

In the first way, are treated, 1st. *Fracture of the lower jaw*.—Here the use of a cork between the teeth is unnecessary. 2nd. *Fracture of the clavicle*.—The figure of eight bandage is all that is required. The pad in the axilla, so commonly recommended, should not be used, as before it can act as a fulcrum, with any beneficial effect, the pain it causes by pressure is intolerable. 3. *Fracture of the neck of the humerus*. Here we require a pad in the axilla and bandage. 4. *Fracture of condyles of humerus*. Arm to be put at right angles, with figure of 8 bandage.

*Fractures of Metatarsal Bones, Pelvis and Ribs*, firm bandages.

*Fractures of Phalanges*.—Fingers to be firmly bound over a ball of cotton or firm padding placed in palm of the hand. These are the fractures treated under its method. It will be observed that Mr. S. differs from the generality of surgeons in three particulars, *viz.* omitting the use of the cork in the treatment of fracture of the lower jaw, the pad, in that of the clavicle, and the ball of cotton in the palm in cases of phalangeal fracture instead of the small splints recommended by Liston.

*In the second way*, are treated fractures of the olecranon, patella, fibula, femur, and trochanter thereof. With regard to simple fracture of the fibula, I confess I see no need for a splint at all; the tibia being intact, together with a bandage should be sufficient.

*In the third way*.—Fractures of the shafts, of the humerus, and the femur of the radius and ulna, and of the tibia and fibula. Out of the 16 different fractures, it will be said that eight are treated under the first heading, and a corresponding number under the second and third method. When we come to think of some which have been omitted, as of the acromion and scapula, we at once perceive that splints are the exception, and not the rule, in the treatment of the subject under consideration. The acrimony existing among writers upon present topic, is, as Mr. S. pithily remarks, probably owing to want of knowledge, hence they are tardily open to conviction, but I take it, that the worthy Professor himself is not among the least of the belligerents.

From fractures we pass naturally to a very disagreeable circumstance which occasionally occurs owing to old age, debility, cancerous cachexy, pregnancy, disturbance of fracture, &c., *viz.* the formation of a *false joint*. The pathology of this affection, according to Drutt, Liston, Ferguson and others, is, that owing to some of the above mentioned causes, the plastic exudation thrown out after a fracture, fall short of the intentions of nature, and a ligamentous union or a false joint is formed, instead of in the first place, a provisional splint to be absorbed upon true bony union taking place. This affection is most common in the femur