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Original Contributions.

ON THE ROLE OF PRIMARY AND SECONDARY OSTEO-
PLASTIC SURGERY IN THE TREATMENT OF
COMPLICATED OR COMPOUND FRACTURES OF THE EXTREMITIES.*

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(Continued.)

OSTEOPLASTY AND OSTEOCLASTY WITH ILLUSTRATIVE CASES.

CASE 1.—Primary osteoplasty. Regeneration of entire tibial shaft after compound comminuted fracture.

Early in May, 1888, a boy, aged 4, was brought into Ninety-ninth Street Hospital who had his right leg so badly mangled by a street car injury that preparations were immediately made for an amputation. All the soft parts on the anterior aspect of the leg, from below the knee-joint to the ankle, were torn widely open, and quite the entire diaphysis of the shaft was shelled out in broken fragments. (Fig. 1, diagrammatic.)

The fibula was fractured in three places, but was not exposed.

The limb was of an ashy pallor, cold and pulseless. The child had lost considerable blood, and was in moderate shock.

The mother of the child positively refused to permit an amputation.

Then the parts were thoroughly cleansed, all bleeding points secured, the shattered limb being placed in a comfortable position, well protected by antiseptic dressings and warmed by artificial

* Read at the Twelfth Annual Convention, I. A. R. S., Richmond, May, 1899.