Second Step (Fig. 2).—The measures of the second step are quite as strongly expressed by the illustration depicting it as words can define them. It consists in the application to the thigh of an adhesive plaster extension fashioned after the manner of the well-known Buck's extension, which in this instance reaches from the perineum to the upper border of the upper fragment (Fig. 2, 1, 1). The adhesive-plaster element of the Buck's extension is at that time held in place by the application of an ordinary roller, as usual. The plaster terminates in the form of loops at either side of the limb a little below the knee. The rubber extending-cords are passed through the loops (Fig. 2, 4, 4) or attached to hooks connected with them (Fig. 3, 4, 4). Moderate extension is then made on the loops by the elastic cords, to draw downward as far as proper the superficial soft parts of the thigh and the upper fragment of the patella. While extension is thus being made, the thigh is encased in a plaster-of-Paris splint reaching from the upper limit of the adhesive plaster down to the upper fragment (Fig. 3, 1, 1), where it is so fashioned and padded as to hold this fragment as nearly in contact with its fellow as possible.

The objects of this plaster-of-Paris addendum are: First, to aid in holding the adhesive dressing of the thigh in as firm position as necessary; second, to afford a support for the upper end of the posterior extending-brace already mentioned; third, to coaptate the tissues of the thigh, thereby exercising a controlling influence over muscular contraction; fourth, the making of direct extension on the quadriceps extensor, by reason of the close application of the splint to the upper fragment of the fracture and the tissues contiguous to it.

Third Step.—This step consists in placing the posterior support or brace in proper position and fixing it there by means of plaster-of-Paris rollers carried around it and around the upper and lower segments of the splint where they lie in contact with each other (Fig. 4). These bandages should hard quickly, and thus incorporate the posterior support at the upper and lower ends firmly with the plaster-of-Paris structure at these situations (Fig. 4, 2, 2). A strip of wood about two inches in width, an inch and a half in thickness, and of sufficient length, placed parallel with and close to each other, will meet the demands of a support.

Fourth Step.—This step consists in drawing together the fragments of the patella as firmly as possible, either with adhesive strips obliquely applied, as is commonly done for this purpose, or the attainment of the object by means of a knee cap suitably constructed and applied to meet the same ends. If strips of adhesive plaster be employed, they are fastened in place by attaching them to the uncovered parts of the posterior support (Fig. 4, 4,). If the knee cap be used instead, it is applied without reference to this support. In applying the plaster strips at the line of junction of the fragments, care should be taken or the strips will be drawn between the fragments and thus interpose an obvious obstacle to proper repair. The hamstring tendons should be properly padded, so that neither the adhesive strips, the knee cap, nor the leather collars of the text-books can cause pressure or chafing of them. And, too, either of the above agents can be more readily and serviceably applied if the extending force be drawn aside to permit of greater room and more careful application. After the apparatus is comfortably in position, the patient is permitted to walk about with the aid of crutches, the limb meanwhile being supported in an advanced position by the agency of a sling carried beneath the sole of the foot and around the neck of the patient.

The apparatus should be made as light as is consistent with proper strength and service. In fact, it is not always necessary to embed the posterior support in the plaster-of-Paris by the addition of more of this material; but, instead, the posterior support may be bound in position by a firm roller bandage applied at either extremity of that structure. The adhesive plaster strips aid also in holding the posterior support in position.

I will not detain you by narrating the various changes that can be made in the utilization of individual elements of the apparatus, as these will be apparent as the circumstances suggesting them shall appear. Thus far thirteen cases of fracture of the patella have been treated under my observation by this method. The results from the treatment are equal in all respects to those obtained by other mechanical non-operative measures. The plan is presented not as a substitute for operative measures, but as an adjunct to them, as the patient can, with this appliance, be about without special danger or discomfort after wiring, etc., and closure of the wounds of the soft parts. The idea is to accomplish, without long confinement in bed, a cure that is equal to one ordinarily attained only by the sacrifices incident to such a confinement.—*Med. Rec.*

Never operate for chronic tumor without having tried anti-syphilitic remedies for at least a week. Many growths supposed to be beyond surgical skill, fairly melt away under the benign influence of mercurial ointment or iodide of potassium. This clinical test is far surer than the microscope.