

and rotates the limb slightly inward to overcome the posterior displacement due to gravity when the impaction is reduced and to correct the external rotation. The fragments are disturbed as little as possible, no attempt being made to elicit crepitus,—for example, in order that the good apposition provided by the impaction may be retained.

If the fracture be of the complete variety the third assistant first overcomes all shortening by strong traction, counter traction being provided by a towel passed through the perineum, and he then abducts the limb in the same way. The operator makes every effort to adjust the fragments by lifting forward the trochanters and by rotating the limb gently to make the rough surfaces fit together.

When the surgeon is satisfied with the result of the manipulations, the bony prominences are properly padded with silence cloth or flannelette bandages, and a plaster spica is applied extending from the toes to the mammary line. Care must be taken to mould the plaster well into the angle formed by the side of the pelvis and the abducted thigh in order that upward displacement may be rendered impossible. Provision is made against posterior displacement of the outer fragment by moulding well in behind the trochanter. The spica may be reinforced at the points of greatest strain by strips of steel or basswood incorporated in the plaster. When the plaster has set the edges are carefully cut and rounded off so as to allow free movement in the uninjured leg and to prevent excoriation from the rough margins. The shirting is then drawn over the edges of the plaster and a covering of the same material sewn over its outer surface. Thus a smooth, even surface is apposed to the body and pressure sores are altogether unlikely if the plaster has been carefully applied. An excellent plan for keeping the skin healthy is to thread the inside of the shirting with two rough cotton bandages, after the suggestion of Lorenz of Vienna. These bandages can be drawn over the skin daily in a see-saw fashion and the skin given the necessary stimulation to keep it in good condition.

The use of the plaster spica is imperative in carrying out this plan of treatment, inasmuch as it is the only method by which the necessary fixation can be provided. As a rule the plaster is comfortable if it is well applied. It permits the necessary movements of the patient and even transportation from one couch to another without fear of displacing the fragments. It is true that its proper application requires some care and skill, but not more than is demanded in any other surgical emergency.

After the elapse of several days, by which time the plaster is perfectly hard, it is an excellent precaution if the patient is in the hospital to have an x-ray photograph taken through the plaster. In this way the exact attitude of the fragments can be ascertained and in those cases in