

use of cold compresses or ice bag. Here the surgeon needs the most careful judgment so as not to devitalize the parts. When there is much contusion, and the circulation poor, moist heat is the best treatment. Support of the most gentle kind is all that is required in this case. Slight motion of the fractured parts does not prevent union. The bowels should move once in twenty-four hours. Tonics should be given the patient, and the heart and lungs should be examined, and treated when required. The skin should receive attention, and where pressure exists care to prevent bedsores should be taken. The urine should always be examined, and the kidneys put in the best possible condition. In all compound and in severe fractures, I examine the urine, especially if the patient is past middle age or gives a history of any former trouble, or if his mode of life shows any disposition to kidney changes. In simple fractures, prolonged manipulation is uncalled for, the diagnosis can often be made without touching the parts. The main principle upon which I treat fractures is to place the entire limb at rest. If the fracture is in the leg I splint and bandage foot, leg and thigh; if in forearm, I do the same with forearm, arm and hand; if the foot is the seat of fracture, the foot and leg are to be put at rest, and if the hand, hand and forearm.

Fracture of the nasal bones can be made out by the contour, mobility, crepitus and the history. It is not a dangerous condition unless complicated by fracture of the cribriform plates of the ethmoid bone; then shock will be most pronounced and cerebral complications will be manifest. In the treatment of this fracture a miniature roller of gauze is placed in position on a glass rod, adjusted within the nose, and the rod withdrawn. Fractures of the superior maxillary bone repair quickly and firmly on account of the liberal blood supply. This is the reason that the parts should be kept in apposition and that all fragments should be left in place if possible. On account of the liberal supply of blood to this bone we may have different forms of inflammation, which may extend to the antrum. This is a severe complication. Fractures of the alveolar process can best and most easily be kept in place by wiring the teeth, taking the precaution to skip the tooth next to the line of fracture. When wire is not handy, waxed linen thread does very nicely. If the wire does not accomplish the purpose the inter-dental splint of wire must be used. I have not yet found it necessary to resort to ivory pegs in the fractures of either of the maxillary bones. Where the alveolar process of the upper or lower maxillary bone shows a comminuted fracture, it is good practice to wire the teeth of both bones together and keep them so for at least eight or ten days. Fractures of the malar bone can usually be reduced by manipulation. When the body or ramus of inferior maxillary is fractured, a four-tailed bandage, with or with-