

with extension made and the foot properly held, the strips are to be saturated with a cream made by sifting—not stirring—plaster into warm water,

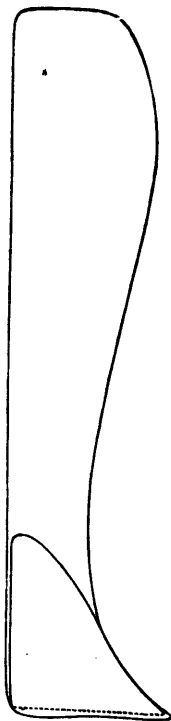


FIG. 2.

smoothed one upon another, applied to the posterior aspect of the limb, interleaved by the slashes at the ankle so as to hold the foot at right-angles with the leg, moulded to the part and then firmly bandaged to it with a cotton roller. He who is to be responsible for the result had better, as soon as this bandage is on, hold the limb in proper position till the plaster sets. To resign the duty into unskilled hands may mean either a deformity or the necessity for a new splint.

No more skill and no better judgment is called for in the use of this method than is needed for successful treatment by any other. A little practice will make almost anyone familiar with its essential details, and the result of its use may often become, as I can testify, a subject for the mutual gratulation of surgeon and patient.

This then is the dressing which I present to your notice as being more nearly the ideal one than any other yet proposed. Permit me to quote again from Dr. Gay: "Properly applied, it is comfortable and efficient, it is self-retaining, it

holds the fragments firmly in position, it allows the patient to be moved or to move himself without danger of disturbing the fracture, it permits the parts to be readily examined. Being opened throughout its entire length the bandage accommodates itself to the swelling of the limb without danger of strangulation, it can be applied immediately after the accident, there being no necessity for waiting until the inflammatory stage has subsided. It can be removed and re-adjusted with ease and can be worn indefinitely."

Any and every means by which displacement of the fragments is likely to be prevented, may properly be considered in discussing fixation. Position, suspension, extension and tenotomy become in this way possible factors in fixation. My own experience has been limited to the treatment of cases with the leg in the straight position, or at an angle of not more than  $160^\circ$  with the thigh. Reasoning from the ease with which reduction can at times be effected when the leg is flexed to a right-angle with the thigh, as well as from the comfort given the patient before his fracture is set, by flexing the



FIG. 3.

injured limb to relax the calf muscles and allowing it to rest upon its outer side, I am disposed to think