

measures are often necessary to secure a perfectly healthy blood stream from which the body cells receive their nourishment. When this is ideal, the cells have no cause to mutiny.

References

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Early and Complete Immobilization as a Factor in the Preservation of Joint Function in the Treatment of Fractures.

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Nonunion, malunion and loss of joint function as results of fractures are still far too common. The figures of the Surgeon General's report as to the results of the draft, show that an astonishing number of men were barred from service because of bad results following fractures. There were more than 22,000 in all. If this percentage holds for the population of the entire country, the disability figures for poor results after fractures must be very high indeed. In very large part, disability following fractures is due to stiffness of adjacent joints.

I recently had an interesting and unusual opportunity to study methods and results in the treatment of fractures. In our service at the Savenay Hospital Center we received some thousands of wounded Americans from other hospitals in the American Expedition-

ary Force. These were approved for evacuation to the United States; splinted or operated upon as indicated by the condition in which they arrived. Each patient was checked upon arrival as to his condition. As far as possible, the patients disposition was decided upon at once and operation was performed, position changed, splint put on or he was listed for evacuation to the United States the same day.

Previous to this time, I had also had an experience of more than a year with the British, most of the time, at a Base Hospiatal in Wales. Here, as well as at London, Bristol, Edinburgh, Belfast and Liverpool, many patients were seen who had reached a much later stage in the evolution of similar injuries. Conclusions from these observations were so inevitable that one feels like expressing