

not have been confined to the house as many days as she was months.

At about the same time a gentleman came to me with the same disease. I found him plethoric, with a flushed face, and full and bounding pulse, and concluded that nature was relieving some internal congestion; therefore told him to go home and take a glass of cold water every morning, and return to me in four days. He did so, and was quite well. Now, it will require a deal of persuasion to induce this man to believe that the cold water did not produce the effect. He reasoned like the multitude, he was sick, took cold water, and got well, great is cold water! This argument serves all imposters, it is irresistible, consequently quackery flourishes.

ST. JOHN, N.B., January, 1872.

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*On the Glue Bandage in Fractures.* By E. D. WORTHINGTON, M.D.,  
Sherbrooke.

I read with a good deal of interest the very interesting article in the December number of the Journal, on "The Glue Bandage as a primary setting for Fractured Limbs. By George Ross, A.M., M.D., House Surgeon to the Montreal General Hospital."

In stating that I have used the Glue bandage occasionally since June, 1867, and frequently for the last three years in fractures, and in other surgical cases, I do so with the single view of adding my testimony as to the value of its introduction into surgical practice, rather than with the remotest intention of asserting any claim to priority of use, in this country.

I am persuaded that the Glue bandage has only to be used to be fully appreciated, and I venture to predict that, in the hands of a surgeon possessing an ordinary amount of mechanical ingenuity, with the fractured extremity as a model—a glue pot and brush, and a supply of old cotton or paper—such a perfectly adapted splint can be made, as will completely, and for ever supersede the use of the complicated, expensive, and cumbersome splints now in use.

There is hardly a case of simple fracture of the extremities where it is not at once applicable; and where a broken leg or arm, may not be put up in any position that is thought desirable. There is too, this further and most important recommendation that the glue splint—for it is to all intents and purposes a splint—if carefully applied, must necessarily fit the exact outline of the injured extremity, instead of the injured extremity being obliged