

its proper axis. He uses a silver plate fastened by one or two screws in each end of the fracture. This is best placed on the periosteum, or, if that has been denuded, it should be sutured around the plate. The wound is closed without drainage and a plaster-of-Paris cast or some other splint applied. The retentive apparatus should be used for several months, changing it every few weeks. After three or four weeks it is best to begin the use of the limb very gradually, increasing it each day. The article is illustrated.

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CHEST TRAUMATA.—F. T. Murphy (*Boston Med. and Sur. Jour.*), writing of stab or gunshot wounds of chest wall, refers to 42 cases treated at the Massachusetts General Hospital in the past 30 years, and analyses the symptoms, giving these points: 1. The very frequent complaint of abdominal pain, even though the peritoneum was not affected. 2. The possibility of serious hemorrhage from a wound of the intercostal artery. 3. The great power of accommodation of the lungs to hemorrhage or pneumothorax, if the change comes slowly on. 4. Relatively slight danger of fatal hemorrhage because of the collapse of the lung and the adherence of the pleura.

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An outbreak of measles in the vicinity of Rosyth, where many naval base employees reside, is causing some anxiety. According to one account the epidemic is German measles, and the microbes have been deliberately let loose by an emissary of the German Government.—*Punch*.