

Use is made of this procedure in cases of ununited fracture, as well as in cases in which there is a portion of the bone missing. The greatest care must be exercised to maintain asepsis, and it is seldom advisable to try to restore a piece of missing bone after a gunshot wound until the wound has been healed for six to nine months. In one case where a piece of ulna was gone the wound had been healed for about six months, having taken some two or three months to close over. At the operation, while the bed was being cut from the graft, a small abscess was found in the upper end of the ulna. However, after this was dealt with the operation continued, and fortunately proved successful.

Another case may be quoted to illustrate the necessity for being sure before correcting a mal-united fracture that the joints above and below the lesion have their full range of movement. A man was admitted with a good deal of shortening and deformity of the right lower limb, the result of a fracture of the lower end of the femur, with marked backward displacement of the lower fragment. His knee joint was apparently normal, but at the operation, when the fragments were separated and an attempt was made to align them, it was found the knee joint could not be fully extended by some 15 deg., which made the operation a difficult one, and necessitated the use of a plate to retain the fragments in line. It should have been noticed before operation that if the knee joint had been normal the man should have an apparent genu recurvatum instead of the leg being in a straight line, and measures should have been taken to regain the normal range of movement.

A simple device seen for aiding a patient with foot drop in walking was the insertion of a leather strap in the edge of the sole of the boot at the toe; the strap comes up over the toe, and, if fitted with eyelets, can be laced up the instep, along with the ordinary boot-lacing, or else may be strapped round the ankle.

2. THE MASSAGE DEPARTMENT.

This is under the care of Dr. Mennell, of St. Thomas's Hospital, who is a great exponent of the teachings and principles of the Lucas Championniere school. He

has a staff of some twenty-five masseuses, who are kept busy most of the day, although he himself only attends for half a day. He makes it a rule to see each patient and note the progress each week, and, considering the average daily attendance is 300, he has a busy time. The department is very well fitted with all sorts of gymnastic apparatus, the most noticeable and generally useful of which are twelve Sargent combination machines with adjustable pulleys and rowing attachments; a hydraulic rowing machine, stationary bicycles, wrist rolls, etc., etc. Great use is made of electrically-driven vibratory massage machines, and there are several ingenious devices for encouraging and strengthening hand and finger movements.

Dr. Mennell points out in connection with the latter that as a rule, the surgeon pays too much attention to restoring flexion and extension of the fingers, without realising that a good deal of the utility of the hand depends upon lateral mobility of all the joints and upon the movements in the metacarpus. He is a very ardent advocate for the proper use of massage in the early treatment of fracture, and, judged by the results seen, he has good reason for his belief.

3. THE ELECTRO-THERAPEUTIC DEPARTMENT.

This is under the very able direction of Captain Bristow, of St. Thomas's Hospital, who combines this work with his other duties as a member of the surgical staff. Dr. Grainger Stewart, Consulting Neurologist, being interested in the results of treatment in this department is often to be seen there, for the majority of the patients attending had sustained nerve lesions. There is a staff of some fifteen female assistants (masseuses), each one of whom, before being allowed to undertake treatments alone, was put through a three weeks' course of training in Captain Bristow's methods and ideas.

The constant current from the main is sent through a transformer and reduced before being used through a sliding rheostat with a lamp and milli-ampere meter in circuit. For treatment after nerve suture, a metronome interrupter is introduced into the circuit, and all muscle points below the level of the nerve injury are stimulated daily by this regularly broken cur-