

agreed percentage basis, and the public should be apprised of the fact. Third, the suggestion has been made recently in a lay magazine that the specialist and practitioner should present and collect their bills at the same time, each for his proper fee.

Dr. Rupert Blue

The appointment of Dr. Blue to the important post of Surgeon-General of the Public Health and Marine Hospital Service promises an energetic continuance of the wise plans and systematic organization inaugurated by his lamented predecessor, Dr. Wyman. He is a man in the prime of life, and equipped by wide experience to meet the difficulties and solve the problems that demand immediate attention. His promotion came to him while he was on duty at Honolulu. The Washington dispatch announcing his appointment says:

"He is remembered as the man who stopped the bubonic plague in San Francisco. He discovered the fact that rats and ground squirrels spread the disease, and originated a plan to exterminate these animals." Though the above claim is probably much broader than Dr. Blue himself would authorize, yet the fact remains that in San Francisco he demonstrated his ability to do good work on a large scale. The Journal wishes him success.

Open Treatment of Fractures

One of the most important of recent advances in surgical procedures is the open treatment of fractures of the shafts of the long bones.

As practiced in former years the replacement and retention of the fragments in a severe, comminuted fracture was surrounded with almost insurmountable difficulties. However educated might be the sense of touch and well trained the surgeon's vision, to treat such a case was to work in the dark, and the result was problematical.

The perfection of aseptic technique has removed the dread surgeons used to feel of transforming any fracture into a "compound" condition by exposing the bone to the air. Then the next rational step was to apply some form of sterilized retainer directly to the fragments, secure them with pins, screws or wire, close the wounds, give proper outside fixation and wait for nature's splints to render no longer necessary those fashioned by the hand of man. All the work is in sight, and when closed can always be inspected with the fluoroscope. Afterward came the disagreeable supposed necessity of removing the buried fixtures. But the tolerance of the tissues to foreign bodies which are smooth and have no rough or sharp places, has been found sufficient to allow apparently permanent retention of such plates and screws without objectionable results. Instances are reported of plates still *in situ* five years since their application. These are, of course, the successful cases. Not all are such. Sometimes continued suppuration compels their removal.

Dr. William Fuller, of Chicago, advocates the open treatment for practically every fracture that is difficult to reduce or to hold in position, "regardless of its location, type or kind." Certain essentials must not be overlooked. First, instruments and appliances especially constructed for the purpose are a *sine qua non*. The ordinary hospital apparatus will not answer. The fingers, gloved or ungloved, must be kept out of the wound, and the fragments handled with sterilized forceps. The Lambeth forceps as modified by Lentz is very useful for handling plates or bone. The plate must be clamped to its place while holes are being bored in the bone, a very little smaller than the screws, and the latter screwed home, cutting a thread for themselves.

After closing the wound it is recommended to fix the limb in a plaster of Paris casing, grasping the joints on either side of the fracture, and suspending the limb at considerable