

entire approval of the splint made according to the method of the late Dr. J. L. Little, of New York. The oblique strips to fix the patellar fragments, hardening while the fingers of the surgeon hold the parts in apposition, are better than adhesive plaster or anything else of which I have knowledge. Dr. Little's paper can be found in the *Medical News*, March 29th, 1884. With few exceptions fractures occurring below the knee are better treated by plaster than in any other way whatever! A fracture box, filled with oakum, may be used for a few days if swelling is extensive. If not, a hinged or posterior splint, as described, should be applied, and the limb at once suspended. Any blacksmith can make, for a few dollars, a Salter's cradle, which put together with thumb-nuts is very portable. In mine the limb is supported on strips of bandage, exactly as in Hodgen's thigh splint. The saddle pad required to prevent very oblique fractures of the tibia from becoming compound, or used for the same purpose in connection with the V or Y shaped fractures of the tibia, so well described by Gossulur, can be well applied if a posterior splint has been reinforced by three strips of tin in its substance. Time does not obtain for my discussing at any length the subject of compound fractures, yet it is just in this class that plaster dressings have given the most brilliant results. Fenestrated or bracketed plaster bandages, and antiseptic occlusive or "through drainage" methods have changed the prognosis in these injuries, lessening the number of cases that demand amputation, and reducing to a minimum the septic dangers that are to be feared in an attempt to save the limb.

What risks attend their use? These depend on the selection of unsuitable cases, an improper application of the dressings, or an improper management after application. No solidifying dressing should ever be applied to a recently broken limb if much contusion, swelling or ecchymosis exists, or if there is doubt as to the integrity of the deep vessels of the limb. The toes or fingers should always be left uncovered, and should be watched so that on the least evidence of sluggish circulation the encasing material may be cut down or otherwise loosened. Circular compression and strangulation are most to be dreaded. A plaster case may look well and yet be the cause of deadly danger. It cannot be denied that the bad results following the plan of treatment we are discussing are

out of all proportion to the number of cases treated by it. Too frequently the usefulness of the limb and the reputation of the surgeon have been involved in a common ruin. Its intemperate and indiscriminating advocacy by certain men who ride their hobbies with whip and spur, have led to its employment by those not practically familiar with it, and too indolent or careless to become so. Dr. Coskery, for instance, at the last meeting of the Med. and Chir. Soc. of Maryland, stated that "it was highly improper to keep a patient suffering from a simple fracture of the thigh, on his back even for 48 hours. Such treatment would be a justifiable cause for a suit for malpractice. Dr. Sayre in a private letter read at the meeting of the Georgia State Medical Society in '84, said, "I dress *all* fractures simple, compound, comminuted and complicated, immediately after the accident if I can see them before the swelling has occurred . . . and a perfect recovery without deformity is the rule instead of the exception as was formerly the case." Dr. Sayre's statistics, as most of us know, are being constantly, though perhaps unconsciously, moulded to fit his theories. Like a good microscopist, he *can* see anything that he *wants* to see, but it is only just to him to say that he really *does* see more that is commonly overlooked than any other surgeon with whom I have the honor of an acquaintance.

Advantages claimed :

1. The fit being perfect there is little liability to displacement.
2. Support sufficiently firm to prevent displacement is obtained before even the busiest practitioner has to leave his patient. This is not the case with any similar plastic material.
3. Compression is uniform, limiting extravasation and controlling muscular movements.
4. In some form these dressings can almost always be applied at the first visit.
5. The material is always at hand and costs almost nothing.
6. Apparatus made from it can be depended upon not to contract in drying, as those made from other plaster materials do.
7. They are sufficiently porous to permit the escape of the perspiration.

DR. OLIVER WENDELL HOLMES says that a doctor's patients must put their tongues out, and a doctor's wife must keep her tongue in.