Having these qualities, duralumin seemed to me to be likely to be useful as a material for orthopaedic instruments, and I asked Mr. Albert Evans to procure some, and to experiment for me at the National Orthopaedic Hospital. The first appliance was supplied about six months ago; since then a number of instruments have been made and used, and have given me satisfaction.

Among those appliances which have been tested by actual and often rough wear, and of which specimens are now shown, are Thomas's hip and knee splints, double Thomas's splint for Pott's disease, spinal supports, walking instruments for paralysis and for severe flat-foot and flat-foot plates. It will be noticed how light they all are. One of these plates which I now show has been in use for some months during last summer and was necessarily exposed to a great deal of perspiration, yet, as is seen, the surface is not in the least corroded. The under surface of this plate, however, is roughened from friction against the sole of the shoe.

All of these instruments have been made for me by Mr. Albert Evans of Fitzroy Street, W. Their cost is the same as that of steel instruments of the same quality, so that hospital patients are able to profit by the good qualities of duralumin.

Duralumin might very well replace wood for many splints, especially for use in countries where white ants are found. It is easily shaped, and it has the advantage over wood that it can be sterilized by boiling without injury.

I have also found another important use for it in combination with gypsum for splints when an *x*-ray picture is wanted without removal of the splint. This often happens in the treatment of congenital dislocation of the hip-joint. An attempt at reduction is made, and the limb at once fixed in plaster-of-Paris while the patient is anaesthetized. If it is then desired to ascertain the exact position of the parts by *x* rays, it is found that without dangerously weakening the splint by cutting away plaster it is impossible to get a satisfactory picture.

By using a duralumin splint, or by merely applying plaster to the thigh and the upper part of the pelvis and connecting these separate segments by strips of sheet duralumin a perfectly firm appliance results, and as the *x* rays are able to penetrate the duralumin easily a good picture of the hip can be obtained. The *x*-ray prints which Mr. Stanley Melville, Radiographer to the Royal National Orthopaedic Hospital, who suggested this use of duralumin, has been kind enough to take for me show that the image is improved rather than the reverse when the rays have passed through a thin sheet of duralumin of No. 14 B.W.G.—that is, of about $\frac{1}{16}$ in. thickness.

It seems probable that a great sphere of usefulness lies before the alloys of aluminium, and no doubt further improvements will be made in them, and this metal, of which the supply is practically inexhaustible, will enter more and more into our daily life, although I will not go so far as an American authority, Professor Marion Hew of Columbia University, who has expressed the opinion that "at some remote day" (when iron has become scarce) "aluminium, or one of its alloys, may become the great structural material, and iron be used chiefly for those objects for which it is especially fitted, such as magnets, springs, and cutting tools."

REFERENCE.

¹ The Treatment of Spinal Curvature 250 Years Ago, BRITISH MEDICAL JOURNAL, 1903, vol. ii, p. 89.

THE German Balneological Congress will hold its thirty-third annual meeting at Berlin in March (7th-11th). The general secretary is Dr. Brock, Berlin, N.W. 52, Thomasiusstrasse, 24.

THE Berlin Society of Urology was formally instituted on January 16th. Professors Carl Posner and L. Casper were elected presidents; Professor Kutner, vice-president; Professor Rumpel, secretary; Dr. Mankiewicz, treasurer; and Dr. S. Jacoby, librarian.

THE President of Venezuela, we learn from our American contemporary *Science*, has issued a decree creating a National Bureau of Sanitation. Under its auspices will be inaugurated an Institute of Hygiene, which will be composed of a laboratory of bacteriology and of parasitology, a veterinary department, and a central station of disinfection. The staff of the bureau will be composed of a director, a subdirector, a bacteriologist, an engineer, a biologist, a veterinary surgeon, an inspector-general, two technical aids, a secretary, and two laboratory assistants.

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A NOTE ON THE VALUE OF ANCHORED DRESSINGS IN SURGERY.

By J. LYNN THOMAS, C.B., F.R.C.S.,

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THE methods of keeping dressings on by means of bandages, strapping, and collodion, are neither satisfactory nor suitable in certain regions, because reliable protection from infection of the line of the operation wound is not guaranteed nor rendered approximately safe by such means.

In order to get over this difficulty in operations upon these regions, thus unfortunately handicapped in a surgical sense, namely, the perineum, the buttocks, and the upper-inner regions of the thigh, I began anchoring the dressings in the fashion indicated in this paper about eighteen months ago. For example, in a case of subcutaneous sarcomatous tumour involving the vulvo-vaginal region, with secondary growth extending downwards along the course of the gracilis, it was necessary, in the first place, to make

a long antero-posterior incision close to the junction of the skin and the vulvar mucous membrane, and a second incision extending at a right angle from its centre downwards along the inner side of the thigh for about four inches. In this situation none of the ordinary methods of applying and keeping on dressings were either trustworthy or practicable. However, I found that a carefully planned anchoring of a T-shaped dressing to such a wound gave every satisfaction.

The experience gained by anchoring dressings to the surgically handicapped areas proved so welcome that I have for the last fifteen months extended the principle to other regions where any of the ordinary methods gives satisfaction, chiefly on account of its simplicity and efficacy and comfort to the patient. I have used the anchoring method for operations such as those upon the Gasserian ganglion, the face, in laminectomy, operations on the kidney, liver, and uterus, and in other abdominal operations.

I use neither bandages nor wool but confine the protection of the wound to the simple anchored dressings, with the addition of bismuth and xeroform paste to the skin incision, and of vaseline around the contact area of the skin, and gauze dressing. During the tropical heat of last summer such a dressing was very agreeable to patients.

The diagram, kindly made for me by my friend Dr. Owen Ll. Rhys, indicates clearly the method adopted, and the principle involved in the application of the dressing. In an operation for the radical cure of umbilical hernia, for example, in a very fat patient, the sutures of the anchored dressing are passed through the skin and adipose tissue right down to the fascial buried sutures, and are placed fairly close to each other in order that the dead space of the approximated surfaces of the subcutaneous fatty tissue may obtain positive pressure, and so prevent exudation of blood or serum, and also obviate the necessity of drainage. The general appearance of the dressing when finished resembles, according to a friend's opinion, that of a cracker.

SCHEMA OF AN ANCHORED DRESSING.

The vertical line indicates the skin incision and its suture; a, b, c, d, e, f, g, indicate the anchoring sutures of the gauze dressing. Note the relative positions of a and g to the ends of skin incision.