

readily procured, the surgeon, if consulted, requires to devise some suitable substitute. There is no doubt, from experience, that the McIntyre splint is a valuable application in many forms of fractured leg, but in the want of it, other appliances may be used with rational grounds of satisfaction.

In the case of fractured leg, the upper part of the bone is liable to protrude through the skin, while the foot and ankle hang distorted. This condition is not fully remedied by side splints, however carefully applied, as might be foreseen, but the addition of a posterior splint, with a foot-board nailed to it perpendicularly, or nearly so, at once meets the exigencies of the case. Thin pieces of board make excellent splints, and clean old flannel (as blankets) form good padding to facilitate the adjustment of the splints to the contour of the limb. Scrupulous attention to cleanliness is necessary, or maggots may breed. This apparatus is not only suitable to fracture of both bones of the leg, but may be advantageously used when the tibia is alone broken, recovery being favored by support afforded to the heel and foot.

July 18th.—O. Mc—, æt. 35; native of Ireland; agriculturist, in rather broken down health; had his left leg seized between the legs of another man, and fell, sustaining fracture of the tibia, above the malleolus, and fracture of the fibula in its upper half. On the 19th side splints were applied, padded with flannel, to the leg, and recommended the application of a spirit lotion to keep down swelling. These splints were insufficient to maintain proper adjustment of the bones of the leg, the heel hanging considerably. I therefore nailed a foot-board to a third splint, and applied it posteriorly. With this treatment the Irish gentleman progressed well, abandoning the splints in about a month.

Subsequent to this I was consulted by a man who sustained fractured tibia, and was treated by side splints. After six weeks' illness he complained much of lameness and feebleness, and I think this state might have been diminished by the use of the posterior splint and foot-board.

A CASE OF TRIPLETS.

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On the 1st of August last, I was called to see Mrs. G—, aged 40, who was taken in labour about noon. I saw her at seven in the evening and found her sitting on a lounge, in little or no pain. She said that she was afraid to move until my arrival, as things did not seem to be all right. This was her ninth labour, and the sixth at which I was present in attendance. Her legs were enormously swollen, and her body was much larger than in former pregnancies.

I ordered her to be put to bed, and then made a vaginal examination, on which I found the os uteri fully dilated, and the membranes entire and protruding. One foot was presenting, but the rest of the child was high up in the pelvis, and could not be easily felt. On making a more thorough examination, I pronounced it a case of twins. As the pains had ceased, I immediately ruptured the membranes, and delivered with very little trouble. This child was a girl, alive and hearty, and weighed seven pounds and a half. After the birth of the first child, the pains came on again, and an examination revealed a head presentation, with the membranes entire. In about fifteen minutes the second child was born, which proved to be a boy, weighing six pounds: he was also alive, and cried lustily. While I was tying the cord, the woman said she felt another one moving, and on examining, I found another child presenting by the breech, with the membranes unruptured. In about twenty minutes this child, a boy, was also born alive, and weighed five pounds. The placenta came away soon after—there was only one—with the umbilical cords attached, about two inches apart. The cords were shorter than usual, none of them measuring over ten inches. The one belonging to the first child was also three times thicker than the others; in fact, it was the thickest I ever saw. The placenta weighed five pounds and a half. A good deal of blood was lost during the labour, and the woman was very weak immediately afterwards; but on the administration of a full dose of tinct. ergot, in a