

ness on the part of the surgeon, or inability owing to the great amount of displacement or, perhaps what is the commonest cause, the inter-position of a portion of muscle between the fragments. Restlessness on the part of the patient, if it extends over any length of time, or wilful movement of the affected limb, are occasionally the causes of non-union. A cabman was admitted with fracture of the middle of the femur. In a few days he became so reconciled to hospital life, that in order that he might make as long a stay as possible, he used at night to put the foot of the sound leg under the broken thigh, and work it about, with a view to preventing, or rather delaying, union. This went on for two months. As he was a very healthy man, it was a matter of surprise that his case progressed so slowly. At last, a firm starch bandage was applied to the limb, and he was sent out on crutches. In about three weeks he was brought in drunk, and, on removing the bandage, it was found that little or no union had taken place. In his tipsy state the man told me, as a great joke, what he had been in the habit of doing to his leg. He paid dearly for it, as, after months of treatment of all sorts, it was deemed advisable to take his leg off.

A somewhat similar attempt was made by an old huckster woman, who had been admitted with a compound fracture of the humerus. After a few weeks, however, a very firm plaster of Paris bandage was applied over gutta-percha splints, so that it was out of her power to interfere with the arm, and she soon showed signs of improvement.

Cases of fractured ribs are very common in any large city, and are generally uninteresting, as the treatment is very simple and the results almost always satisfactory. Of course, where the lung or a blood vessel is injured, serious consequences often follow. An old man was picked up one night on a back street, and brought to the hospital. On examination it was found that four of his ribs were broken. His breathing became more and more difficult, and in twenty-four hours he was dead. A post-mortem revealed a collapsed right lung, and the pleural cavity full of blood.

A powerful young man, in carelessly coupling two railway carriages at Charing Cross station was squeezed between the buffers. He was carried at once to the hospital. As soon as he was comfortably placed in bed he seemed almost free from pain and perfectly sensible. His breathing was rapid, but did not seem very difficult, as he could talk in a low tone without any great effort. The chief point noticeable was the great duskiness of countenance, which

became deeper and deeper until he died, which event took place in eight hours from the time of the accident. He remained quite sensible to the last, and suffered very little. A post-mortem was made the next morning. None of the ribs were broken or displaced, but there was an extensive rupture of the right lung.

The usual treatment for fractures of the femur was with long liston splints applied directly to the limb without any short splint. With a perineal bandage carefully applied and frequently tightened most cases were turned out without shortening. Occasionally cases occurring near the trochanters, or in the lower third were treated with McIntyre's splint, by which means all the muscles of the thigh and leg are relaxed. For fractures between the knee and ankle a back splint, with a foot-piece, was the rule, and if there was much displacement, or the patient proved restless, well padded side splints were strapped on.

(To be continued.)

Progress of Medical Science.

CHRONIC STORE THROAT.

The patient before you, Josephine —, æt: thirty years, complains of sore throat, which has existed for some time, and has become chronic. She has great pain in swallowing, but none at any other time, and little soreness. The tonsils are enlarged and inflamed in a marked degree, as is also the uvula; they are both red and discolored. Her general health is poor. She has some trouble with her liver and kidneys, and complains of neuralgia in the heart and thorough the entire system. There is a great pain in the head. She is also a little dyspeptic. Has no flatulence or eructations. She has cold moist hands and feet, and, as a general rule, where you have cold hands you will find cold feet also, showing a poor circulation of the blood in the extremities.

These symptoms are due to the disorder of the digestion, and are the accompaniments of neuralgia and bad health. Her flesh is soft and flabby, and her sleep is poor, owing, she thinks, to nervousness. I now proceed to touch the throat with nitrate of silver, which may be applied in stick or solution. About an inch or an inch and a quarter of the stick should be taken and fastened in the barrel of a quill, the edges should be rounded off with a wet rag, and the stick kept in a dry place. Care should be taken in applying this agent, as it will act as an irritant if too much be applied. The touch should be light and rapid. Professor Meigs used to speak of the antiphlogistic touch, which is a very good term. The patient should sit upon a chair, with the head thrown back, and in a position where a good light can be obtained. In urgent cases this remedy may be applied once every twelve hours; in