

about four or six inches below the foot, was placed externally; a shorter one, reaching from the perineum to the condyle of femur, was placed internally, and an anterior one placed between Poupart's ligament and the superior border of patella. The whole being well padded, and secured with strips of bandage.

19. A similar case, progressing favorably. Still under treatment.

20 to 27, were all put up in the following manner. A couple of straight splints are provided sufficiently long to extend from the head of the tibia to two or three inches below the foot. Before applying these, I generally fold them in a piece of strong unbleached calico, about a yard in length, and as wide as the splints are long. One splint is wrapped at one end of the cotton, and the other at the opposite, until a space is left between them of sufficient width to place the fractured leg in. The splints are then brought up on each side of the limb, protected by cotton wadding, and retained by two or three ties of a bandage. This method of applying splints to the leg answers equally well for compound as simple fractures. Cold application may be employed, or one side of the splint can be let down, and the wound, if any exists, can be examined and dressed, without any disturbance whatever to the fracture itself. In the case of No. 27, the man had fallen from the roof of a four story house, and received a severe injury of the spine, occasioning paralysis, from the effects of which he died about two months after the accident.

I have stated in the foregoing cases, that where union of the fractures had taken place, no deformity in any case existed. Reference in this observation is, of course, only made as to shortening. All the cases reported being of recent occurrence, there has not been sufficient time for the enlargement at the seat of fracture, caused by the provisional callus, to have been absorbed. Also, where the fracture has been in close proximity to an articulation, some slight impediment to its free motion may still exist. This, it need not be mentioned, only requires a certain amount of time to be removed.

In conclusion, I am anxious to have it distinctly understood, that I am not in the slightest degree desirous of attributing to myself any peculiar merit in the treatment of these cases. The success that has attended these patients I attribute to my having placed the fractured extremity in a favorable position at the commencement of the treatment, and by frequent careful examinations of the limb, preventing any deviation from that position during the first two weeks; after which period, the person becomes accustomed to the recumbent posture, and the muscles of the extremity lose that tendency which they at first possessed of displacing the fractured bone. I am, therefore, of opinion, that unless the fracture be of a very serious character, or that there exist some severe complication, shortening to the extent mentioned in Dr. Hamilton's tables should;