

the unaided powers of nature, which fortunately proved successful. In all probability the tack was enveloped in mucous when coughed up, but this circumstance I could not ascertain.

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ART. XVIII.—*Pickings from some of the Parisian Hospitals.* (Concluded.) By JAMES BARNSTON, M.D., Edinburgh, Extr. Member of the Royal Medical Society, Edinburgh; Member (*ex. of.*) of the Parisian Medical Society, &c.

HOPITAL DES ENFANTS MALADES.—During the month of June 1853, there were no less than 14 cases of fracture in children in this hospital, under the care of M. Guersant, surgeon to the institution. These cases afforded a favorable opportunity to those attending at the time of observing many interesting facts and peculiarities connected with the lesion in question in very young subjects. M. G. took this occasion to make some remarks in his "*Leçons Cliniques*," well worthy of notice, as coming from one who has paid particular attention to the subject, and has had very considerable experience. We here give but a condensation.

We very frequently meet with fracture of bones in young children, and may consider the accident as common, especially between the age of 15 months to 3 years. During this period their parents leave them greatly to their own resources. At first their movements are very unsettled, and the result of forced effort. This is manifestly owing to the deficiency of power in the muscle, and the want of firmness in the bone, whose compact tissue or "shell" is thin and unable to bear much weight or sudden motion. At a later period, a want of the necessary precautions for securing safety against accidents render them liable to falls and the like, which constitute the proximate or exciting cause of fractures. It is well known that gelatin predominates over the osseous substance in young bone, and this is remarkably so in Rachitic children. The bones are soft, flexible, and tend more to curve than break. Nevertheless there is, even in such cases, a frequent liability to fracture. All bones are more or less subject to this accident, but it is much more frequently met with in the long bones. Fracture of the thigh bone is the most common. The average number of fractures treated in this hospital are 80 per annum,—of these about 65 are fractures of the femur. It is very important to find out the extent of the fracture, as well as its direction, which may be transversal, oblique or longitudinal. It is frequently incomplete, that is to say, with the periosteum preserved and stretched,