

and tightly over all, bringing out well the anterior superior spines. Over this is applied the plaster-of-Paris.

Commence at the anterior superior spine of the sound side, cross the pelvis at a right angle, cover the opposite anterior spine and the inner and front part of the limb, thence cover the inner condyle, the flexed knee, the outer condyle, the outer surface of the limb, crossing the back of the pelvis, and up to the point of starting. Thus the entire first and part of the second bandage may be applied. Then, commencing at the knee, include these two splintlike portions by a circular application, and continue upon the pelvis by applying the regular figure of eight bandage, making the plaster about  $\frac{5}{8}$  to  $\frac{3}{4}$  of an inch thick over the symphysis pubis and about  $\frac{3}{8}$  of an inch thick over the thigh. This will require fifteen to twenty-five bandages, according to the size of the patient.

In applying plaster in the bilateral case, you proceed as in the unilateral. The first few bandages are applied from flexed knee to flexed knee, crossing the pelvis over the anterior superior spines, and returning over the posterior superior spines, this being secured, as in unilateral cases, by circular and figure of eight applications.

Having applied the plaster to the proper thickness, the edges are trimmed off as shown in the illustrations, leaving a bridge about two inches and a half wide over the symphysis pubis, cutting out well below to prevent soiling at stool, and removing all pressure from the bladder. On the sound side, the plaster is cut off below so that the limb may be flexed to a sitting position. Behind, cut out sufficiently to allow the patient to sit on the stool without soiling the dressing. At the knee, cut off the plaster at the lower end of the inner condyle, sloping backward, leaving the patella free and the outer condyle exposed, giving a free popliteal space. Now trim off your muslin bandage and sheet wadding all round flush with the plaster. Turn all sharp edges outward or cut them off. Turn the stockinet over the plaster of the limb and pelvis, approximating the edges, so that it covers the plaster neatly.

During the first three to five days after the operation, the child will be in considerable discomfort, depending upon the amount of trauma. The little patient should be put to bed, and the pelvis and knee elevated and so supported upon a pillow or cushion as to prevent pressure from the cast. Under the bridge, behind and in front, a large linen handkerchief should be thrust, and brought out above and