

but the deed itself, the thing done, remains, and has its influence to the end of time.

Our business, therefore, is honestly and pains-takingly to perform the part assigned us, without regard to our particular fame, satisfied that what we do for good will never be lost to our fellow men, and though we neither leave our name to a biscuit like John Abernethy, to a vegetable pill like Sir Astley Cooper, to a sauce like Dr. Kitchiner, or to a pomatum for the hair like the Baron Dupuytren, our spirit will still be present in the world when the body that enshrouded it is resolved into ashes and air, and all knowledge that such a man had ever been has passed away.—*Ib.*

ON THE TREATMENT OF FRACTURES OF THE CLAVICLE.

By Abm. L. Cox, M.D., of New York.

THE difficulty of obtaining a perfect control of this fracture, by the different bandages now in use, is very generally admitted by practical surgeons. This, however, is no less certain, than that the great principles on which such control is attempted, are well ascertained and universally admitted. The action of the sterno-mastoid and great pectoral muscles, holds the sternal fragment in its proper position, while the scapular portion falls with the weight of the arm, or by the action of the muscles, and is then drawn inwardly, so that the inner portion overrides the outer, and the position of the shoulder is altered from its natural state, to one more inward, downward and forward.

The indications of treatment are, therefore, obviously to extend, elevate and hold back the shoulder. For this purpose, surgeons formerly resorted to a figure-of-eight bandage, applied over the back between the shoulders—a plan of treatment liable to the objection, that it does not meet all the proper indications of the case, and does not insure a perfect restoration of the functions and configuration of the fractured shoulder.

Desault's bandages have also been generally used, and are designed with reference to the great and acknowledged principles of the case; but it is very generally admitted that these bandages are not as successfully used as is desirable, and many surgeons have consequently returned to the old figure-of-eight bandage in preference to them. Even our schools, if I am correctly informed, teach their abandonment; a fact to be regretted, as they certainly have several decided advantages over the more simple means now generally superseding them.

Of these, the first is the advantage of a direct and perfect extension of the fractured bone, effected by the cushion in the axilla, and the transverse turns of the roller over the arm of the fractured side, round the body, and under the armpit of the sound side. This important point of proper extension is well attained and kept by this part of Desault's management.

The great defect, which, as far as I have been able to learn, is pretty generally admitted against the bandages in question, exists in the last

bandage, the object of which is to retain the fractured shoulder in a sufficiently elevated posture.

Desault's direction for its application is, to commence with a roller nine yards long, at the axilla of the sound side, to bring it in front of the chest over the shoulder of the fractured side, down behind the arm to the elbow, then to bring it in front of the chest to the point of beginning, then over the back from the axilla to the fractured shoulder, crossing it to the front of the arm, under the elbow, and so obliquely over the back again to the axilla of the sound side, and in this way till the roller is applied.

That this plan should fail in keeping the fractured shoulder and arm in a proper elevation, is, I think, obvious *à priori*, and unfortunately it is found to be so in practice.

The axilla is below the shoulder of the opposite side, and the bandage, therefore, exerts a direct influence to depress it just in proportion to the strictness of its application. If, indeed, the turns which are made under the elbow of the affected side could be brought over the shoulder of the sound side, thus making the sound shoulder a *point d'appui* from which to suspend the elbow and arm of the fractured side, there would be some influence exerted toward the end in view. But when we reflect that this turn would support the elbow only by an oblique application, and that the bandage, from its yielding to the weight of the arm, could afford little or no support, thus applied, it needs but a moment's reflection to perceive that the end which the surgeon has in view is completely lost by passing the turns of the roller *under the axilla* of the unaffected side.

What has been said will, I trust, serve to prepare the reader for the suggestion which it is the object of this paper to make in the modification of Desault's bandage.

Instead of making the axilla of the sound side the point of support of the shoulder of the fractured side, I propose that this point of support be sought close to the neck, on the side of the fracture. The roller may start from the sound axilla, pass over the other shoulder, down behind the arm and under the elbow, then upward over the fracture, obliquely across the back, and under the axilla of the sound side; thus making a figure-of-eight, by which the elbow will be drawn directly upward, and the point at which the bandage crosses on the shoulder being properly secured by pins, will be retained permanently close to the neck by means of the turns which pass under the sound axilla. This arrangement seems to possess all the properties at which the last bandage of Desault is aimed, and of which it undoubtedly fails.

But one case has occurred to me whereby I could test the soundness of my reasoning by an appeal to practical results. This happened in an elderly woman, who fell from a chair in attempting to wind the kitchen clock. Desault's plan failed, after careful and patient repetition; so also did the old figure-of-eight bandage, and several other modifications of them which successively suggested themselves to my mind in the management of her case.

I made the application, which I have attempted to describe above, with the best results. It retains the shoulder in its proper position, and the

bones in perfect coaptation, and is at the same time comfortable to the patient.

It is well to commence by preparing the arm of the affected side with a roller, carefully and accurately applied. This precaution has the double advantage of guarding the arm from the pressure of the turns of the first roller, and also of furnishing the means of fastening the last application to the elbow by means of pins.

If it shall be thought worthy of trial by the profession generally, I believe it will be found to be an improvement; and I therefore feel it to be a duty to make the suggestion, and submit it to the judgment of my medical brethren. No one can be more aware than myself of the very simple nature of the alteration in Desault's bandage, that I have ventured to propose; but if it should be found on trial to be better adapted to attain the very ends, and to apply the very principles of practice, which Desault taught, it will doubtless be justly appreciated by the profession.—*The New York Journal of Medicine and the Collateral Sciences.*

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Criminal Abortions.—Those, only, who are connected with the profession of medicine, are aware of the vast amount of wickedness perpetrated in cities by a class of men and women, familiarly known as *abortionists*. Madam Restell, the vampire of New York, the most infamous of her sex, if any reliance is to be placed in the expression of the press and the specific recital of Dr. Bedford, has deprived as many human beings of the right of birth, as any individual in the criminal calendar of the world. She has likewise an office in Boston, where her medicines are in constant request. But Madam Restell is not the only depredator on human happiness and life in the city of Boston. There are men—in external organization, but not in character—who are celebrated among the vile attendants at the court of infamy, for their success in exterminating foetal life. Their criminal assistance is even sometimes sought after by married women, who cannot render a shadow of excuse to the tribunal of public scorn for their heartless depravity. Yet the law has not reached them, and the trade of infanticide is unquestionably considered, by these thrifty dealers in blood, a profitable undertaking.

The Rev. Mr. Abeel, now in China, has written extensively, of late, on the national vice of infanticide in that empire. No judicial inquiry is ever made there into the causes of death in embryo or at birth. Parents have a conceded right to strangle their own offspring, to rid themselves of a prospective burden; and they do it without remorse, or a single admonition from a violated, instinctive affection. Female children, especially, are those whose first breath is followed by a death struggle in the grip of the hand that should have nurtured them. According to this missionary's details, fathers and mothers of respectability speak of the daughters they have put to death, with perfect indifference. It is their right by civil code,