

this placed in a lathe, it can, as suggested by Martin, of Boston, be cut in a few moments into bandages of any desired width. The cutting is done by holding one corner of a broad chisel against the cylinder while it is in rapid motion. I have brought a roll so divided with me to show you; each section is fifty yards long by three inches wide. Cheese-cloth will not tear like thicker cotton, and life is too short to waste in cutting bandage material by hand. For crinoline, the bookbinder's knife has been suggested, and this machine will smoothly and rapidly divide the cloth into strips.

The earlier a plaster bandage is used the thicker should be, in my opinion, the layer of cotton under it. Batting makes the best padding while swelling exists and the patient is kept in bed. After all swelling has subsided and the patient is allowed to go around on crutches, padding by a single layer of old shrunk blanket has some advantages over that by batting or wadding. Abundant cotton padding allows the leg to telescope down into its case, while blanket padding will make the support more perfectly crustacean in type, and will correspondingly relieve the injured part of the skeleton from pressure when the patient is allowed to be up and about. Over the padding I always apply a firm dry flannel or cotton roller. It distributes the pressure evenly and lessens the risk of undue constriction.

There is no analogy between a bandage so used and a "primary roller," that is, one used under splints, applied to a part only of the circumference of a limb. While so good a surgery as that by Agnew advises the primary roller, and we continue to meet with physicians who employ it, I feel justified in asking for an expression of opinion from those present regarding this dangerous relic of the dark ages. In applying the plaster bandage so as to cover in the heel, if each turn be carried over the instep, there will be such a thickening at this part that slight pressure from the hands of the assistant making extension, or a slight change in the angle at which the foot and leg are being held, will lead to the formation of a ridge on the inner surface to groove the tissue on which it presses. To avoid this it is better to go back and forth over the heel from one malleolus to the other, binding all down smoothly by two or three final turns carried over the instep. The more

figures-of-eight we can put into a dressing of this kind the better will it be, and the more it is felted together and the air expelled from between its layers by rubbing with the hand the longer will it last. To strengthen it without increasing its bulk, the plan of interweaving two or more of the tin strips first advised by Dr. Fluhrer, is a good one. They should be cut from heavy tin plate, since common tin bends so easily as to be almost worthless. A single long strip crossing the sole and passing up to the knee on each side, gives the best support when the fracture is in the lower fourth of the limb. The strips should be perforated from each side and fixed to the limb by passing the bandage alternately over and under them.

Returning now to the treatment of the earlier stages of simple fracture of the leg, we find scope for endless differences of opinion and practice. What should the ideal dressing for a broken leg be and do? In answer to this question, permit me to quote from an address delivered by Dr. Gay, before the Massachusetts Medical Society: "It must be simple, comfortable, cheap, readily obtained, easily applied and removed, and must allow a frequent inspection of the limb without disturbing the patient. It must be applicable to all cases, capable of correcting any and all deformities and of retaining the fragments in their desired position for an indefinite length of time; not liable to produce abrasions or other mischief, and once properly adjusted it should require little attention during the progress of the case." Let us try by this standard some of the dressings in use here and elsewhere and note how far they fall short of our ideal appliance.

The support given may be by splints which are rigid or plastic, single or multiple. They may be applied to one or to more than one aspect of the limb, or the encasement may be complete.

*A Rigid Single Splint.*—The form known as Dupuytren's is capable of meeting the indications in a small proportion of cases of Potts' fracture. I should limit its employment to those instances in which we have to deal with marked and persistent outward displacement of the foot and but little backward displacement. A chief object of its use being to draw outward the upper end of the lower fragment of the fibula, it passes my comprehension why Erichsen and Stephen Smith should