Lane's big tongs on that I could bring the bones into perfect position. I have the most profound sympathy for anyone who has an imperfect result in a fracture; it is a field in which there are most likely to arise strained relations between the doctor and the patient, and I do not know of any position where he is more likely to fall down innocently than in such cases. I treat fractures difficult to reduce more and more by the open method, but there are a great many who do not. No less an authority than Professor Eiselsburg has recently published a series of cases that demonstrate that perfect anatomical replacement is not always necessary to obtain a good functional result.

Now, the question arises if the functional result is good how far we are justified in exposing the patient to any increased risk by the open method. I always teach students that no man without a hospital, without a technique that he can trust day after day, is justified in treating ordinary fractures by the open method. On the other hand, a hospital man with a technique that he knows he can trust, and modern facilities at hand, can often get more satisfactory results by the open method.

In the matter of Professor Lucas-Championnière of the Hôtel Dieu, those of us who were students thirty years ago remember how Frank Hamilton insisted upon perfect immobilization. He went so far as to claim that delayed union in many fractures was due to movement in the bed and he would sling these fractures in a crib so that the movement of the patient in the bed would give the least possibility of motion at the line of fracture. I think these fractures should always be immobilized for a time, but a little irritation at the line of fracture, after fixation is fairly well established, is a stimulation to throw out the callus and to change that callus into good strong bone. In addition to the massage the more one can apply the ambulatory method the better, and in those in which you cannot, I have hastened union in many cases by the application of a Bier's bandage or passive hyperæmia. I do not think the last word has been said by any means on the treatment of fractures, but certainly the question of the open and the closed method is an interesting one.

A. R. PENNOYER, M.D.—I was interested in Dr. Armstrong's remarks especially the point which he makes with regard to leaving splints on too long. In my clinic we are leaving off the splints very much earlier than previously, because I think fixation takes place in a couple of weeks after this, care is all that is necessary for the progress of the case.

LIVING CASE: THE VALUE OF MESMERISM IN DIAGNOSIS, WITH DEMONSTRATION.

D. A. SHIRRIS, M.D.—This patient came from Sherbrooke, where some 14 or 15 weeks previously he had fallen a distance of some 26 feet,