the fracture of the fibula with the internal malleolus broken off, and in addition a large wedge-shaped fracture on the fibular side of the tibia. We have here three breaks with some widening of the ankle joint. The disadvantage of the ordinary plaster of Paris treatment is that it does not allow of inspection of the ankle, nor of passive movements nor massage, which now-a-days are looked upon as essential to the treatment of fractures of most joints. I therefore decided to try the treatment advocated by Bardenheuer of Cologne.

This method as used by Bardenheuer in cases of Pott's fracture, and, in fact, of all fractures about the ankle is as follows: A long strip of adhesive plaster is applied to the leg on either side from above the knee passing over the malleoli, and forming a stirrup below the foot. The slack of this stirrup is gathered in very tightly over the sole by a clamp or by thread, the malleoli and the outer edge of the sole being protected by compresses; and to the plaster is attached a weight of from 12 to 16 pounds. The pulley at the foot of the bed is placed towards the median line, so that the force applied brings the foot into a moderate varus position. A second adhesive strap applied round the leg immediately above the inner malleolus, to which is attached a weight of from 4 to 6 pounds, running outwards over the side of the bed, assists in keeping up the varus position. Finally a third strip of adhesive plaster is applied around the fore part of the foot, and the ends brought up and attached to the leg near the knee; this keeps the foot at a right angle, and may also still further accentuate the varus position. The leg is placed in a posterior gutter splint, and the whole may be kept solid upon the bed by lateral sandbags.

The advantages claimed, are that the stirrup with weight exercises a constant lateral compression on the malleoli, thus keeping fragments better in apposition, reducing rapidly the blood effusion in the joint and, therefore, avoiding joint-stiffness. This lateral compression also prevents all pronation and supination movements which are apt to prejudice healing. On the other hand, the flexion movements, necessary to prevent joint-stiffness, can be carried out early, and the leg is constantly open to inspection. The tendency to flat-foot is well obviated by the considerable degree of varus position obtained as above indicated. Bardenheuer, moreover. does not allow the patient to put his weight on the foot before the end of the 5th week.

The method appeals to one especially by its principle of lateral compression, and by its allowing of early light massage and passive movements in flexion and extension. Bardenheuer's results are the best proof of the worth of his claims. Of 106 malleolar fractures, he