In order to prepare a boot for the caliper splint, the layers of leather on the heel are removed down to the base layer, and a short piece of brass or iron tubing is then fixed to the heel base with a central fixation pin or nail.

The metal tube is placed across the heel in an oblique position, making an angle of fifteen degrees with the transverse line of the heel (vide lines C D and E F, fig. 5).

This obliquity of the tube turns the foot outwards fifteen degrees, the two feet in walking being naturally turned outwards to this extent on each side of a medial antero-posterior line.

THE PREPARATION OF A BOOT FOR A CALIPER SPLINT.

By Mr. C. Berridge, Master Shoemaker, Royal Victoria Hospital, Netley.

To prepare a boot for a caliper splint, proceed as follows:—

1. Remove the whole of the lifts of the heel down to the base of the heel.
2. Take a piece of metal tubing three-eighths of an inch internal bore and cut off with a file a length corresponding to the width of the heel at its base.
3. Drill a hole through the middle of this tube, to take a small holding screw.
4. Groove the seat of the heel to receive the metal tube. The tube to lie in the groove so that its outer end is three-quarters of an inch behind the outer corner of the heel, and the inner end one and a half inches behind the inner corner of the heel (see line E F, fig. 5).
5. Fix the tube in this position with a short screw in the hole drilled in the centre.
(6) Rebuild the heel in front and behind the tube up to the level of the caliper tube. After this use full-sized lifts till the heel is built up to the height required (see fig. 6).

![Fig. 6. - Position of the socket on the outer side of the heel \(\frac{1}{2}\) in. behind the outer corner.](image)

**THE TAIL-LESS TROOPER.**

*By Major C. S. P. Hamilton, D.S.O.*

*Royal Army Medical Corps.*

It is refreshing to find still one or two practical minded, common-sense doctors in our midst. We are all so scientific that ordinary horse sense seems fading into mere oblivion. Here is a practical tip given to me by an experienced Colonel in the I.M.S., himself both an expert surgeon and horseman. I asked him how to cure saddle sores, impetigo of buttocks, and buttock boils amongst mounted units. His answer was not autogenous vaccines, eusol, hydrarg. perchlor., spirit, ointments, violet rays or flavine, not even scraping or free incisions. He merely said "My boy, cut off the tail of your shirt." This was tried, and after three years' experience I have never found it to fail. In hot climates the shirt is a constant source of irritation to those who have to be in the saddle for many hours; those who don't believe should try it. Yet another grave army disability is overcome. I don't know what the Ordnance will think about it.

**AS OTHERS SEE US.**

*By I. M. S.*

Confidential reports are one of the trials of the Service. They try those that give and those that receive, but there is a humorous side even to this exacting duty. The writer's own case may serve as a text on which to hang a short sermon to his brother officers, especially the juniors, on the subject of *Æquanimitas*, or the sense of proportion in relation to their own merits.

After seven years' exemplary service he slipped up in one and the same