

A NEW APPARATUS FOR THE TREATMENT OF FRACTURES OF THE PATELLA.

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* * * In the apparatus now on the table, is a hollow wooden splint, $4\frac{3}{4}$ inches wide, and extending from above the middle of the thigh to the sole of the foot, at which point a footboard is attached by means of a hinge; this splint having two transverse bars, is fitted into a long box-splint, the sides of which are forty inches long and six inches in depth, in which it travels horizontally. That portion of the splint on which the limb rests can be elevated or depressed as required, by means of perpendicular slots cut through the sides of the box-splint. Thus, the splint can be adjusted to suit a long or short leg, the limb can be elevated or lowered at pleasure, and the foot placed at any angle. This hollow splint is fixed in position by means of thumb-screws which fit into the transverse bars before mentioned, two semilunar pieces of metal, softly padded, are fixed one above the other below the fractured patella by means of leather straps which pass round the limb, the leg is secured to the splint by means of two broad web straps, one round the calf the other at the ankle; the foot can be bandaged to the foot-board; a roller with each adjustment is fitted in the box-splint below the foot-board. From this roller start four cords, which passing through brass sheaves, are attached, two to the upper and two to the lower metal pads by means of chains and light-hooks. The roller is turned by means of a key, and acting on the cords, causes the metal pads simultaneously to approach each other, thereby bringing the fragments into opposition; the rack is covered by a brass box, which can be locked, so that the adjustment of the splint cannot be interfered with by the patient.

The advantages of this apparatus will be more briefly detailed by comparison. To those who advocate Malgaigne's hooks, I claim all the advantages without the objections; my splint provides for the position of the limb, Malgaigne makes no such provision; this apparatus will procure perfect coaptation of the fragments without penetrating the soft parts, without the pain and irritation frequently caused by the hooks. In several cases treated in London by Malgaigne's method, erysipelatous inflammation has endangered both the limb and life of the patient. It is superior to Sir A. Cooper's method, by drawing on both fragments, and can make well-maintained traction on the lower as well as on the upper fragment if necessary—and over both the plans just mentioned, by its being able to exert greater or lesser force on each fragment, as the case may require. It would

be tiresome were I to enter into a comparison with all the other contrivances that have been used for this fracture.

In conclusion, I will only add, that not only is this splint suitable for the fracture for which I have introduced it, but I believe also for fractures of the thigh or fractures of the leg.—*Med. Press and Circular*.

INCREMATION.

No less distinguished a member of our profession than Sir Henry Thompson has accepted the inevitable odium of the *pro fanum vulgus*, by attaching his name to a manifesto in favor of incremation as a means of disposing of our dead. Several months since the *Medical Press and Circular* took the lead amongst the British medical periodicals in a review of the continental views on the subject, and since then the proposition to reduce to ashes the bodies of our dead has attained—if not favour—at least toleration.

Sir Henry Thompson has—in contributing largely to the conversion of public prejudice—done something to make the proposal distasteful and ridiculous by his suggestions for the economical uses of the products of incremation. We do not consider it an unreasonable public prejudice which offers vehement objection to the utilisation of the remains of our friends for gas or manure, and the applicability of incremation in this way would not be generally possible or of any material advantage if it could be carried out.

The scientific arguments in favour of the burning of our dead are complete and unchallengeable. By so doing we would carry out rapidly, and without disadvantage to others, the process of decomposition which now occurs slowly, and at the expense of disseminating the most noxious effluvia into the atmosphere which we breathe. Moreover, good taste and respect for the dead ought certainly to exercise their promptings in favour of incremation, for our association of idea with the rank churchyard, and corrupted remains must inspire, one would suppose, a loathing which does not attach to the ancient funeral honours of the pyre.

Humanity of feeling and sanitary advantages alike speak in favour of the proposition, and it only remains to educate the public out of their present prejudices to solve one of the most difficult sanitary questions of the day.—*Med. Press and Circular*.

THE HYPODERMIC USE OF ETHER—has been found beneficial in collapse from hemorrhage. It is injected till the breath shows its presence. There are no unpleasant local effects.