the other fellow's case; but we all have cases where there is not a perfect position, and that is particularly true of those in which the other part of the femur is involved. One of the earliest results in my treatment of fractures, which I thought were at all poor, was in the upper part of the femur. I failed to appreciate then, as well as I have since, the fact that you have little control of the upper third of the femur. Our rule should not be to pay attention to the upper part, but put the limb in a position which corresponds with the upper part. If you have a fracture in this case you will have to dress the other portion of the limb in a vertical position. If it is the upper third you will sometimes find a fragment projecting upward. I saw a case in which a doctor had treated the lower part of the limb perfectly, but it was off at an angle; the lower was perfectly straight, but there was recovery with an angular deformity. The doctor should have put the lower axis of the limb in the same direction as the upper one; you can do it in most cases of injury to the thigh. If you cannot bring the two together in the dressing you can in the position, and the long fragment should be put in line with the short one, and not *vice versa*. The older members will probably recall some of the older teachers of surgery advising the placing a pad on the upper fragment to keep it down in position.. There will be few cases of gangrene resulting from that.

The secondary osteoplastic operations are particularly interesting. I have my doubt about the general use of the term "osteoplastic operations," but its use for secondary procedure is generally recognized and there is no question at all but what we should utilize it much more frequently than is done at present. It is the field of surgery which all of us, as we practise aseptic surgery, should practise on orthopedics and in certain deformities. All of us should practise the art of correction of deformities, which can be done as well, I think, by the general surgeon as by the orthopedist.

Dr. Manley (closing the discussion): I realize that Dr. Jay is very well up in osteoplastic surgery. There is one thing in which he seems to have misunderstood me; that is, about the incision. The position I took was that the incision made merely for the purpose of diagnosis in fracture was not justified. The doctor's argument has not at all touched that position. The doctor has simply shown that where he believed there were blood-clots, to cut down and remove the blood-clots is a therapeutic necessity, which is entirely proper. Every time that we have doubts about the character of a fracture, an exploration of the part is desirable; but I doubt if it is justified on the grounds of diagnosis solely.

There is one thing that cannot be too clearly emphasized. I knew a physician some years ago who had his house staff make the