

consequence, therefore, of the extreme probability of future occurrence of rheumatic arthritis in the majority of elderly patients who come under treatment for displaced elbow, it is incumbent upon the surgeon to speak with the greatest caution when called upon to give promise of a useful limb, the chances of any result of this kind being very small in comparison with the almost certain probability of permanent arthritic mischief setting in.

Fractures are grouped under two heads, viz. :

A. Fractures with displacement.

B. Fractures without displacement.

In connection with these injuries it must be remembered that, though occurring in the same bone, and bearing the same distinctive name, *e. g.*, Potts' or Colles' fractures, still a very great amount of diversity may be exhibited by them, and it must not be expected that any two examples of the same variety of fracture will be exactly similar in all respects.

As in cases of separation of epiphysis, so in fractures, the nearer the injury is to the joint extremity of the bone, the greater probability there will be that displacement of the fragments will only partially ensue. Impaction of the pieces may occur, and as a result it often happens that the favorable position assumed on recovery is due, not to the surgeon's skilful treatment, but to the accidental fixation of the fragments of bone at the time when the injury has been received. For this reason it is advisable to avoid hurry in placing retentive apparatus around the limb under such circumstances, for it is quite possible to set up a great deal of harm by the injudicious application of pressure in this way. In his own practice, Mr. Hutchinson said he had often treated Colles' fracture of the wrist without employing any kind of splint whatever, and he urged the necessity of carefully considering the needs of each case separately, and then to treat it in accordance with the requirements it possesses.

In the majority of cases of Colles's fractures but a small amount of displacement is found to exist, but exceptional instances do occur in which the reverse condition obtains, and such cases present difficulties in the way of treatment. Some years ago Mr. Hutchinson dissected many examples of this form of fracture, and he had come across none in which any great amount of displacement existed, and in some cases, though crepitus could be felt, it was not until the periosteum was removed that actual evidence of displacement could be obtained.

Complete reduction is imperatively requisite when displacement accompanies fracture ; and in all such cases it is very much wiser to bring the patient under the influence of an anæsthetic before commencing to restore its contour to the distorted limb. This proceeding is the more desirable also on account of the absolute safety with which anæsthetics can now be administered ; and aided by

this means of assistance, the surgeon should not rest contented until his efforts are rewarded by perfect restoration of its lost symmetry to the injured parts, except, of course, in cases where an extreme degree of impaction renders any such occurrence impossible.

Once the fragments have been restored to their proper place, however, there is no tendency in them to resume the vicious position assumed as a result of fracture ; and hence necessity for confining the limb in a splint apparatus will not exist. This method of treatment will be demanded in a certain number of instances, being those which form exceptions to the general rule just laid down ; but Mr. Hutchinson considers that quite 4-5ths of the fractures of limbs can be most satisfactorily treated without applying any splint whatever, the harm caused by which through pressure far exceeds the benefit conferred. Whenever they are employed, the simpler the kind of splint that is used the better will be the result, the straight form being the best possible, admitting of free extension, and being also easily retained in place. Fourteen days should, Mr. Hutchinson urged, be the maximum time during which, if it must be applied, a splint should be allowed to remain, as otherwise there arises much danger of rheumatic stiffening of the joint.

As a commentary on the futility of inventing complicated splints and apparatus for fixing fractured limbs, none of which have ever received general approval, the lecturer referred to an ingenious instrument devised by Dr. Gordon, of Belfast, after long-continued anatomical study of Colles' fractures. This, which was intended for general use among surgeons, is figured, said Mr. Hutchinson, in a text-book by a leading surgeon, *upside down* ; and assuming from this that even the author of the work is practically unacquainted with the splint, although he writes about it, what chance is there of its ever being universally adopted ?

Not only Colles', but all fractures, are most successfully treated by extension, which can readily be made through the agency of the simple straight splint. Very thick pads should be fitted to the splint, and in ordering from instrument makers it is necessary to insist on this especially, particularly with regard to splints for treatment of fractured femur. Finally, on this subject of splints, Mr. Hutchinson declared that he had seen many more instances of bad union follow the use of modern improved apparatus than ever were witnessed under the old plan of fractures by the straight splint.

Fractures of the neck of the femur occur in a great variety of forms, and it is an unfortunate conventionality which divides them into extra and into intra-capsular fractures as though the bone was always broken straight across either in or outside the capsule of the joint. As a matter of fact, examination of numerous specimens showed this to