out splint, is a very good dressing; but what I like better is a double splint.

In fractures of the hyoid bone the fragments, if possible, should be manipulated into place and supported with adhesive plaster. Should edema occur, and respiration and deglutition be interfered with, an incision should be made and the irritating fragments be removed. Fractures of the ribs generally occur in the fourth, fifth, sixth, seventh or eighth, and when only one is involved a simple bandage of adhesive plaster encircling the chest is quite sufficient for dressing. The complications are those which involve the plural cavity, lung, diaphragm or pericardium. Hemorrhage into the plural cavity adds to the gravity, while emphysema may extend over the entire body. In the treatment we may be obliged to make an external opening, suture the ends and carry a strip of sterilized gauze well into the bleeding cavity, secure it by pressure from within out, enforced by pressure from the outside inward. This will generally control all hemorrhage. Adhesive plasters encircling the chest to limit movements make treatment complete. The sternum can generally be kept in place, when fractured, by adhesive straps, excepting that of the xiphoid cartilage, which may be either sutured or removed through incision. The clavicle is fractured more often than any other bone. There is displacement of the internal fragment, which is pulled upward by the sterno-oleido-mastoid muscle, and the outer fragment downward by the subclavian muscle. The fragments also are carried inward by the weight of the shoulder. These facts afford a key to the treatment, which is to carry the humerus and the shoulder of the injured side well back, crossing the ar al e the opposite breast. I do not think it advisable to keep up manipulation of fragments. Where the patient is a young female it would be easy and good treatment to place patient in bed, the hand and arm by the side, and a small pad strapped over the scapula of the affected side. Fractures of the scapula should be treated by immobilizing the arm. The head of the humerus should be well in place, a pad in the axilla, and the arm supported by a bandage passing under the elbow, crossing the chest and back to the sound shoulder and under its axilla, where it is made fast to the anterior or posterior portion. Then the hand should be carried in a sling.

The Humerus.—There are two classes of fractures of this bone which need particular attention: those of the upper, and those of the lower extremity. Fractures of the upper extremity of the humerus involving the anatomical or surgical neck, tuberosities or head can be treated on similar lines, though the lesions and symptoms of each may differ from the others. Fractures of the upper part of humerus, the surgical neck, and anatomical neck, through the tuberosities may all be treated in the same way. A cap splint,