

and-a-half of bone being removed; with a jeweller's drill each freshened end was perforated in two places and wire passed through the perforations, drawing the ends together, the wires were twisted, the ends pressed well down upon the bone and the periosteum drawn over them. Eleven sutures were required to close the wound, a drainage tube introduced at the angle of the wound and an iodoform dressing applied. The leg was then placed in a fracture box with bran supports. Given morphia sulphate gr. $\frac{1}{4}$. Reaction from the anæsthesia good. 7 p.m., temp. $101\frac{1}{2}^{\circ}$; pulse 120. Has vomited several times; has not eaten anything; given whiskey at intervals; pain along tibial nerve severe; morphia sulphate gr. $\frac{1}{4}$ every two hours if necessary.

August 6th, 10.15 a.m., temp. $100\frac{1}{2}^{\circ}$; pulse 96; slept very little during the night, as muscular contractions were very painful and annoying; morphia sulphate gr. $\frac{1}{4}$ as necessary.

August 7th, 11 a.m., temp. $100\frac{1}{2}^{\circ}$; pulse 96; slept during the night; feels comfortable; wound is discharging at angle over the wires, other parts look well; washed with a solution of carbolic acid and dressed with iodoform.

August 8th, 7.30 p. m., temp. $102\frac{1}{2}^{\circ}$; pulse 120; wound at angle is discharging very freely around and through drainage tube; tube taken out, wound washed with carbolized water and dressed with iodoform; given bromide of potassium and chloral hydrate; muscular contractions not so severe; has eaten nothing since the operation; milk punch continued.

August 9th, 12 m., temp. $100\frac{1}{2}^{\circ}$; pulse 112; feels comfortable; has eaten chicken broth and toasted bread; wound discharging freely.

August 10th, 11 a. m., temp. 100° ; pulse 100; suppuration free; has pain and jerking in leg; dressed with carbolized water and iodoform.

August 11th, 12 m., temp. $99\ 2-5^{\circ}$; pulse 96; suture at angle taken out to allow freer drainage; iodoform dressing; batting changed; morphia sulphate and chloral hydrate as necessary.

August 12th, 11 a. m., temp. $100\ 1-5^{\circ}$; pulse 112; delirious during the night, attempted to get out of bed; suppuration free; took out sutures, wound at upper portion healing, leaving the T incision open, felt bones of leg jump; sulphate of magnesia.

August 13th, 12 m., temp. $100\ 1-5^{\circ}$; pulse 112; slight pains in leg.

August 14th, 11.15 a.m., temp. $99\ 3-5^{\circ}$; pulse 96; feels comfortable; felt bones jump during the night, pads changed, suppuration free.

August 16th, 10 a. m., temp. $99\ 4-5^{\circ}$; pulse 90; feels well, except little sickness at stomach; bones give him the sensation he had when they were uniting, dressed with carbolized water and iodoform; laxative.

August 18th, a. m., temp. $98\ 4-5^{\circ}$; pulse 88; has malarial symptoms. R. quinine sulphate gr. ii every three hours.

August 22nd, temp. $98\ 3-5^{\circ}$; pulse 88; bones uniting.

August, 24th temp. $99\ 3-5^{\circ}$; pulse 90; doing well, bedding changed.

September 12th, abscess at upper extremity of incision incised, and a large amount of clean, healthy pus evacuated.

September 18th; doing well, no discharge, wound healed, wires cannot be felt.

September 26th; put on posterior tin splint with foot piece, allowed to get out of bed and go about his room on crutches.

October 9th; dressing removed, tin splint re-applied with silicate of potash bandage; allowed to go about at will on crutches.

October 20th; new silicate of potash bandage applied, can lift leg without pain or strain when no bandage is on it. In