

chronic vomiting," a fact I had recorded. It has afforded me much pleasure to find so many of the conclusions I had arrived at, borne out by such eminent practitioners, of whose views I was altogether ignorant at the time I wrote the foregoing paper.

Finally, I would urge the necessity of bearing in mind that cases of retroflexion are occasionally met with which seem to cause neither distress, nor even inconvenience, to the patient, and that such cases should not on any account be interfered with.

ART. IV.—*Modified Splint, for the Treatment of Fracture of Fibula, with Lateral Luxation.* By R. L. SWAN, F.R.C.S.I.; Resident Surgeon, Dr. Steevens' Hospital.

THERE is no assumption of originality in the construction of the splint, of which the accompanying woodcut is an illustration, for while it is often sufficiently easy to modify, or, perhaps, in minor details, to improve, to find what is new has become proverbially difficult. It is a modification of Dupuytren's splint, for the treatment of fracture of the fibula above the external malleolus, and consists of the following parts:—

A wooden splint, reaching from the inner side of the thigh to a few inches below the sole; a pad, fastened to a plate of metal, rendered more or less prominent by means of a screw, *c*; a chamois band, *d*, passing in the figure of 8 direction, round the instep, below the malleoli. This, attached by a hook to a strap, which, passing through a groove (of which there are three or four at the lower extremity of the splint, *b*), is fastened to a button at its external aspect.

Having had an opportunity of trying it many times in Dr. Steevens' Hospital, where fracture with lateral displacement existed, I am induced to claim for it the following advantages:—1st, facility of application; 2nd, neatness; and 3rd, superior ease to the patient.

The two first are, perhaps, not of much moment, though no surgeon will deny the comfort both to his patient and himself of easily adjustable apparatus. As regards neatness, the illustration is by no means unnatural. The third postulate is of superlative importance. In the ordinary splint—the instep covered with bandages, the foot in a fixed position, more or less inverted—no change

can be made without removing the entire appliance, a proceeding in itself painful and possibly injurious. In this modification the inversion of the foot can be increased by turning the screw, *c*, and thereby rendering the pad more prominent; and on the other hand, a few rotations in the opposite direction, by slightly diminishing the inversion, will afford an amount of relief scarcely credible from so slight an alteration.

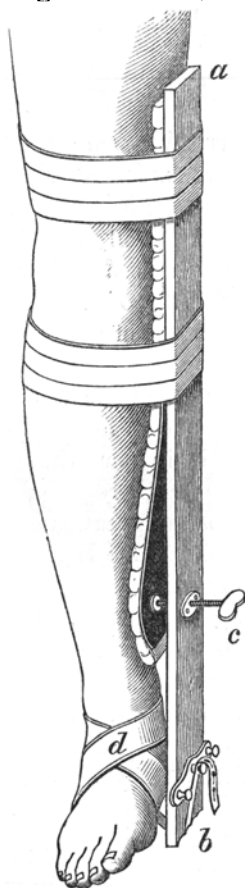
The exposed condition of the seat of injury not only imparts a sensation of coolness to the patient, but also allows of the application of lotions if considered necessary. The surgeon can also, without difficulty, judge of the exact reduction of the fracture. The following brief cases are selected from a number of others:—

J. P., aged twenty-six, a patient of Mr. Colles, was admitted into Dr. Steevens' Hospital, July 16th, 1868. Fracture of fibula existed two and a half inches above malleolus, with great lateral displacement. Dupuytren's splints applied in the ordinary manner.

17th.—Spent a restless night; complaining of pain and tension at the seat of injury. The splint was taken off, during which, though gently handled, he experienced fresh suffering. The modified splint applied with a cold lotion to the seat of fracture. No further change made till union had taken place. He left hospital entirely recovered in less than six weeks.

T. R., aged sixty, admitted August, 1868, with a fracture one inch and a half above malleolus, presenting its ordinary symptoms. Applied the modified splint. Left hospital in seven weeks.

M. K., aged forty-two, sent to hospital by Mr. Wilmot. Had received a fracture of fibula many weeks before, for which he had been treated by a bone-setter. Permanent eversion existed. While standing, he rested on the internal malleolus, which had a tendency to ulcerate. Applied the splint, placing the pad above



the inner malleolus. The patient being himself anxious for improvement, followed directions with such success that he is now able to rest the sole of the foot on the ground while walking, and with the assistance of a boot finds his condition much improved.

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ART. V.—*On the Antiseptic Treatment of Wounds.* By WILLIAM MACCORMAC, M.A., M.D.; Fellow of the Royal College of Surgeons in Ireland; Fellow of the Royal Medical and Chirurgical Society of London; Member of the Senate of the Queen's University in Ireland; Member of the Surgical Society of Ireland; Member of the Ulster Medical Society; and one of the Surgeons to the Belfast General Hospital.

MORE than one hundred years ago a learned Irish bishop proclaimed as panacea for all human ills a very simple remedy, tar-water; and it is somewhat curious that for one of the derivatives of coal tar there should be claimed; at the present time, virtues almost as great, and fortunately much more tangible, than those which Bishop Berkley urged on behalf of his favourite nostrum.

To Professor Lister, of Glasgow, we owe an innovation in surgical practice, which, were it only partially to accomplish all that it assumes to accomplish, would rank amongst the greatest surgical achievements of our day. The successful and rapid healing of wounds and, in addition, rendering them innocuous during the process of healing—robbing them, in fact, of the dangers which so frequently beset them—are the merits claimed by Mr. Lister for the antiseptic method. And no surgeon can exaggerate the importance of such pretensions if sustainable. The question, however, is as yet by no means finally settled; and it is in order that what little experience I have recently gained in the use of this method may be laid before the profession, that I have deemed it expedient to offer this contribution to the pages of the *Dublin Quarterly Journal*.

The nature of the subject, along with its great importance, demand the most careful and candid consideration. And I would here deprecate the attempts that have been made to deprive Professor Lister of the great merit of introducing this plan of treatment.

Carbolic acid has been in use for a considerable time, but not