femur than any other fracture. In the aged the prognosis should be guarded, not only as to the usefulness of the limb, but also to the danger of life. In fractures of the middle and upper part of the shaft, the surgical neck, intracapsular and extracapsular fracture of the femur, the plaster-of-Paris, or long external splint may be used. These two and all other treatments hinge on extension with what other merit they may possess. For the aged, extension upon the leg with adhesive plaster, with weights attached by pulley, with splints around thigh and abdomen to the extent that the patient can bear. In the very old and weak patients I simply use sand bags, having several, so that cleanliness can be maintained by frequent changing. On strong and younger patients we can use plaster-of-Paris bandages, well applied, under anesthesia, to the leg, thigh and abdomen, while strong extension is being made. The Hodgen splint is the most perfect splint that I know of when applied with care and skill and can be used in any fracture of the femur from the intracapsular to the condyles inclusive. Sometimes a lateral splint, reaching well up to the axilla, is required to prevent inversion. Fracture of the lower extremity of femur may be complicated with injury to the blood vessels on account of the connection of the hamstring muscles acting on the lower fragments or pulling the lower fragments upward. Intercondyloid fracture is serious on account of joint involvement, and the epipyseal separation may require an amputation. Fractures of the patella are easily made out excepting when there is extensive effusion of serum and blood. In compound fractures the greatest of care must be given to the parts at seat of fracture. The fragments may be sutured and wired together and the joint protected in the best way possible. It may then be treated the same as simple and comminuted fractures; that is, a posterior splint extending from buttocks to foot. The anterior splint may be applied one upon leg and the other upon thigh, or, what is better, a plaster-of-Paris splint covering the same area. A fenestrum in either case can be made over the patella, and an adhesive strap applied to patella and pulled down the same as that recommended in fractures of olecranon. Where there is separation of even an inch we may get good union, and I hardly think it advisable to attempt to wire or in any way suture the fragments. A fracture of this bone requires that the patient should lie in bed for at least five weeks. He should walk with the aid of crutches about the same length of time, after which you may begin your massage. This, you see, carries your patient along four or five months. Fractures of the shaft of tibia and fibula can be treated with the fracture box—a posterior splint and two lateral splints. These should extend a few inches above the knee. This can be left on a week before the plaster-of-Paris is applied. The first few days I bandage, and