

or, while one side is fractured, the other is merely curved. In diagnosing fractures in children, it is not necessary to manipulate in all cases; on the contrary, it frequently happens, as you have seen, that the evident deformity of the part affords a ready means of recognizing them without any touching; and this is of advantage, for manipulation is apt to cause tearing of the periosteum, besides additional pain to the little sufferer.

Consolidation of fractured bones takes place much more readily and at an earlier period in children than in adults. Firm union occurs, as a general rule, in the course of from 20 to 25 days. The younger the patient is, the earlier is the cure effected. 10 to 12 days will suffice to consolidate the fracture of the humerus of a new-born infant. It is a remarkable fact also that union of the fractured ends of a bone, in Rachitic patients, takes place at an earlier period than in ordinary healthy children, and with equal firmness. It often happens that fractures are neglected, through the carelessness and ignorance of the parents. In such cases, the cure takes place without treatment, and generally with less deformity than might be expected. Nevertheless, when the limb or part becomes mis-shapen, it is wonderful how time, with a little care and adjustment will remedy the evil. In the treatment of recent fractures, some consideration should be made relative to the amount of deformity, as well as to the age and constitution of the patient.

If there should be no displacement, little or no treatment is required. Simple repose, in a favorable position, with due attention to the state of the bowels, is all that demands attention. When there is displacement, the fractured ends of the bones should be nicely adjusted, which is generally easily managed. Contrary to the opinion of Lisfranc, M. G. recommends the immediate application of bandages, in order to retain the parts *in situ*. They should not be drawn too tight, for then there would be liability to accidents, some of a serious nature, such as sphacelus of the skin and muscles, a case of which you have seen, lately entered into the wards, and it is advisable that they should generally be of such kind as can be renewed from time to time, as found necessary. This remark is especially applicable to fracture of the thigh, and in young children. A mobile apparatus answers perfectly well in fractures of the lower leg and of the arm near the elbow, provided there be very little displacement. In fractures of the radius near the wrist, the hand should always be placed towards the ulnar side. The arm should always be bent either a little or to demiflexion, in fractures of the forearm and of the humerus. The broken ends of the humerus can easily be retained *in situ* by three narrow splints, placed anteriorly, externally, and posteriorly. Fracture of the clavicle should be treated thus:—Place a compress under the axilla, bandage the arm and elbows, which is to be