

placed immediately in the old-fashioned fracture-box with foot-board and hinged sides, which, in many instances, is then suspended, in order that the patient may move about in bed without disarranging the broken bones. Compound fractures, with abundant discharge, are kept covered with bran. In two such cases, recently admitted, there was so much overlapping and displacement of the fragments that Dr. Morton resected the ends, and, in one case, wired the bones together.

Although the fracture-box is generally employed, its use is not absolute. If the bones be broken at the ankle-joint, with lateral displacement, Dupuytren's splint and pad for fracture of the fibula are used. In a recent instance, where the line of fracture split off the external portion of the tibia, without involving the internal malleolus, and the fibula also was broken, there was a great displacement backwards and outwards, which necessitated tenotomy of the tendon of Achilles and the application of Dupuytren's splint on the inner side of the leg.

Fracture of the patella has usually been treated by flexing the whole limb on the pelvis, and drawing down the upper fragment by adhesive strips and bandages. Recently, however, Dr. Morton has tried Malgaigne's hooks, without producing any inflammatory trouble, and has obtained far more perfect apposition under their application.

Many cases of fracture of the femur are admitted, and are treated generally by extension, though one of the surgeons prefers Smith's anterior wire splint. The extension apparatus is applied by means of longitudinal and transverse strips of adhesive plaster, to which is attached an iron crib, or framework, containing any number of one pound weights. In some cases, instead of the plaster, a more expensive arrangement of leather straps and buckles is applied in a similar manner, and the limb is then steadied by sandbags or Levis's weighted splints, which consist of long narrow boxes, containing a row of bricks. Fractures through the neck of the femur, owing to the difficulty of making an absolute diagnosis of extra or intra-capsular lesion, are treated by extension for several weeks, until it is determined whether or not union is about to occur. In a case treated not long ago, the diagnosis of intra-capsular fracture was proved, not only by the treatment, but by the post-mortem examination made two or three months after the receipt of injury. There was not the least attempt at union, and the end of the head had been partially absorbed. The anterior wire splint is used by Dr. Hewson for fractures of the thigh, and sometimes of the leg, and, while controlling the proximal joints, gives the patient greater freedom of motion during treatment.

In regard to shortening after fracture of the femur, it may be said that but little importance is

attached to the amount, and measuring is rather at a discount. By a series of measurements of normal limbs, made by Dr. W. C. Cox a few years ago, it was found that there was a considerable difference in many cases where no injury had ever occurred. In fifty-four cases accurately measured only six showed the same length in both limbs, while fifteen cases showed a difference of half an inch or more between the two legs. The smallest amount of variation was one-eighth of an inch, while the greatest reached seven-eighths of an inch. (*American Journal of the Medical Sciences*, April, 1875.) As this has been well established, it seems useless to become agitated over shortening of one-sixteenth of an inch after fracture of the femur, which, by the way, may make the limbs more uniform than they were previous to the occurrence of the fracture.

The plaster of Paris dressing is seldom used except in cases of delirium tremens, when a rapid setting and solidifying is required to keep the bones steady, and preclude the possibility of the injury being made compound. Solution of silicate of soda is always ready, is so clean, and is applied with such facility that it is generally preferred, notwithstanding the fact that it takes several hours to become firm. The glue and oxide of zinc dressing of Dr. Levis is employed quite frequently also, the latter ingredient being added in the proportion of one part to eight or ten of glue, in order to increase the rapidity of hardening. None of these forms of fixed dressing, however, are applied immediately, as done in New York, but the patient is confined to bed for a series of days until pain and tumefaction have subsided, and often until considerable union has occurred.—*Med. News & Library*.

A READY METHOD OF TESTING URINE FOR ALBUMEN.

Mr. W. Henry Kesteven recommends (*Med. Times and Gaz.*, Dec. 23, 1876) the following method. Take a piece of thin glass, such as is ordinarily used for microscopical covers; about one inch square is the best size. On the surface of this, slightly to one side of the centre, place about two drops of the urine to be tested; on the other side of the centre place one drop of nitric acid. By gently inclining the glass the two fluids will mix, and any precipitate that is formed will be readily seen when the acid fumes have passed off. The precipitate may be rendered more apparent by covering the reverse side of the glass with Brunswick black or some other such pigment. Another method of using the thin glass cover is one which will be found particularly handy for use at the bedside. The urine should be placed on the cover as above and then, with an ordinary pair