putting a towel in the axilla and applying a broad piece of adhesive plaster, after the manner of the second strap in Sayre's clavicular dressing, binding the forearm and hand to the front of the chest, and making traction upward from the elbow. An additional loop of adhesive plaster was brought beneath the elbow, its ends crossing from the front and back over a compress placed over the clavicular acromial ends. The dressing was allowed to remain undisturbed for some weeks, and when removed, after a little careful passive motion, the hand was worn in a sling for a short while longer, and the patient recovered with an absolutely useful limb. The patient was a night-watchman, and during the entire course of treatment continued at his occupation.

There were two cases of fracture of the anatomical neck of the humerus, both in men, which occurred from falls on the shoulder. One at the General Hospital fell and struck the shoulder against the edge of the curb-stone. The deformity was characteristic. The sharp edge of the lower fragment could be seen, especially from a lateral view, projecting in front and below the head of the humerus and the edge of the neck could be easily defined posteriorly. There was some shortening and the axis of the humerus was deflected somewhat backwards; crepitus was easily elicited on motion. I treated this case by the application of Aikins' hoop-iron splint with most perfect results. The upper arm of the splint, curved to fit the shoulder, was fixed by adhesive straps to the front of the chest, the upright limb proceeding behind the arm and the lower section, bending at the elbow, was secured to the forearm and as the posterior limb projected about one and one-half inches below the elbow, it afforded a means of steady and continuous traction. The traction force was kept up by adhesive straps passing around the splint, and the force was distributed over the forearm by means of a wooden anterior splint. For this form of fracture, as indeed for any fracture of the shaft of the humerus, I know of no better or more satisfactory splint. It is far ahead of the old cumbrous shoulder caps, which I could never mould to fit securely, and which would never stay in position when they did fit, and besides the Aikin's splint allows of constant and very considerable traction, and permits the surgeon to inspect the seat of fracture at any time without disturbing it. This case recovered with absolutely perfect results.

The other case occurred at St. Michael's Hospital and caused me a very considerable amount of anxiety and trouble. The man was well advanced in years, in wretched health, and of irregular habits. It was one of the most typical cases I have ever seen of fracture of the anatomical neck of the humerus. Not having an Aikin's splint at hand, it was put up with an axillary pad, coaptation splints to the arm and a shoulder cap, which, as usual, could not be made to fit; during the night the patient removed all his bandages and