

found the plaster alone answer sufficiently well. Let us suppose that we are going to put up a fractured thigh. The patient is placed upon a table, and the thigh is reduced and kept in place by an assistant, who holds the heel in the palm of one hand while the other has a light but firm hold of the instep and makes the required amount of extension. The patient is suspended by the loins so as not to touch the table. In country practice, the rings and hooks in the ceilings, found in the kitchen of most farm houses will be very serviceable, the table being brought beneath the one selected (which it should be seen is connected with the beam) and a long strip of cotton or something similar used for suspending the body, which should be far enough above the table to allow of the passage between them of the hand with a roller. Counter-extension is kept up by a strip of cotton passed round the groin of the sound side. It can be easily removed after the dressings have all been applied. Then the limb is enveloped in flannel from the toes upwards. It should fit closely like the leg of a pair of drawers and the edges be brought together by the ordinary glover's stitch. The flannel should be old—a piece of old blanket answers best—as new cloth stretches after a time and works itself into folds and creases beneath the plaster.

The perinæum is covered only for a part of its extent. Then another piece about six inches or less in width is passed around the pelvis, its lower edge meeting the upper edge of the other and stitched to it. Then the limb is bandaged from the toes upwards by an ordinary roller without plaster. The roller is also passed around the part of the pelvis covered by the flannel. Next we put on the plastered bandages which are prepared by rubbing the fine powder into the interstices and rolling up carefully. The coarser the cotton used the better, as it holds more plaster. The bandage should also be narrow, say an inch and a half, so that it can be neatly applied, and care is to be taken that the plaster is not thrown in between the folds of the roller in lumps as it then goes on unevenly. It should be passed around the foot nearly to the toes, as it is from the malleoli that we get part of our extension. Lately, I have put the plastered bandage, except a few turns, around the foot after the rest of the dressing is completed. By this method, the hands of the assistant who is making extension are not disturbed until further extension in that way is unnecessary. The bandages are soaked in water, squeezed out, and applied in the usual way.