In conclusion, I think we are justified in drawing the following deductions regarding the proper treatment of this form of injury:

1. In all cases, simple as well as compound, there is danger to the popliteal vessels, and the first thing to be done is to ascertain their condition. If ruptured, or in any way irreparably damaged by pressure of the diaphysis, our plain duty is to amputate, and thus prevent gangrene.

2. But if we have reason to think the popliteal vessels are functionally intact, we should, in simple cases, reduce the injury by traction (and possibly tenotomy of the tendo-Achillis), and then put up the leg in plaster or on a McIntyre splint, with the knee semiflexed.

3. In compound cases, we should first try reduction of the protruding fragment. For my own part, I cannot see why every attempt to do this has hitherto failed. But failing this, I think these cases we have would justify the surgeon in cutting off what he could not reduce, and then put the leg up in plaster, with a window through which to dress the wound. I do not think we can any longer justify the classical treatment of amputation above the knee, at least as a first resort, for I am sure you will agree with me that the result before you to-day, even though not premeditated, is infinitely better for the patient than a wooden log would be.

Subjoined is a list of references to the literature of this subject, so far as I have been able to investigate it:

Fontenelle, *Archives Générales*, etc., Oct. 1825.

C. Bell, "Observations on Injuries of the Spine and Thigh-bone." London, 1826, p. 42.

R. Alcock, Medico-Chirurgical Transactions, 1840, p. 311.

Liston, "Elements of Surgery," London, 1840.

C. Hawkins, *Lancet*, May 7th, 1842.

White, *Ibid.* James, *Ibid.*

R. Adams, Todd's Cyclopædia of Anatomy and Physiology; art. "Knee-joint," vol. iii, p. 69. London, 1839-47.

Quain, *Lancet*, March 11th, 1848.

Jarjavay, "Traite d'Anatomie Chirurgicale," 1852, tome i, p. 70.