

This secures protection to the joint, maintains the limb in good position, and approximates, as nearly as we can approximate, that great desideratum—absolute and unqualified rest to the joint. The old opinion prevails, I find, throughout the country, that immobilization produces ankylosis. This is a fallacy. Ankylosis is produced not by immobilization, but by imperfect immobilization. The slight amount of motion that is allowed in all splints is just enough to induce adhesions about a joint, and these adhesions are what produce the ankylosis. I have long since demonstrated that the best protection against ankylosis is immobilization while the disease is present. If the case be taken early, before deformity has arisen, there is no occasion for any deformity occurring. Plaster and felt, or anything that maintains the limb in a normal position and maintains it for a long time, will be a powerful factor in resolution. If deformity is present, then secure the limb in the plaster at the angle found. After a week or two the plaster can be removed, and the deformity, with a little manual force and without pain, be reduced to a certain extent. Secure this by plaster, and later on gain more motion and a better position. I am aware that there are plaster bandages, and plaster bandages. I am aware that very few men know how to put on a plaster-of-Paris bandage, but still this does not prevent me from urging them to learn how to apply a bandage. A skin-fitting bandage can be applied just as well as one with a lot of cotton intervening. The main thing is to have good plaster, that sets well, and is fine in quality. The best plaster is known as the dental plaster. The Dental Manufacturing Company supplies this in six or twelve quart cans, hermetically sealed. It needs to be kept dry, and then salt and alum are unnecessary. Next in importance is a good crinoline bandage. The salient points may be protected by cotton batting, but this should not be thick. The bandage should be rubbed plentifully and be rubbed glossy, and then all inequalities will have been rubbed out. I have treated a number of cases of double hip disease by this method, and the results have been gratifying in the extreme. Time and again I have reduced a deformity by immobilizing the joint in plaster for a