

Let us now return to the 24th October—see and trace the condition of the right foot. As before stated, the left foot being the first to be passed over by the wheels, seems to have saved the right one to a small extent; for on the latter we found the great and second and third toes uninjured and under the control of the will, warm and possessing fair color and temperature, whilst the fourth and fifth were crushed and dead, the soft parts over the cuboid bruised, and a cut about one inch long existed in a line upwards from the head of the second metatarsal. A long, deep longitudinal wound existed on the sole of the foot, extending from the fourth toe to the middle of the arch of the foot. Through this, the finger could detect that all the metatarsals were broken, as also some of the tarsal bones. Such being the case and the patient being too low after the first operation to warrant our proceeding with the second, we determined to let him rally for a few days and then see if we could save more of the right than of the left foot. Whilst therefore the left one was going on most satisfactorily, the right one was in one sense doing the reverse. Gangrene had set in on the external parts of the foot, the line of demarcation formed extending from the third toe upwards as high as the junction of the cuboid and calcaneum, and downwards along the outer margin of the foot to the fifth toe, thence across the sole of the foot to the inner margin of the fourth, thence upwards to the point we started from. As the above state of affairs was evidently the cause of the declension in our patient's health, and as the time for further operative interference had arrived, having dressed the left foot and removed the remaining stitches and ordered Liston's lotion to be used, I told the patient to take some brandy and milk and to be prepared for operation at 2 P.M.

Again assisted by my friends Drs. De La Hooke and Spragge, I proceeded to operate, Dr. De La Hooke having once more placed the patient under chloroform. Having examined the foot more minutely than before, we were forced to abandon the idea of saving any of the toes, and in the first case resort to a modification of Chopart's operation—the flap of the tissues having to be taken from the inner aspect of the dorsum and sole of the foot. However, after making as large a flap as possible and separating the bones, we found, much to our regret, that we had not enough flap to cover the bones, and that we must resort as before to Pirogoff. The operation being completed with the utmost facility, the wound was sponged with