humerus, upper part of the femur, both bones of the forearm and in spiral and oblique fractures of the tibia. My experience has been that the open method is a most satisfactory proceeding, and each operation becomes simpler to perform than the last. No one should operate without having a full supply of the heavy holding forceps, originally suggested by Lane and of which there are now a number of different types. The practice of Mr. Jones should also be kept in mind, that of keeping up extension by pulleys during the operation. A combination of these two measures makes the operation much easier.

The length of time for repair is undoubtedly longer, and each patient should be especially warned that the early mobility of the limb is due to the introduction of plates and not to bony union, so that such cases should be kept under observation for a longer period and external supporting apparatus should constantly be used. One case recently under my care has been very instructive, although the point is not new, having been referred to a number of times by others. A plate was applied to a fracture in the lower third of the tibia, and the patient discharged in a long plaster case. He returned once a month, the cast was removed and at first there was no movement; later, there was a little definite movement. An X-ray showed a rarification of the bone in the neighborhood of the top screw. I cut down and found the plate was almost embedded in new bone; the top screw was loose. I removed the plate and screws and put the patient in a new plaster cast; he returned in a month and had good firm union. This was a case where apparently the mobility, as suggested by Lucas Championnière, had finally resulted in union.

In the treatment of compound fractures I have found that the use of a plate or wrapping the bone in wires is of great value, but when such a proceeding is carried out the plate is only put in for the first few weeks to control the parts and must invariably be removed before the wound will, or is allowed to close. I have made it a practice in all cases of carrying out Lane's suggestion of covering the plate with muscle, fascia, or fat, and in one or two cases where this was not completely done, or where the parts tore away later, I found that I was obliged to remove the plate; in short the plate should never be allowed to lie exposed immediately below the subcutaneous tissue.

The Committee of the American Surgical Association, in considering the British report, points out that all methods of non-operative treatment have been grouped together in a comparison, and considers that a true estimate of the value of the non-operative