

weight of the dressings and the limb is sufficient to give the necessary extension.

*Ambulatory.*

I have had little experience with the ambulatory method in the treatment of fractures of the lower limbs. Their use requires very considerable experience. While the advantage to the patient of being able to be about and in the open air is undoubted, the control of the patient, and of his apparatus, requires more attention than is usually possible outside of hospital practice. My own practice is to get all patients, excepting those suffering from fracture of the femur, out of bed at the earliest date, while the patient is still in the fixation apparatus.

*Bardenheuer Method.*

This method, advocated many years ago by the great German surgeon, has many advantages, more particularly for those who have had an extensive experience. The apparatus is only comfortable when properly fitted and requires constant attention. When one has familiarized himself with the details, the treatment is an excellent one, and gives good results. However, it should not be used by a beginner. One great advantage of this method is, that the damaged limb is more or less exposed and the apparatus permits of lateral as well as rotatory traction, and Bardenheuer lays great stress upon the importance of taking advantage of this.

As a hospital man I should like to point out a not uncommon practice which has nothing to commend it, that of immediately replacing the displaced fragments of bone in cases of recent fracture, and applying an elaborate fixation apparatus, such as plaster of Paris dressing in cases which are immediately to be moved to a distant place, and where the patient will come under the care of another practitioner. Such cases seen as an emergency should be put up in the simplest form of dressing, and the patient should be told that the dressing is of a temporary character. It is well to supply a letter addressed to the physician who is expected to take subsequent care of the case, explaining what has been done.

Many instances have come under my notice where an elaborate dressing, such as I have described, has been applied, the patient departing at once and coming under the care of another practitioner. Often the second practitioner has not the moral courage to cut down the plaster of Paris dressing; he therefore assumes all responsibility of the case, and is certain to come into whatever censure may occur, without really having had anything to do with the actual replacement of the fragments and application of fixa-