

apparatus for fracture of the femur by Stern (*N. Y. M. J.*, May 20, 1905), may be quoted as applying here :

(1) Ability to nurse.

(2) Cleanliness.

(3) Ability to hold fragments in apposition without deformity.

(4) Freedom from pain on moving child for necessary changes of clothing.

(5) Ability to prevent shortening.

The method of treatment of the fractured femur which meets these indications most completely is the so-called Schede's method of Vertical Suspension, but while this name has been given to it, and used by American writers, it was described first by Bryant, at Guy's Hospital, in 1870, seven years before, according to Hamilton, it was adopted by Schede, Bryant described it as he had used it in 28 cases, aged from 8 months to 5 years. Hamilton's description is as follows :—

A long continuous band of plaster is fixed to both sides of the injured limb as high as the seat of fracture, and applied so as to form a free loop below the sole. The long strip is then secured by means of circular strips of plaster, and by circular turns of a bandage. The leg having been elevated is then kept in the vertical position with the corresponding side of the pelvis suspended by means of a piece of cord fixed to the loop of the plaster and attached either to some object above the bed or to a pulley.

This method has now the approval of most authorities; ordinary methods meet the first indication of ability to nurse, but they readily become soiled, and do not hold the fragments on account of their shortness and the softness of the tissues—anyone who has tried to apply a splint to an infant's femur will agree with this. Horizontal extension is uncleanly and affected by the movements of the child in crying. Scudder in his work on fractures, 1907, advises this method of treatment of all fractures of the femur in young children, and suggests that the child be placed on a Bradford bed-frame—he illustrates it with one leg suspended. Stimson in his last edition gives it the preference illustrates it by a picture of a child lying in a crib with both legs suspended.

In Stern's way of using the method, the child is placed on a stand beside the bed, not higher than the mattress and the affected limb is drawn up by a cord to a hook in the ceiling with a counter weight of 2½ lbs., or just sufficient to raise the hips of the bed. The child is nursed by the mother lying at the edge of the bed. He reports good results in 7 cases, ages up to 9 months.

I may mention the Van Arsdale splint as one that has had many adherents, in it the leg is put up in a well flexed position and kept there by a cardboard splint, reinforced by plaster, if necessary. The advantages