fice more or less in the way of extension, as the latter cannot be carried out so well when the limb is laid on this splint.

Up to a few years ago, Liston's or Desault's splint was in pretty general use in Great Britain for fractures of the shaft and neck of the femur; but of late we think it has been, to a large extent, superseded by Buck's method. A piece of gutta percha moulded to the groin and afterwards padded with lint, may obviate to a considerable extent the irritation usually set up by Liston's perineal band, which is one of the drawbacks to his method.

Some years ago, Nathan Smith, of Baltimore, invented an anterior splint, consisting of two parallel wire bars running the whole length of the limb, and bent somewhat in the middle and at both ends in order to conform to the shape of the parts. This, after being secured to the front of the limb by bandaging, was slung by two hooks—one above and the other below the knee—to a pulley above the bed. From what little experience I have had with this apparatus, I have not formed a very favorable opinion of it, and would not employ it again.

In some rare instances of fracture in the upper third of the thigh, where the short upper fragment tends, in spite of the ordinary coaptation splints, to project much anteriorly, the double inclined plane may be tried. By so doing, however, much extension cannot be got by the use of strips of adhesive plaster, as they can only be applied to the sides of the *thigh* below the seat of fracture.

In the case of young children, where the bandages, etc., are apt to become wet and soiled by the excretions, Bryant recommends vertical extension by attaching the foot and leg to a bar or hook above the bed, the weight of the body acting as the counter-extension. We think, however, that the use of a starch or plaster-of-Paris bandage, protected by a piece of rubber cloth or some kind of varnish, will answer sufficiently well in such cases.

In conclusion, let me emphasize the importance of the following practical points in the treatment by Buck's method:—

1. Always insist upon having a good, firm, even mattress under the patient, so as to prevent sagging of the hips or other parts of the body.

2. Remove the foot-board from the bedstead, so as to have no obstruction in the way of the downward movement of the body, which is apt to take place more or less on account of the constant traction of the weight. For the same reason, the pulley should be placed at some little distance from the foot. These precautions are not so requisite, perhaps, in hospital or city practice; but they will be worthy of attention in the country, where the surgeon is often not able to visit the patient more frequently than once in a week or ten days.

3. The strips of plaster should be applied exactly along the central part of each side of the limb, their upper ends reaching up as far as the fracture, so as to relieve the strain upon the ligaments of the knee-joint.

4. Bandage the limb from the toes up.

5. Place a cushion of folded blanket, or other suitable material, between the heel and calf of leg, so as to avoid ulceration of the former part from pressure on the bed.

6. See that the position of the pulley be such as to ensure traction in the line of the limb or in a direction a little above that line, otherwise the friction of the member against the mattress will more or less counteract the weight extension.

7. When the long outside splint is used, be careful to pad well the part above the malleolus, so as to protect the latter from pressure.

8. Steady traction is to be maintained by the assistant, until everything is in readiness for the attachment of the weight extension.

OVARIAN-UTERINE OPERATIONS.*

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In this brief paper it is my desire to refer to some of the details connected with operations for the removal of the uterus, or its appendages. It is not my intention to refer to the diagnosis of uterine ovarian disease, nor deal with the after-treatment, to any great extent.

With regard to the preparing of the patient for the operation, I would advise you not to resort to purgatives, especially avoid aloes and castor oil, both of which favor congestion of the hemorrhoidal vessels, and consequently renders the patient more liable to inflammatory action. The bowels should

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