

destroyed portion of bone has taken place. Hence delayed, incomplete, and frequently non-union results.

While bone grows principally from epiphyseal cartilages, after their artificial removal, osteoblasts from the diaphysis in a measure fill the space, and while the process greatly lessens diaphyseal growth, it does not entirely cease.

The thanks of the profession are due to the British Medical Association for the report on the treatment of simple fractures recently published. This report has done much to remove many misconceptions, and I am glad to notice among its findings, that the non-operative treatment of fracture in children under fifteen years gives a high percentage of good results. Also that in children, with the exception of fractures of the forearm, open operation does not give better results than the non-operative.

Sufficient time has not yet elapsed since the publication of this report to allow a proper appreciation of all its findings. Much valuable knowledge, however, has been put before the profession. We may look forward with interest to the investigation of the American Surgical Association, the preliminary report of which was recently read at Washington by Dr. J. B. Roberts, chairman of the committee.

We may divide the treatment of fractures into four general groups:

1. Fixation with splints. Rest.
2. Fixation with splints and extension by weights as advocated by Buck many years ago, and also during recent times by Bardenheuer.
3. Ambulatory, mobilization, and massage.
4. Operative or open method.

From these various methods it is difficult to choose, but it is well to keep in mind their usefulness as adapted to the special features of a given fracture. Versatility is the successful instrument, and, for the average practitioner, no one plan should be adopted for routine practice; in fact routine practice may be said to be the cause of most of our failures. At the same time it should be the aim of each man to adopt a definite scheme of treatment and carry out its details sufficiently in each case to familiarize himself with its advantages and disadvantages.

Those of us who have had much to do with fractures become familiar with a certain line of procedure and gain a certain technique that may bring good results to us, which, when applied by others, may result in disaster. It cannot be too strongly stated