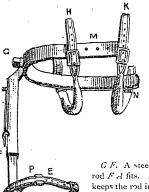
A prime requisite is to secure for the part a favorable condition of the circulation, which can be done only by keeping the part at rest. In order to carry out this indication efficiently, it may be necessary to keep the patient in bed. As these cases, however, are noted for their chronicity, and months or years are likely to elapse while under treatment, the confinement indoors entails the non-use of the most efficient agents at our command for sustaining the patient's



vital powers. The dietetic care of the case may be most thorough, but it will not avail if, through confinement and inactivity, the powers of

FIG. I.

GF. A steel box into which the steel rod FA fits. At F is a soring stop that keeps the rod in place, and enables one to increase the length from G to A. At G the iron band NGM is fixed by a bolt so that the stem G A does not move upon the band. The straps H and K pass under the perineum and carry the weight of the body, which is transmitted to the ground through the stem GA. The patient's leg is secured to the stem by a strap above the knee (P E) and another above the ankle. The length of the stem is so adjusted that the foot is kept about three inches from the ground, and extension is made by straps B and C. Thus extension is made, fixation is secured, and the splint, acting as a perineal crutch, prevents concussion, at any joint in the limb.

assimilation give out. Cases that have shown a pallor and general want of tone, that marks the plant that is kept from the sunshine, will often improve rapidly when taken

from bed and permitted to live a great part of the time in the open air.

Case 2. J.K., male, 17 years. At Christmas, 1836, had pain in sacro-iliac region, which afterwards extended to the front of body. Was confined to bed for some weeks. In May, 1887, a spinal support was applied for Pott's disease. At Christmas, 1887, sat down after skating, and on rising was unable to remove his skates. Was confined to bed, the right leg being painful and

stiff. In March leg was swollen and flexed to nearly a right angle. Extension by means of a weight and pulley was now employed, and the flexion corrected. Was in bed five months; no discharge. Was in hospital September to December, 1888; extension by weight and pulley was employed. Abscess formed, and an opening was made on outer side of the thigh.

July 14th, 1889. Is pale, but fairly well nourished; the leg is swollen and tender throughout its whole extent. Is moved with much difficulty because of the tenderness; suppuration continues from sinus at outer side of thigh. No flexion, no shortening, no movement at the hip.

Aug. 6th, 1889. Applied a long splint, which afforded extension and fixation and acted as a perineal crutch, and

FIG. II.

A N and A K are steel rode A B is an iron ring, well padded and covered, and fixed so that its plane makes an angle of 125 with rod A N. The ring is shaped accurately to the shape of the upper part of the thigh. If G is a broad strap behind calf of leg. and F E one that passes in front of the lower end of the femur. K N is a foot-piece that moves up and down upon the rods, and serves to keep the toes from touching the ground. The length of rods is so adjusted that the foot comes two or three inches above the ground, and the splint becomes a perincal crutch.

had the patient out of doors as much as possible. Improvement was immediate and rapid (vide fig 1).

Oct. 11th. No discomfort in walking with splint, leg handled treely; discharge has ceased, appetite good, sleeps well.

Improvement has been uninterrupted, except for the appearance of a cold abscess in the dorso-lumbar region. Since the spring of 1890 he has been attending regularly to his duties as book-keeper, and is still wearing the splint.

By the employment of some form of portable fixation apparatus this end may be achieved. If the tubercular focus be in the foot or in the vicinity of the knee, the part may be kept at rest and in comfort by encasing it in a gypsum bandage, while the patient is permitted to move about

