we not do more to assist our strongest ally by at least asking her to help in the repair of her most admirable production? Any butcher can hew away a mutilated limb, but only the patient student and lover of nature can and will use his best endeavors to carry out her plainly expressed wishes of repair.

COMPOUND FRACTURES OF THE LEG—WITH A CASE.

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These are injuries upon which much has been written. They have commanded the attention of eminent surgeons of all countries and have taxed the skill and ingenuity of many acute observers to institute a plan of treatment which would give the surgeon satisfaction, and his patient the best possible result. When we consider the dangers, more or less serious, with which these fractures are fraught and the responsibility which the practitioner incurs in assuming the charge of such cases, he knowing the difficulties with which he has to contend to insure the happiest issue, it is not surprising that so much work has been done in this sphere of surgery. A number of cases of this class, one of which I will detail later on, have come under my observation in the last few years; and the plan of treatment pursued having been attended with uniformly good results, may not be uninteresting to many of your readers, especially those in country practice. There is no *one* line of treating these injuries which can be rigidly adhered to, but in the main it can be, making modifications where judgment would suggest a variation to suit the particular case. There is not the least doubt that many legs, which formerly would have been amputated, in the light of modern conservatism, and its hand-maid "antisepsis," can be, and are saved. In these, as in other breaks, proper coaptation of the bones should be obtained. All foreign bodies should be removed. If a nerve has insinuated itself between the ends of the bone, remove it. If an artery of importance has been wounded, secure it with a ligature, then cleanse the wound thoroughly with some antiseptic solution, as bichloride of mercury (1 in 2000). Now the bones can be nicely placed in position by extension and counter-extension. This being done it should be put in a fracture box, previously arranged, filled with bran, so packed as to insure the desired pressure on the different portions of the limb. The foot is then bandaged snugly to the foot-pieces and a roller applied just below the knee and about the box to insure perfect quiet. The wounds, if extensive, should be drained and under any circumstances receive vigorous antisepsis, there always being danger of death from septicæmia in these injuries. A good dressing is to dust the wound with iodoform and cover with bichloride of mercury gauze. Pressure on the heel is oftentimes a very troublesome and painful complication; Prof. Williston Wright, of New York (University Medical College), advocates a very simple and efficient means for its relief as follows: "A piece of adhesive plaster, say 18 inches long by 2 inches wide, is cut in half and stuck together in such a manner that the sticky surfaces oppose each other. Then cut an ellipse, sufficiently large to admit of the heel, out of the portion you wish to apply to the leg. Now fit the heel to the slit, stick the plaster to the leg and the remaining portion can be brought up over the foot-piece and pressure controlled at will." The fracture box, it seems to me, has two chief advantages in the first stages, viz.: (i) One is enabled to examine the wound each day and cleanse it if necessary. (ii) If there be any displacement it is readily discovered and is easily remedied by making appropriate pressure with the bran (a clean linen towel should in every instance be placed between the bran and leg). Tight bandaging is mentioned only to be condemned. The leg may remain in this dressing until union is firm and the wounds are healed. Many surgeons, however, after all swelling is gone and union has nicely commenced, prefer the use of an immovable dressing. I have tried that plan with good results. It will always be found prudent to leave apertures in the bandage corresponding to the wounds in the limb, for the escape of discharges and the cleansing of the parts, thus lessening chances of sepsis. The bandage should be kept on four or five weeks and if union is not satisfactory should be readjusted. Plaster of Paris when properly applied makes a neat and admirable dressing. Pasteboard is convenient and serves a good purpose in many instances. Starch is highly lauded by some, but I must confess my experience with it has not been such as to warrant its con-