prevent the straps from pinching the opposite axilla, but it is quite easy to secure the straps from c and d by crossing them under the opposite axilla and over the shoulder.

If a number of splints are to be made, it is well worth while making a templet arm consisting of 18 in. of 4 in. round pole, into which a piece of inch plank to represent the forearm is mortised. By making the mortise 7 in. deep the templet can be adjusted to suit any stature from 5 ft. 3 in. to 6 ft. 2 in.

AN ADJUSTABLE AND STANDARDIZED SPLINT FOR THE TREATMENT OF FRACTURES.

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CURRENT literature, and the large variety of apparatus exhibited at the recent exhibition at the Royal Society of Medicine, impress on one the need for improvement in the methods of overcoming the difficulties encountered in war in the treatment of compound fractures of the limbs. These difficulties have taxed the ingenuity of surgeons.

Three things have to be considered in the circumstances—the immediate treatment at the seat of war; the transport to the base hospitals, and the treatment at these hospitals.

The greatest difficulties seem to have been in connexion with the treatment of compound fractures of the lower limbs. Several essentials are required for a splint for this purpose. Simplicity and efficiency are the first requisites. The perfect splint must be capable of maintaining the limb in a fixed extension and immobilization, and it must be a skeleton splint, to facilitate dressings without disturbing the position of the splint. If to the above requirements are added adjustability, adaptability, and standardization, and the quality of being rapidly fixed, all the needs of an ideal splint are satisfied.

The Thomas splint, as advised by Mr. Robert Jones, is the simplest and most efficient that has yet been thought of, but the more elaborate and complicated the modifications of this splint, the more they are removed from simplicity and efficiency. Observation of Mr. Jones's hospital practice impresses two things on one—first, the remarkably successful results attained, and secondly, the great simplicity of the appliances used by him for that end, all elaborate and complicated apparatus being conspicuous by their absence.

I have found that the splint which I am about to describe fulfils all the requirements of a complete splint. Its ready applicability to any particular case by a simple adjustment gives it a special value under all conditions. It is practically the Thomas splint, which is made completely adaptable. It is adjustable to any size limb and can be adapted to either the right or the left side. Being made from one pattern and in one size, it is therefore standardizable. The ease of application of the splint, which takes a few minutes, is a most important matter for the consideration of the hard-worked surgeon who is obliged to cope with a rush of work. The wounded can be transported with the greatest possible comfort and safety under the circumstances. A great difficulty in the immediate treatment, and transport, of these cases is overcome by the application of this splint.

The illustrations of the splint explain its construction, and no elaborate description is needed.

The truss ring is made of malleable iron, open in front, so that by bringing the open ends together, or separating them, it can be adjusted to the required size. Two tubes are attached to the ring with sufficient play so that the ring can be altered to any angle required to suit the right

or the left side. The lower portion of the splint consists of bent rod iron; the arms of the bent iron are inserted into the corresponding tubes, and by simple telescoping can be fixed by a screw in any position required to suit the

length of the limb. Attached to the lower end of the splint there is a rest, which when turned down raises the limb to any angle required; it will be an advantage in transport, and when not required may be folded up, for it has the shape of the limb and does not interfere with the dressing.

The splint which I have attempted to describe in this short article has been examined by Mr. Robert Jones, who has been good enough to allow me to mention the fact that he personally approves of it.

A NOTE ON THE ELECTRICAL TREATMENT OF DISABILITIES DUE TO WOUNDS.

BY
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It is a truism to say that electricity has a very distinct and useful place in the treatment of those disabilities which follow wounds involving joints, muscles, tendons, and nerves, but it is not sufficiently recognized that the correct application of the kind of current best suited to the condition to be treated is of essential importance. It cannot, of course, be expected that surgeons, in addition to the mastery of their highly technical work, should have all the details of so rapidly advancing an art as electrotherapeutics at their finger-tips, but if the aim of electrical treatment in these injuries be kept in view, it will not be difficult to indicate to the patient the nature of the treatment he requires.

I am moved to write this owing to the considerable number of patients I have seen who have been given electric baths for local injuries to the limbs. How the passage of the constant current or the uninterrupted sinusoidal through a patient could influence such conditions for good or ill I am at a loss to imagine. Such currents often have a good general effect on metabolism. That is all. Some local effect on the molecules traversed by the current there may be; indeed, so far as the galvanic current is concerned, there is undoubtedly some effect, but while we see the results in some cases—for example, of neuralgia—we cannot say to what they are due.

When we come to consider the interrupted currents we are on much surer ground, and there is no difficulty whatever in seeing how their effects are produced.

Whether the injury has affected joints, muscles, ligaments, nerves, or all together, as is perhaps most frequently the case, the object sought is to increase the blood supply to the part, and having done that, or whilst doing it, to contract the muscles of the part so as to drive this increased supply through all the tissues. If this object be thoroughly attained, pain and stiffness will decrease, muscles which have partially lost their function will regain it, torn tendons and ligaments will heal, and the best result obtainable will be achieved in the minimum of time.

To attain these ends we have a considerable number of means at our disposal. We can bake the limb in an electric or gas oven, first wrapping it carefully in towelling to absorb the sweat which would quickly scald the skin if allowed to remain on it, or we can use the high candle-power lamp, or diathermy. As a matter of convenience I use as a rule a 3,000 candle-power lamp, giving an