which the apposition is not satisfactory further procedures may be employed.

The best time for the application of the treatment is, of course, immediately after the injury, unless the bruising and laceration of the tissues are so great as to require local treatment preliminary to the application of a fixed dressing. In the latter case sandbags and traction might be employed until the swelling goes down. It is always better, however, to get the spica applied if possible before much swelling has taken place, as one may thus gain from ten days to two weeks in the length of time required for treatment. The danger of constriction is extremely small, owing to the even pressure exerted on the tissues from the toes to the mammary line and as a result the local effusion is rapidly diffused.

The after treatment is of considerable importance. If the long spica has been employed it may at the end of four or five weeks be shortened to allow free motion at the knee and at the end of eight weeks the whole spica may be removed. At this time if it is found that union is firm, massage and passive and voluntary motion may be employed. The limb should not be used to support weight for at least four months. The ideal treatment at this time is to provide a hip brace which will permit functional use and yet support a part or all of the body weight while the patient walks. Where this is not attainable the best routine plan is to use a light short plaster spica, holding the limb in moderate abduction. At first the patient uses crutches and then gradually resumes weight bearing.

The plan of treatment outlined is recommended for all fractures of the neck of the femur occurring in the young and in adults up to middle age. Beyond fifty-five years the plan is in many cases impracticable owing to the difficulty in making it tolerable to the old and to the frequent necessity of getting the patient up to prevent the onset of hypostatic pneumonia. Often, however, even the age of sixty-five is not too great to allow of the adoption of the abduction plan as is instanced by the success following its employment in several cases amongst the old, in which I have been personally interested.

Among those patients under middle life the method has proved most satisfactory. Whitman has published some ten cases in which the functional and anatomical cure as shown by the x-ray was nearly perfect. One case I reported at the Toronto Medical Society in February of this year. This patient walks without a limp, has a complete range of movement, and the x-ray shows practically a complete restoration of the contour of the joint.

The method is being taken up by various hospitals. All the cases at the Hospital for Ruptured and Crippled in New York are treated in this