

the sake of experiment, it is now falling into disuetude.

Applications on wounds, with the view of excluding the air.—These may be tried, and found very serviceable; but the contemporary practice is rather to dress the wound, so as to be able to frequently examine it.

Stuffing charpie into the wound, a French practice, need only be mentioned to be condemned.

Leaving a piece of sponge in the wound is an exceedingly dangerous practice; the idea is that it will mechanically stop hemorrhage, it favours it, on the contrary.

Applying bandages requires a certain amount of discretion. In the first place, a bandage should never be applied so tightly as to cause extensive ecchymosis, or to impede the patient's breathing freely. A bandage need not be applied with the same amount of tightness in all of its parts, but modified according to circumstances. I should be inclined to put more faith in making a firm horizontal pressure than a vertical (or lateral) pressure there may be then less chance of abscess (suppuration) forming.

Drainage tubes, three horse hairs (or one only), leaving depending portion of incision open. I think all these expedients are faulty. I should suppose as much pus ran outside of the tube, as through it; in that case (like in the hollow style in fistula lachrymalis) it is of no use: it certainly must be a great inconvenience to the patient if he wants to turn in bed. *Horse hairs.*—As to these, Lister has already found that one is better than three; by-and-bye, he will find out that none at all is the best. *Leaving depending section of cut gaping open.*—I think this often tends to forming abscess, troublesome to treat afterwards, and sometimes dangerous.

Sutures.—For a while, those pretty silver wire sutures were all the rage. I dressed many cases for other surgeons, who had employed these. I was put to a great deal of trouble in vainly trying to get the dressings to lie down flat on their ends, people said they cause 'n suppuration, but it was not always true. *Catgut ligature* has sometimes the inconvenience of dissolving away. *Thread* is the best; *silk cuts* the flesh too much.

Deep and superficial sutures in the same operation.—I think it best to use the deep merely in cases of ovariectomy and laparotomy; to make up for not applying the deep sutures firm pressure can be made by one or more pads and bandages.

I think I have tired out my readers now, and may as well draw the line, hoping I have not offended anybody—if so it is unintentional.

FRACTURE OF THE CERVIX FEMORIS, EXTERNAL TO THE JOINT, IN A LADY 71 YEARS OLD, WEIGHING OVER 200 POUNDS: CURE, BY BONY UNION.

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Some of these cases, as related by doctors as cures, are thought by other doctors to be spurious, *i. e.*, that a mistake was made in the diagnosis; this seems to be a severe verdict upon the relators, although undoubtedly not, in some instances; however, in defense of the relators, these cases, in many instances, present more or less difficulty in their diagnosis—especially in very fleshy persons; then, again, a nervous doctor, who may not have been in the habit of examining such cases, may be more or less influenced by the patient crying out, if he causes the patient pain, and would thereby make a hurried examination, and, consequently, a very imperfect diagnosis.

I really believe that the facts of this case were as stated in the heading to this article.

Miss Canfield, of 471 Hudson street, New York, an unwieldy, heavy woman, 71 years old, tripped on the carpet, and fell solidly on her left hip, that is greater trochanter, of course,—the solid floor of the house being the counter-weight—the weight of her large body, the direct weight; between these two opposing forces (as every medical student knows) the neck of the thigh-bone gave in; she was unable to rise, and unable to raise or move that limb in any way whatsoever; the bystanders with difficulty placed her in bed. I was not sent for till next day: I took with me my friend, Dr. Schultze, sr., (who occupied a high rank in the army medical staff, in our late civil war, in the United States). This gentleman, on digging his fingers deep in, felt a break; on moving (rotating) the limb, he heard crepitus; I then felt the break myself (quite decided), but did not examine as to crepitus, not wishing to put the lady to any extra pain. According to Dr. Schultze's recommendation, we put her affected limb (after extension) on a plane, inclined upwards from the knee to the foot at an angle of about 30°,—adhesive plaster on each side of lower leg, and roller; to this was attached a loop of bandage, holding a kitchen iron (about five pounds weight), which was left hanging for weeks, by means of a string through an auger hole in the