

method should include a classification to the end that the best non-operative treatment could be laid before the profession. In this view I am in hearty accord, as I take it that the object of both reports is to place in the hands of the average man the most desirable method of treating non-operative cases.

The American report further points out that, on this continent, the usual treatment is not limited definitely to a fixed plan, but is a combination of several methods. The committee, therefore, in its primary report, believes that prolonged immobility with continued fixation by means of external splints, or apparatus, should be abandoned, and recommends that the treatment should depend upon three classes of practitioners:

1. The average general practitioner, unskilled in surgery as a specialty.
2. Surgeons with the usual facilities of small or cottage hospitals.
3. Surgical experts with adequate hospital facilities.

For the first they recommend the mixed method which is practically in use with most of us, laying stress on the importance of a general anesthesia for diagnosis as well as reduction, combined with the use of an X-ray. For the second class the report suggests that the operative treatment be restricted to especially rebellious fractures after the case has been watched for a few days. For the third group, early operation in all cases which cannot be properly reduced and maintained in good position.

Dr. Roberts has associated with him men of wide experience in the care of fractures and the final report will undoubtedly be a guide of great value.

In doing my first open operation for fracture of the patella many years ago, I was surprised to find the amount of hemorrhage and damage to the neighboring soft parts. Since doing the open method on apparently simple fractures of long bones, I have marvelled at the good results obtained in non-operative treatment in view of the extensive laceration of the soft parts, and the interposition of muscles and other tissues.

Radiography.

The value of the discovery of the X-rays in the diagnosis of fractures was early recognized, and it is hardly necessary at this date to refer to the great aid that has been given, not only in the diagnosis of the fracture, but as a guide to satisfactory treatment. It should be remembered, however, that many factors enter into the consideration of a given case. Two plates, one antero-posterior and one lateral, should invariably be used. The diagnosis should