

also be requisite; and I have always succeeded in effecting a cure by the use of these measures, provided I have got the management of the case sufficiently early after the attack.

III. *Case of Congenital Occlusion of the Meatus Auditorius Externus, where nature effected a cure.* Communicated by CHARLES LOUDON, M.D. Physician at Leamington-Spa, Warwickshire.

ABOUT the middle of May 1824, a female child was born at Stratford-on-Avon, which, with the exception of certain parts of the head, seemed, as far as the configuration of its body was concerned, to be properly formed. The parents of this infant, and the children they had previous to the one under consideration, as well as all the relations both on the father's and mother's side, were healthy in every respect. Instead, however, of the cranium being of the usual shape, the child's head had the appearance of a bishop's mitre; the eyes were large and prominent; the pinnæ auricularum much flattened, and to appearance situated lower than they are usually; the bregmata were also very much open: all of which are apparent even at the present moment.

About two months after the confinement of the mother, her attention was drawn more particularly to the ears, in consequence of sound making no apparent impression on the sensorium. Having satisfied herself there was no opening, she consulted two surgeons in the neighbourhood, and afterwards had the opinion of Messrs. Wood and Hodgson of Birmingham, with regard to making an artificial opening where the natural one should have existed. They were unanimously of opinion that no operation should be performed at that early age, more especially as the general health of the child seemed to suffer considerably from a difficulty of breathing.

On the 13th of August 1824, after appearing to suffer considerably from pain in the head, a very small aperture, not exceeding a pin-point in diameter, was apparent in the spot where the foramen auditorium is usually situated; first of all on the right side of the head. In about two months after this was noticed, a similar hole formed on the left. These gradually dilated themselves, without the slightest surgical or medical aid, to the size of the healthy openings, and have, since that was effected, remained stationary.

It is now about two years since the foramina were considered as large as they are naturally. The child hears pretty well, and all its other senses are sound. The general health

is much improved. In fact, with the exception of a slight difficulty of utterance, there does not appear to be any function which is not properly performed.

This case is important in two points of view; first, it shows the efforts which nature will make to effect the end she has in view; and, secondly, the propriety of non-interference in such cases, until the first few years of early life have passed over.

Bedford House,  
Leamington-Spa, 12th Feb. 1829.

IV. *Report of some of the more interesting Cases treated in the Surgical Wards of the Glasgow Royal Infirmary, during the Summer and Autumn of 1828.* By WILLIAM AUCHINCLOSS, M.D. One of the Surgeons to that Institution.

I. *Compound Fracture.* In the treatment of cases of this description, it is of paramount importance, in the first instance, to unite the wound, and thus, if possible, reduce it to the state of simple fracture. By this means the cure is not merely facilitated, but the danger, if not altogether removed, greatly lessened. This is best effected by adjustment of the fractured ends of the bones, replacing the injured or lacerated integuments, and covering the wound with a pledget of caddis soaked in blood, or oil, the limb being placed in the straight position, a Scultetus' bandage being applied with moderate tightness, and cushioned splints and straps, as for the cure of simple fracture. Thus, the parts are kept in apposition, perfect quietude of the limb is preserved, and the operations of nature, in the first instance, not at all interfered with. The bandages ought to be moistened, from time to time, with an evaporating lotion, to obviate any rising inflammation in the part or its immediate vicinity.

This practice, although by no means new, has, in my opinion, not been much acted on. It is founded on the fact first pointed out by Mr. Hunter, that union is a sure mean of preventing suppuration, or a high degree of inflammation. Sir A. Cooper recommends it to be had recourse to in every instance, where there is little tearing or contusion of the soft parts; where there is much, he seems to approve more of soothing applications. Baron Larrey has been in the habit, for many years past, of treating all his compound fractures in this way, and not removing the dressings for a length of time afterwards. I am informed by those who have witnessed his practice, that he is for the most part successful. So far as I know, however, Dr. Young was the first, in this