

necessary to remove a portion of the shaft of a long bone, provided the periosteum is intact, it is frequently not even necessary to shorten the limb, but fill the interstice from which the fragment has been removed with declassified bone-chips or some other aseptically prepared porous substance, and the periosteum will fill the gap with new bone. In fact, nature will do almost anything we ask of her in bone repair if we only treat her fairly.

As to the osteoplastic operations referred to by Dr. Manley, for the relief of the various bone deformities, they are correct, and embrace many of the interesting and valuable operations in surgery, and as the relief from an unsightly deformity is always appreciated by the sufferer, it is no detriment to the surgeon to be able to perform those (the most of which are not very difficult) operations in surgery. Nothing is more unsightly to the eye of a surgeon than a crooked and deformed human being, and it is for the relief of this class of suffering humanity that Dr. Manley's paper has been treating.

Dr. A. I. Bouffleur: In listening to this paper, I have felt that we have had the subject pretty well presented, but there seems to be something of a tendency to magnify the difficulties in regard to treating fractures. My purpose in rising is simply to emphasize what I believe to be the important feature in the treatment of fractures, and that is, above all things, that we should apply that element which is not always present, namely, common-sense. We hear of cases of one sort and cases of another innumerable, and while it is true that upon different cases depends our practice, yet while cases differ in their details, the results will be practically the same if the principles underlying all cases of fracture are carried out. Fracture should be treated on principles and not on notions—principles as to position, principles as to preservation and protection of injured tissue, and not after the notion of some individual operator. For instance, the rule which Dr. Jay has mentioned in regard to never moving the limb till you see what nature is going to do, is all right as a principle, but, like all rules, it has a number of exceptions. It is my own habit not to perform primary operations, yet at the same time one of the conclusions which I presented to this society a few years ago was that we should attempt to preserve injured limbs, provided we could keep them aseptic. There are a number of doctors present who have attempted to save limbs, and there have been funerals in that vicinity. I, too, have had that experience, in which attempts have been made to save limbs until the line of demarcation has been formed, and that has been formed when it was too late to save the patient. Save limbs if we can, but do not save them too late. Dr. Jay said something about amputation just in time; that is a dangerous proposition, as we are not all able to know just when