G. E. ARMSTRONG, M.D.—The report of this case opens a very interesting field for discussion. Hospital surgeons are naturally keenly alive to the many points that arise in the diagnosis, complications and treatment of fractures.

There are three men to-day with whose methods every operator should be intimately acquainted. These three men represent three distinct schools. (1) Professor Bardenhauer in Cologne, who has published a book on the treatment of fractures by extension, which is very valuable indeed. Although he has been called the bloodiest surgeon in Germany, his methods in the treatment of fractures are conservative and for the most part bloodless and are followed by a great many. He would practically treat all fractures with extension and manipulation. I have been three times at his clinic, which is a very large one. He has arrangements at the foot of each bed for the charts, history, etc., of each case and also a pocket for the different skiagraphic plates taken during the treatment. It is astonishing what brilliant results he gets by manipulation and extension. He is rather severe in his criticism of the open method, and certainly his results justify his contention.

(2) One then goes to the other extreme and visits Mr. Lane's clinic at Guy's. He practically plates all the fractures that come to his clinic. He is very emphatic in his view that the open method is the only method which should be employed in the treatment of fractures and his results cannot be bettered.

(3) There has come upon the stage, not just in recent years though in England but recently, the treatment of M. Lucas-Championnière, of the Hôtel Dieu of Paris. He holds views that seem to us rather extreme, that mobilization may be carried too far, and, in fact, he is not very particular about getting the fragments into very exact position; he is after functional results, and while I do not think his functional results are as good as Bardenhauer's or Mr. Lane's, yet they are certainly good. Now, any one engaged in the daily treatment of these fractures, when he visits these three clinics with such masters at the head of them, teaching these different views, gets a great deal of food for thought and reflection.

I have come to hold certain views, and one is that when I cannot, with all the assistance I have in the General Hospital, and that is abundant, reduce these fractures and get them into perfect alignment, it is better to resort to the open method if there are no contra indications. I have tried it again and again and even when the fracture is opened up under ether and exposed, even then it is often extremely difficult to get them in alignment, there may be a muscle between the fragments, or a fragment may be so displaced as to prevent reduction. The other day after opening up one of these difficult cases it was only when I put