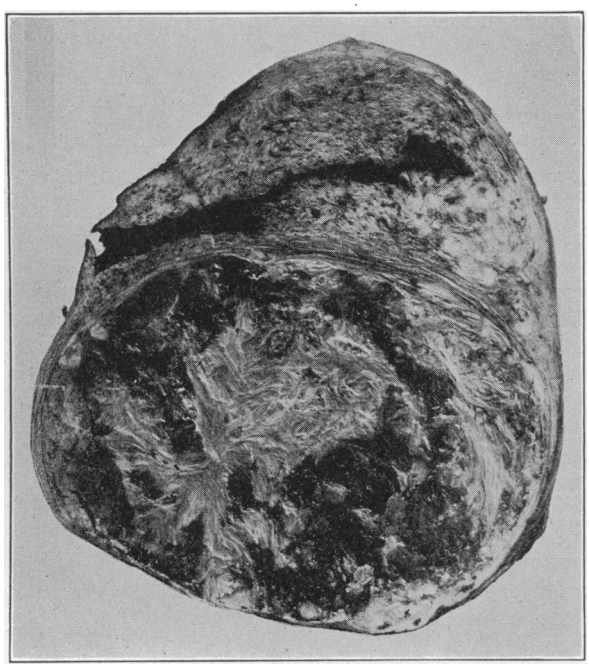

Post-partum uterus with Caesarean scar and large fibroid.

oval solid elastic well-described tumor measuring 12.5 x 18.5 cm. in diameters. It is intramural in position, as its outer surface is invested by a thin, compressed layer of uterine tissue, and the serosa and subserosa is distinctly recognizable external to it. The tumor is in the right uterine wall. The uterine cavity is 11 cm. in length. The left uterine wall is 7.5 cm. in thickness. Cut surface of tumor shows pearly white strands of tissue running and intertwining in all directions; in scattered or continuous areas a large amount of mucinous substance is found. The tumor cut with marked resistance. The smaller tumor shows a similar structure, except that it is subserous and contains no mucinous material, and is entirely independent of the larger one. Microscopical examination of frozen sections mounted in balsam shows: The general histological characteristics of a fibroid. Scattered through the tissue are seen groups of epithelial cells arranged in the form of glands. There is mucinous softening, and spaces varying in size are filled with the mucinous material (gelatinous after fixation). No mitotic figures have been seen. In small areas near surface, groups of round cells and leucocytes are seen. Tumors are well-defined and apparently benign. Diagnosis: Adenofibro-myoma (intramural). Small fibromyoms (subserous).

The interesting features of the case are the normal, full-term development of the fetus in a fibroid uterus: Patient ten years married without previous pregnancy; conception at the age of 42; excellent recovery of both mother and child, following Caesarean and hysterectomy; absence of hemorrhage during gestation; justification for hysterectomy at the age of 42; complete preponderance of fibroid over uterus.

TREATMENT OF FRACTURE OF THE NECK OF THE FEMUR

By ETHAN H. SMITH, M. D., *San Francisco*

I SHALL not go into any unnecessary description of the hip-joint, or the various methods of treating the above-mentioned fracture. One method alone will suffice for nearly all cases, if properly applied.

As soon as I mention the method, I can hear many of my confreres say, "That is old." The main features of the method are old. So is the discovery of the circulation of blood. So also is the sunshine old, but it is still good.

Weight and pulleys in the straight position, with sand bags of the proper dimensions, properly applied, give ideal results, which are unequaled or unexcelled by any other method.

This method can be applied by a doctor all alone, anywhere that he happens to come to a patient, if necessity compels. Of course, the ideal place is to have the patient in a modern hospital. I would not think of treating a patient elsewhere, unless positively obliged to do so by force of circumstances.

The bed should have some thin boards placed under the mattress and over the springs from the level of the patient's shoulder blades to the feet. These boards should not impinge on the side rails of the bed, and should cover the springs only. The boards off an orange-box would do admirably. An anesthetic is never necessary. This fracture can be properly reduced and dressed without any unreasonable pain to the patient. Anesthetics cause a large number of fatalities in elderly people. If there were no other reason to recommend this method above all others, the avoidance of an anesthetic is ample reason why it is better than any other method.

The lower extremity is put in a straight position. A good quality of real moleskin plaster must be used.

Use two thicknesses of plaster. Have the strips five to six inches wide at the top, tapering down to three inches at the foot. Notch the margins of the plaster so that it will fit without wrinkles over the thigh, knee, and leg. Bandage the foot *always*. Use flannelette bandages, two and one-half inches wide and six yards long. After applying the plaster, be sure that it projects below the foot fully five inches. Make two holes in each lower end of the plaster, into which button a spreader, forked at each end, so as to button into the plaster. Having the two prongs to button into the plaster prevents the plaster from wrinkling and making sores on the leg. To this attach a cord with from fifteen to eighteen pounds in the adult. Excessive weight will defeat the purpose for which it is applied, by causing muscular spasm, and affords great discomfort to the patient.

Next have the sand bags ready—one 5½ inches in diameter by 4 feet in length, and another 5½ inches by 3 feet in length. Two smaller sand bags, each 4 inches in diameter by 2 feet in length, and one small sand bag 5 inches wide, 3 inches thick, and 10 inches long. Have an assistant grasp the ankle and make traction while the surgeon places his hand behind the trochanter major. While the assistant gently rotates the foot and leg inward, the surgeon

lifts the trochanter forward, and places the smallest sand bag behind the trochanter.

This feature of the dressing is the new feature in comparison with the rest of the dressing. The lack of the sand bag behind the trochanter was the one weak spot in this dressing during all the years it was in use. About fifteen years ago I began using the small sand bag behind the trochanter. It gives ideal results. After placing the small sand bag behind the trochanter, the longest sand bag is placed beside the patient's hip from the waist down to below the foot. The next largest sand bag is placed on the inner side of the thigh and leg. (I omitted to mention that the thigh and the leg are laid on a pillow placed lengthwise from just above the heel to above the knee, so as to prevent pressure of the heel on the mattress. This pillow is brought up around the knee and leg, and the sand bag is placed outside of it. Then two small sand bags are placed one on either side of the knee, the middle of each sand bag being just about opposite the patella. The upper end of the large sand bag is fastened to the pelvis by means of a binder going around the patient's hips, and around the end of the sand bag. Pads are put in over the bony prominences wherever needed. Then the two large sand bags are tied by means of a strip of bandage around the upper third of the thigh, another strip just above the knee, a third just below the knee, and a fourth a few inches above the ankle.)

The patient's body can be raised and lowered without interfering a particle with the fracture. The patient can be placed in almost a half-sitting posture, thus giving relief to the pulmonary circulation. That is vastly more comfortable than any other dressing, fulfills every requirement, and is the safest dressing in use today.

Necessity for operation very rarely occurs in fracture of the neck of the femur.

Flood Building.

Significant Extracts From Letters

"We were looking forward to a new baby due to be born in February. My wife died last August. We are still receiving letters from two sources full of optimism and advice about baby clothes and other matters. What can I do to stop these grief-renewing epistles?"

"Dear Better Health Editor—What can a grief-stricken mother do to stop monthly letters of advice about what to do for my baby, originally expected this month, but which I lost two months ago?"

"Dear Better Health—I am expecting my baby in March. The lady specialist at the —— Health Center has been telling me what to do and what to eat. One day, not very long ago, I felt very badly and the health center was not open. I went to see Doctor ——, who told me my urine was very bad and my blood pressure 185. He said I needed better care than I had been having. Whom shall I believe?"

The Written Word Is the Doctor's Permanent Background—"Whatever work we may do, either clinical or investigative, it will do little general good and will lose much or almost all of its effect unless the noteworthy part of it is promptly and well reported in the medical press, which itself indeed cannot grow and prosper unless the profession gives it the material by which it can live and grow.—Charles L. Minor, M. D. (Southern Medical Journal).

EDITORIALS

LEGISLATION AND HEALTH

The California legislature now in session has before it some 2000 bills, of which more than 10 per cent are about health. Some of these laws are constructive, others are of indifferent value, and too many are destructive and some even vicious in their bearing upon health and welfare. The League for the Conservation of Public Health has examined these laws from the standpoint of their health value and has prepared a digest of some 100 of the more important of them.

This review is based upon the laws as first printed, bearing in mind that most of them will be more or less amended before they came to a vote. The review is published in full in the March issue (February 20) of BETTER HEALTH, and several of the more important laws are discussed editorially in the same issue. BETTER HEALTH of the April and May issues will continue the comment upon the doings of the legislature, and in the issues following the adjournment of the legislature will analyze the health laws that come out of the "hopper."

Readers of CALIFORNIA AND WESTERN MEDICINE who are interested in legislative matters are invited to send comments and suggestions to the League office. Copies of telegrams, letters, and personal advice given to members of the legislature will also be of assistance in legislative publicity.

OLD AGE AT ITS BEST

The widely known and much-beloved physician, Doctor W. W. Keen, passed his eighty-eighth milestone on January 19. "Young men shall dream dreams and old men shall see visions," says the Holy Word. Doctor Keen is not only seeing visions, but he is interpreting them in language that travels round the world. We catch a glimpse of a vision in his "The Ministry of the Biological Sciences" published recently, the opening and closing paragraphs of which read:

"The more the religious man, and especially the clergyman, knows of science, the broader becomes his vision. Through study of the heavens above by the telescope and the spectroscope; and of the earth beneath by geology, chemistry, physics, etc.; and of the inhabitants thereof by anthropology, archeology, biology and other sciences, the wider becomes his horizon. These sciences deal with the works of God and, rightly interpreted, they must agree with the message of God in the Bible (also rightly interpreted), for both have a common origin—Almighty God. Any clashing of these views must depend on partial knowledge, i. e., on our ignorance of much as yet undiscovered, either in the Bible or in Nature, or on a misinterpretation of either. That we have learned so much is a happy augury for future wider and profounder knowledge.

"Revealed religion links itself with biology, and proclaims the blissful certainty of the Immortal Life through the incarnation and the atoning death of our