

any angle, as, for instance, at the elbow, and can be carried up over the shoulder in the form of a shoulder-cap in cases of fracture about that joint. They are to be held in place by means of an ordinary roller bandage, and in that way the seat of fracture can always be inspected without any difficulty.

3. I have already transgressed a little on this division of my subject—namely, that the simpler the apparatus is which will accomplish the results, the better will be the ultimate outcome of the case—when I spoke of the use of plaster-of-Paris splints. I have already said that the surgeon's paraphernalia for the treatment of fractures need not be expensive or extensive. You may now ask, What have you in your kit? Well, here is the list:

Two yards of bleached butter cloth; one dozen safety pins; two strips of wood four inches wide, a quarter of an inch thick, and thirty inches long; one roll of adhesive plaster three inches wide; two strips of binder's board; two yards of unbleached muslin; four ounces of dental composition; one foot of silver wire; one dozen plaster-of-Paris bandages; three pounds of dental plaster-of-Paris; four sheets of cotton wadding; half a dozen assorted bandages; one long patella splint; two empty sand bags; one pulley and cord—which, together with a pocket knife, will enable you to handle any case that may come along, excluding those which will require operative interference. You will notice that in this list there is no Dr. J——'s splint for Colles' fracture or Dr. S——'s splint for Pott's fracture; they are a superfluity, and would add nothing to your convenience or comfort. It is a mistake that our text-books are filled with descriptions of such a larger number of complicated contrivances; the reader is at a loss to know which is the best, or may conclude that it is simply a matter of taste.

It is not my intention to detain you while I give you a detailed description of the methods of treatment of all of the fractures of the body, but I would like to mention a few to illustrate what I have been saying and to impress upon your minds the truth of my statements:

(a) Fracture of the clavicle—one of the common everyday cases: For the treatment of these cases what is more simple than a piece of unbleached muslin eight inches wide and eight feet long, and, when properly applied as a figure-of-eight bandage of the elbow, what can be more effective or more comfortable to the patient? I have treated ten cases of this injury by this method, and have had better results than when treating them by other methods. You can probably all recall and are familiar with at least a dozen different methods of treatment for this particular injury, and in many of them it would seem that the sole object was to make them as complicated as possible. I well

remember a case which came to me from another town with an apparatus on which probably cost the doctor at least fifteen dollars, and which consisted of a bellyband of leather with a pocket on one side into which fitted an upright steel rod, adjustable in length by means of a screw arrangement; at the upper end was a crutch which fitted into the axilla. The only thing which this apparatus could accomplish was to elevate the shoulder, and this could have been done just as effectively and much more easily by means of a piece of unbleached muslin costing only two cents, and which would have at the same time accomplished all of the other things desired—namely, to draw the shoulder backward and outward.

(b) Fracture of the phalanges: You will find in the market a number of patent splints for the treatment of this fracture. All that is necessary in these cases is to keep the fragments in line both in an antero-posterior position as well as in a lateral, and not to allow the finger to become rotated on its axis. A small, narrow piece of binder's board or a plaster-of-Paris splint is all that is needed, and sometimes even this is not necessary, for simply bandaging the injured finger to those on either side will serve the purpose. In other cases you can take the finger of an old glove, draw it over the injured finger, and stiffen it with glue or varnish painted on the outside.

(c) Colles' fracture: Here is a place where we have an infinite variety of splints. In looking over one of the modern text-books I find no less than twelve different splints pictured for the treatment of this fracture, many of them, too, bearing such distinguished names as Nélaton, Bond, Smith, Hewitt, Dupuytren, Lewis, Hamilton, and Bolles, and it is my experience after treating a large number of these cases that none of them accomplish the objects desired better than two straight pieces of board properly padded, or two plaster-of-Paris splints, neither of which will cost over five cents.

(d) Suppose now that we have a fracture in or near the elbow joint and it is necessary to put the arm up in an angular position, why should the surgeon carry around with him a large supply of angular splints of assorted sizes when with a yard of butter cloth and a pound of plaster-of-Paris he can make an angular splint which will fit any case and which will perfectly immobilize the joint and be more comfortable than any of the ready-made splints? This method I have used in a number of cases of all ages with entire satisfaction to all concerned.

(e) Fracture of both bones of the lower leg is one which is very common and apt to be compound. These cases can be simply and very satisfactorily treated by means of the plaster-of-Paris splint; some surgeons recommend putting on a