

way. At Bellevue Hospital the suitable cases on the Second Surgical Division are treated after this fashion by Dr. John B. Walker, and I have been informed by him that the results are satisfactory. The cases have not yet been reported.

As Whitman puts it, a new treatment must necessarily appeal to reason rather than to experience, and to forestall a possible criticism it may be said that it is not claimed that perfect apposition of the fragments is always possible any more than it is possible in the treatment of fractures elsewhere. Neither is it claimed that union can always be obtained or that the treatment can be applied in all cases or continued in all cases after it is applied. It is claimed, however, that improved functional results are far more likely to be obtained after this plan than after any other form of treatment at present in use. The treatment is undoubtedly theoretically sound, experience has shown it to be eminently practicable and whatever may be the outcome, the surgeon will have had the satisfaction of having attempted to fulfil under the most adverse circumstances the requirements that are acknowledged to be essential to success in the ordinary simple fractures.

FRACTURES OF THE SKULL.*

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FRACTURES of the skull differ from fractures elsewhere, not only in such minor particulars as absence of crepitation, of præternatural mobility, of marked deformity, and of the need for retention splints, but chiefly because of the possibility of injury to the cranial contents.

In fractures of the extremities the soft parts may be more or less injured without permanent mischief resulting, but in the case of the skull an injury severe enough to cause a fracture will in the majority of cases induce coincident lesions of the delicate cerebral tissue or of the blood vessels. Fractures of the skull would be of more common occurrence were it not for certain anatomical provisions that tend to minimize the effects of blows received on the head. Among these protective factors are: the freedom of movement of the head on the spinal column; the peculiar rounded shape of the skull, and the laxity of the subaponeurotic tissue, both of which convert a direct into a glancing blow; the separation of the skull as a whole into a number of individual bones; the arrangement of the sutural membrane, and lastly, the presence of buttresses that diffuse the vibrations set up by a blow on the head.

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