

preventing abduction beyond 45° , and at night a mattress so constructed and worn between the legs as to hold the limb in the primary position while sleeping; commencing your after-treatment at once, seeing the child every day for two to six weeks and giving her active and passive motion and massage.

If not so stable, or the patient cannot be under daily supervision for the first six weeks, it is better to apply a second cast, in the secondary position, to remain for three to four months. Should the capsule be found loose, the knee contracted by neglect of treatment, the head prominent with a tendency to anterior dislocation or in suprapubic luxation, then she should be again placed in approximately the primary position, with such modifications as will correct the dislocating tendency, there to remain for three to six months longer, after which it is probable that the secondary position could be maintained, followed by the after-treatment, as indicated in the first case.

This important after-treatment I hope to fully describe at some future time.—*N. Y. Medical Journal.*

