splints. They were replaced and a light plaster-of-Paris bandage put on over the splints. During the night he picked off all the plaster-of-Paris and again removed the splints. He apologized for doing so and said he was unaware of what he was doing; so he was given large doses of bromide at bedtime, and in the meanwhile the splints were reapplied, and the entire upper extremity and thorax was encased in a voluminous plaster-of-Paris jacket. The thickness of this plaster and the influence of the nightly doses of bromide preserved this dressing from destruction, and it remained in position for some weeks. When it was being removed I confess to a considerable perturbation of spirit as the parts came into view; but fortunately my anxiety was without cause, for the results were sufficient to cause satisfaction to a mind more higher critical than mine.

Another case in which the Aikin's splint was of excellent service was that of an excitable woman, who fell and fractured the left humerus at its surgical neck, the upper fragment was displaced outwards, and the lower projected inwards. An Aikin's splint was applied, leaving a good two inches free below the elbow. A straight, padded, wooden splint was placed anteriorly on the fore-arm and served to distribute the pressure of the counter traction straps to the iron splint. This patient was obliged to remain on her back for ten or twelve weeks till a fracture of the neck of the femur united. The Aikin's splint held the arm in good position and facilitated the unavoidable handling and moving the patient in a way, and with results, I feel sure, no other splint would have accomplished so satisfactorily.

There was the case of a stout woman in which the excessive amount of adipose tissue prevented the exact location of the fracture, which was made out to be near the insertion of the deltoid. The injury was received by falling downstairs. The arm, in addition to the fat, was the seat of an extensive ecchymosis. The accident happened at night and I had no Aikin's splint at hand of a size suitable to the magnificent proportions of the lady. In this case I adopted a suggestion made by Mr. Tobin in the *British Medical Journal*. A piece of poroplastic material, oblong in shape, and wide enough to take a good hold of the trunk, was folded lengthwise so that the arch of the fold fitted into the axilla and the outer limb acted as a support to the arm, reaching as far as the bend of the elbow. At the axillary bend lateral incisions are so fashioned that the edges of the poroplastic could be bent outwards, encircling the arm, forming a sort of trough splint; the ears formed by the lateral incisions passing up in front and behind the shoulder, act as a shoulder cap—the thoracic piece is fixed to the trunk by broad strips of adhesive plaster, and the parts enclosing the arm are secured also by pieces of strapping. In this case the dressing acted very satisfactorily and afforded good and comfortable sup-