SURGERY

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CELLULOID SPLINTS.

The use of celluloid splints in the treatment of paralytic diseases, especially in the after-treatment of acute poliomyelitis is strongly advocated by G. W. Robinson, Kansas City, Mo. (*Journal A. M. A.*, August 29, 1914). In his opinion the paralyzed limbs should be fixed in the normal position of rest and held in such a position by a splint which gives sufficient support to enable the patient to walk during the stage of repair, thus applying a physiologic stimulus to aid in the recovery of the muscle. All cases of paralysis of the legs are suitable for splinting, he says, except those with complete loss of power in the psoas and iliacus group and in the glutei; also those in which the back, lumbar and abdominal muscles are much affected. But if these alone are weak with little involvement of the legs, a spinal jacket is frequently helpful. The extent of the splint should vary with the extent of the paralysis. If the limb is extensively paralyzed the splint should encompass the entire leg as far as the tuber ischii behind, the trochanter on the outer side, and the ramus of the pubes on the other. If limited to the muscles below the knee a splint reaching the knee will suffice. Splints are also convenient in some other conditions like tabes, hypertonia, Charcot's disease, etc. Robinson gives full directions for making the celluloid splints, especially the first taking of the negative cast. The celluloid splints should be worn next to the skin, as a stocking will force it out of place. It should be applied while the patient is still in bed, laced on and worn day and night, but removed twice a day for massage and passive movements. The patient should be encouraged to get up and walk as soon as possible and this can be done in the average case at the end of the first month.

OPERATION FOR THE TREATMENT OF MOVABLE KIDNEY.

After nephrorrhaphy many patients have complained of considerable discomfort, or even of actual pain, in the loin. The usual incision for this operation is an oblique one, close to, and parallel with, the last rib. After partial decapsulation, the organ is stitched by some method or other to the margins of the wound. Thus, the greater part, if not the whole, of the kidney becomes fixed in the space between the last rib and the crest of the ilium instead of lying, as normally, well under