

wire the size of a lead pencil, which is wound first with sheet wadding, then with a roller bandage and the splint as a whole is then wound with a roller bandage. A splint well adapted to children is the Boardman. It is a quadrangular frame of gas pipe or tubing, covered with canvas, similar to a stretcher, and should be two inches wider and six inches longer than the patient. A year ago at Detroit, Dr. Gillette, of St. Paul, called the attention of the profession to its use in spinal diseases of children. Dr. Scudder in his late work on fractures in speaking of this splint fails to mention its uses in fractures of the lower extremity in the adult. It has now been found valuable as an aid to, though never as a substitute for other splints, in adult cases, and for several years the Boston City Hospital has used this in all cases in adults where the injury makes the handling of the patient difficult. It gives firmness to the bed and provides a means to move the patient without disturbing the broken bone. In connection with the subject of splints, we may discuss the ambulatory treatment of fractures for the reason that upon the kind of splint, and manner of application, depends the success or failure of the method. Ambulatory treatment may be defined as "that treatment of fractures that permits the immediate and continued use of the injured limb as a means of locomotion." As early as 1881 Dr. Thomas, of Liverpool, used this method, but not until the German surgeons, Krause and Korsch, wrote of it, and exhibited their work from 1891 to 1894, did the medical world realize the possibilities of this new method. The efficacy can now be judged, as over a thousand cases have been reported. Plaster of Paris is generally used, applied directly to the skin, without any cotton beneath it. In fractures of the leg, it is so applied that the weight is borne by the tuberosities of the tibia and fibula, aided by the shape of the muscles of the calf of the leg, and also by the cone shape of the bones. An elastic cushion is formed between the sole of the foot and the cast by an inch thick pad of sheet wadding. Thus in walking no weight comes on the lower fragment, the foot being suspended. In fractures of the thigh and hip, the weight is borne by the perineum and ischium by the use of the Taylor or a Thomas splint. There is made in Chicago a Taylor pneumatic splint made to fit the limb by means of inflating rubber rings with air, which is said by those who have used it to be most excellent. Walking is attempted the next day after the splint is put on, and the time in bed is reduced to seven days.