

tion. In the majority of such cases it is unsafe to perform the ordinary classical operations.†

The saving of limbs in which there are compound fractures with coincident infections demands not only the employment of the most modern methods but the most careful immobilization by appliances of such character that it is possible not only to dress the wounds, but, if necessary, to syringe or irrigate the infected channels. For such, in many patients in my service, plaster of Paris has been used. This dressing, when properly applied, is most satisfactory, especially if it be fenestrated, for drainage, lavage and dressings. The windows for such purposes, cut in a plaster cast, are carefully swabbed with melted paraffin before each dressing. This is applied over absorbent cotton and it fills the interstices between the plaster and skin as well as between the layers of plaster. Of course, there are many objections to the use of plaster of Paris, especially near the front line. These have been epitomized by Major L. W. MacNutt, who was associated with me in army medical work in France.‡

Primary and Delayed Primary Suture.

Baer, the associate professor of clinical orthopaedic surgery of Johns Hopkins, Baltimore, has drawn our attention to the all-important subject of primary and delayed primary suture in the treatment of war fractures. (*American Journal of Orthopaedic Surgery*, August, 1918). He says.

"The treatment of fractures from battle casualties is for the most part the treatment of soft-part wounds, plus the added difficulties which the injuries to bony tissue involve.

"To understand, therefore, the treatment of frac-

†See Amputations and Amputation Stumps.

‡Objections to Plaster in Casualty Clearing Stations.

"(1) Rush during a 'stew.'

"(2) Necessity for rapid evacuation

"(3) Liability to gas infection, which makes many large fenestrations necessary.

"(4) Likelihood of surgeons at the base being unwilling to assume responsibility for prolonged stay, without seeing the condition of entire limb. Pressure points as well as infection."

"(5) Difficulty in careful observation of cases during transit from C. C. S. to Base."