticisms on other's actions should be sparingly expressed. Where there is the slightest doubt, consultation should be had, and whether doubt or not the examinations should be for the first week frequent. One should never misrepresent a case for the sake of a little popularity, such cannot be honorable and will surely return in some shape. The best of us are liable to errors, it is only humanity repeating itself—"To err is human."

ON PLACENTA PRÆVIA.

BY W. O'DELL ROBINSON, M.D., ST. JACOBS, ONT.

I send you a brief report of the following cases which may interest your readers, and also show the various forms of cases one is called upon to treat from time to time.

CASE I. Feb. 2, 1880. Mrs. H. had nearly reached the seventh month of gestation, when I was summoned in great haste to see her. The hemorrhage was profuse, which, however, I succeeded in controlling by the usual palliative measures. There was no return of the hemorrhage for about four weeks, when I was again summoned. I found her in a very exhausted and weakened condition. Immediate action was called for. I at once introduced a piece of soft cotton, saturated with vinegar, and used it as a plug. I then gave