

and Crippled in this city, and a long traction splint was applied, which enabled him to go about. Walking around, together with the change of air, brought about speedy improvement, and after eight weeks there was good union and the apparatus was removed.

Dr. C. A. Powers said that a considerable number of cases of delayed union in fractured legs were yearly referred to him at the Out-Patient Department of the New York Hospital after their discharge from the wards. It was his invariable custom to have them walk about with a light plaster of Paris splint, and his results had been uniformly good. He had certainly treated during the last year six or eight such cases, and in no instance had it been necessary for them to return to the In-Door Department on account of failure to secure good union. He was familiar with the history of Dr. Ridlon's second case, who was originally a patient in the New York Hospital. He believed that had this patient walked about without the application of a brace he would most probably have obtained good union in about the same length of time. The delayed union in this case was distinctively due to the severe nature of the compound fracture, this being followed by suppuration and some necrosis. He thought the means advised by Dr. Ridlon excellent, yet braces of this kind were not easily within the reach of many country practitioners, and more convenient means would accomplish the same results. He could not understand Dr. Ridlon's strictures upon the use of plaster of Paris, and he heartily endorsed what Dr. Sayer had said on this subject. If deprived of the use of plaster of Paris, he would feel that he had lost the most valuable means of all means at his command for treating fractures of the leg or arm. Out of five or six hundred cases of fracture of the upper extremity, which had been under his care, there had been very few cases of delayed union which had not yielded to rubbing of the ends of the bone, blistering, or very light hammering, the latter not sufficient to cause pain. In two or three obstinate cases, the ends or the bones had been drilled; the patients were treated as out-patients, and with invariably good results.*

*He did not remember that he had ever been obliged to refer a patient to the hospital for operative treatment. He thought that similarly good results would follow this plan of treatment in most cases of delayed union in fractures of the leg.

Dr. Ridlon, in closing the discussion, said that he thought the application of a snug plaster or other bandage lessened the amount of swelling, and that the less swelling, the less the callus, and *vice versa*. There was no question about the efficiency of plaster of Paris when skilfully applied, but it was not always so applied, and he had seen very unpleasant results from its use. As regards the effect upon these cases of walking about, he would say that his first patient walked around his room with a well-adapted plaster splint for two-and-a-half months after the operation, without any gain in solidification; whereas, three days after beginning the treatment which he had described, the patient was able to walk some distance. The second patient had been walking around in the hospital with crutches, and after leaving there continued to do so for about three months more before coming under his care. Under the new treatment he was able to dispense with one crutch at once and with the other very soon afterward, and at the end of eight weeks returned to his work. These two cases were, of course, not sufficient basis for any definite conclusions, but they were presented for the purpose of illustrating a plan of treatment not very commonly known or employed here.

Dr. Royal Whitman presented a case of fracture of the neck of the femur in a child aged seven years.

UNIFORM NOMENCLATURE IN ORTHOPEDIC SURGERY.

Dr. W. R. Townsend took this for the theme of his paper, which was as follows: The object of writing this short paper is to elicit a discussion from the members of the Orthopedic Section of the Academy of Medicine upon a subject to which, of late, little attention seems to have been paid, yet to which much attention and time must be given, unless one is continually provided with a dictionary when reading; for, to read intelligently the medical literature of today, a study of etymology and synonyms is all-important; and even with this knowledge, we may still often be in doubt as to what disease is referred to, as some authors describe somewhat different affections under the same name. The spondylitis of medicine is essentially different from the spondylitis of surgery. The former is a rheumatoid peri-arthritis, affecting chiefly the