

figure its application with a bandage directly over the break. Hamilton and Druitt show it correctly. The wonder need not be great that students so often mis-apply this splint, when the teaching by illustration is in such marked contrast to the teaching in the text. The importance of keeping the lower bandage below the external malleolus, and of having the pad both firm and thick at a point just above the internal malleolus, are points long insisted upon but constantly needing to be emphasized.

Mr. Bryant figures and advises the application of a single straight wooden splint with foot-piece, for fractures of either one of the bones of the leg. Excepting as a temporary expedient, to be replaced as soon as possible by a more comfortable and efficient dressing, I am unable to endorse this plan.

Under the direction of Dr. Levis, of Philadelphia, a series of perforated and plated copper splints have been prepared and are largely sold in the U.S. Those for the leg are the least satisfactory in the entire set; they are posterior gutters which are apt to fit imperfectly in spite of moulding by the hands. My chief objections to them are, that they do not surround the limb sufficiently to maintain the apposition of fragments, and that they do not keep the foot at a fixed angle with the leg. I show you samples of the various sizes supplied. A series of lateral splints of the same material would be very much better, and could be moulded without difficulty.

*Rigid Splints, in pairs.* are usually applied laterally. Thin straight boards here seem to me inefficient means of support. They do not clasp the soft parts, and in spite of padding they are very apt to press hurtfully upon bony processes. The old and excellent plan of placing two thin boards at the opposite ends of a towel, rolling them in it toward the centre till a space is left between them corresponding to the width of the limb, placing the leg upon this web, stretched so as to form a posterior support, bringing up the sides and securing them after building a bird's nest of padding around each bony prominence, can be commended for temporary use. Folded newspapers do well for padding such splints. The toes can be kept from pointing by a strip of bandage passed around the ball of the foot and pinned to the splints upon each side. With such an apparel a patient can

often be moved home without the disaster of having his simple fracture converted, on the way, into a compound one. I should be sorry, however, to have one of my own legs, if fractured, left for even a week or two in such a crude and uncomfortable appliance. Once, in consultation, I saw a patient, who died from the effects of sloughing over one malleolus, produced by pressure of just such a pair of splints.

American surgical writers, as a rule, do not approve of carved wooden splints, while a goodly number of English surgeons endorse the kind known as Cline's. In America, Pratt's or Day's splints replace the English Cline model. Samples of each form are here presented. I must confess to an early prejudice against these splints derived from association with my old and greatly respected teacher, Frank H. Hamilton. With a considerable assortment of these appliances to choose from and with no hesitation in cutting them in order to secure a fit, one may make them serve useful purposes. On the other hand, if the physician thinks more of the splint than of the patient, he is better without the splint, or the patient is better without him. It must be admitted that a splint, even partly fitted, is better than straight board in the hands of a practitioner with whom the jack-knife is not an instrument of precision.

*Rigid Posterior and Lateral Supports.*—Under this head I mention fracture boxes and the iron splint used with lateral supports, and known in England as Arnold's or Neville's.

The common fracture box has always seemed to me to be a poor affair. When allowed to rest upon the bed it is especially objectionable. While it may be a safe and conservative practice to teach the average student to use it for the first week or ten days, until swelling has gone down, I should be sorry to have to use it very often myself.

In the old days, when the manufacture of pus, by compound fracture, was considered to be a laudable industry, the bran box had more uses than at present. Where its use is indicated I think it well to have at hand the most improved form.

The one I show you is more nearly like those figured in Wyeth's Surgery or in Stimson's work on Fractures, than any other, but seems to have some advantages over either of these. It was made from directions which I furnished, but for which I make no claim of originality. The idea of having