

accidentally slipped over the edge of the bed, he was unable to draw it in again without assistance.

On the 1st May, Dr. Fraser relieved Dr. Scott, and consequently took charge of the case. He found the left thigh discharging profusely, so much so that the patient's health was failing rapidly, notwithstanding the use of the most nutritious food which could be given him. Although the long splint was still upon the limb, he could not bear a sufficient degree of extension to keep the fragments in their places, and consequently there was some riding. On introducing a probe, a piece of dead bone was felt, about an inch and a half in length, apparently, upon the lower fragments. And as this piece of dead bone was in contact with the upper fragment, no attempt at union had taken place.

As it was evident that a piece of bone of that magnitude could not be separated before many weeks or even months, and as the discharge, which its presence kept up, was making sad havoc in his strength, it became a matter of serious consideration, whether the wound should be enlarged, the end of the bone turned out, and the dead portion sawn off, in the hope of speedy union taking place; or whether the doubt and difficulty of this process should be avoided by at once amputating the limb. At a consultation called for the purpose of deciding the above question, the latter expedient was resolved on as offering him a tolerably certain chance of life at the expense of his limb.

On the 8th of May the thigh was amputated by Dr. Fraser; the flap operation being selected as furnishing a better cushion for the end of the bone in using an artificial leg.

An examination of the bones after removal showed the utter impossibility of saving the limb, for a piece of the lower fragment, full two inches in length, was completely dead, and undergoing the process of separation a fossa of at least $\frac{1}{2}$ of an inch in depth, having been formed all round it. A portion of the upper fragment was also dead, and showing signs of separation. Scarcely any signs of callus were to be found, excepting one or two small exostotic projections which had been thrown out from the margin of the living bone. As there had been considerable riding between the fragments, two of these projections had been brought near to each other, and a small bridle or fibrous band was stretched between them, forming the only attempt at union which was to be found.

While the patient was still lying on the table, after the operation, Dr. Fraser's attention was attracted accidentally to the state of the right thigh, which had been in charge of an assistant during the operation. There was evident motion at the seat of the fracture, and the patient was totally unable to move the limb.

On a close examination of the seat of fracture, the fragments were