

histo-pathological studies combined with extended clinical observations, that anything approaching an exact knowledge was obtainable; no finer molecular changes in these conditions were possible.

It is self-evident, then, that the surgeon or practitioner *au courant* with the advances of our time must familiarize himself with the finer myopathic, neural and other trophic degenerations depending primarily on trauma.

Fracture, Dislocations, Joint Contusions and Wrenches, *Entorse*.—In no class of traumatisms will this serve a more useful purpose than in that very common class of osseo-arthritic injuries which involve the articulations and shafts of long bones, the prehensile and locomotor organs.

#### CLINICAL FEATURES.

We may occasionally observe after a simple fracture of a limb, when union is very tardy, or when complete, the limb remains, over a long period, defective in strength and motion. The soft parts above and below the point of fracture have lost their firmness, have wasted, are cool and paretic. Again, as an almost invariable concomitant of severe arthritis, traumatic or pathological, when inflammation extends into the over-lying parts, simultaneous with limitation of joint action there is a marked diminution in the rotundity of the limb. It is interesting and highly important to note that in all severe forms of inflammatory lesions of the shafts or joints, as fractures, sprains, dislocations, hip or knee-joint diseases, which necessarily entail fixation or prolonged inaction, in the child, there is an arrest of growth in the affected limb.

Although osseous hyperplasia and epiphyseal regeneration are, in these cases, rapid on the subsidence of inflammation, such activity is not equal to the loss; and shortening on recovery is too obvious to be overlooked by even the casual observer.

#### BEARING ON PROGNOSIS.

A knowledge of the above fact should always be borne in mind, either after a severe injury of the lower limb of a child, on the onset of interstitial, tuberculous inflammation; nor should it be forgotten that no description of dragging or tension of the limb by any description of orthopædic appliance will in any manner act as an aid to compensation in length.

We will sometimes, too, be consulted in cases in which there has