

tinued use. I claim no priority to this mode of handling compound fractures, as some of the ideas are old, but I had hoped to add my quota to the settling of mooted points in connection with their treatment, and my issues having been good, there is no reason why others cannot have like success with judicious management, instead of resorting to more complicated and newer means. I append the account of a case which will show more explicitly the good results following such a course.

John K., American, æt. 20, unmarried, laborer. He was working in the lumber camps driving a team. One day while taking a load of logs (2000 feet) on the ice-road to the landing, he became cold, jumped off and ran in front of the team to keep warm; he slipped and fell, and before he could regain his feet, the fore and hind runners passed over his right leg. He was brought to the hospital and found to be suffering from a compound and comminuted fracture of the tibia and fibula, complicated with denudation of the periosteum of about an inch of the tibia, and other wounds below the seat of fracture. The wounds over the breaks were extensive, and the tissues almost moribund. The leg was well cleansed of all foreign substances and thoroughly irrigated with carbolyzed water. It was then put in a fracture box, the pieces of bone coaptated and secured as nearly as possible in that position by extension. In spite of this, however, the fragments of the fibula showed a constant tendency to sag downwards and outwards. To overcome this I let union take place to a certain degree in that position, then, with a little force applied, the bone was easily put in a good position. The wounds were healing kindly by granulation, and after five weeks were in good condition. But two of the fragments of the tibia failed to exhibit union; after waiting some time it was decided to rub the ends together. Accordingly this was done, the patient being under ether, and the leg immediately put in a pasteboard splint. Shortly after this operation (about 6 p.m.) the patient had a severe chill, followed by a temperature of 103° and a pulse of 120, small and wiry. I suspected sepsis, had hot bricks placed to his feet, covered up very warmly, and administered quin. sulph. gr. xx; ext. ergotæ fl. m xx; et. sp. vini. gal. ʒss. Next morning he awakened much refreshed, with pulse and temperature normal. The pasteboard was left on for three weeks.

When removed, union had fairly begun and the wounds looked well, union being good in the fibula. A plaster of paris splint was now put on and allowed to remain for four weeks. On its removal, union had improved, but not being sufficiently advanced I readjusted the splint. The wound above the obstinate seat of union remained partly open, which I attributed and found to be due to necrosed bone. Several sequestra separated. The wound healed, leaving a good straight leg with very little shortening, the man having taken his wonted position in the lumber woods.

Correspondence.

ATRESIA OF VAGINA.

To the Editor of the CANADA LANCET.

SIR,—Thinking the following may be of interest to your readers, I send it to you for publication. On Feb. 3rd last a stout, well developed, healthy looking child, one year old, was brought to my office exhibiting atresia of vagina, due to incomplete development. The labia majora and minora were completely adherent, the orifice of the urethra being prominent in front and about the size of a small quill. Held on the lap of an attendant I, without using an anæsthetic, separated the labia and vaginal walls to the extent of an inch by means of the fingers, and ordered oiled lint to be kept in place by means of suitable bandage; the parts to be dressed daily and fresh lint inserted. I heard no more of the case till June 30th, when on examination I found her completely cured, the vagina being patulous and other organs normal. A simple procedure performed at this age, causing little pain and little shock to the system, prevented the necessity of a more serious operation twelve or fourteen years hence.

Yours, etc.,

Oil Springs, Ont.,

A. R. HANKS.

August 10th, 1888.

OUR NEW YORK LETTER.

From our Own Correspondent.

NEW YORK, Aug. 20th.

STATE EMIGRANT HOSPITAL.

One of the most interesting questions to the American people to-day is that of emigration. A