

On February 11th, 1899, he was sent to New York and placed under my charge for treatment. After a careful survey of the case, noting his comparatively early age, his sound constitution, and his readiness to take any chance which promised recovery of the use of the limb, it seemed to me to be one which presented many hopeful features and justified the risk of radical measures. Two days later he entered St. Mark's Hospital and was operated upon in the afternoon.

The operation was begun by making a large, semi-circular flap with the convexity downward. This was on the inner aspect of leg, immediately over the seat of fracture. This flap was freely detached and turned upward, when the nude, thickened tibia came into view. The osteotome was then employed and a deep cleft made partly through the seat of union. After this was done on the opposite side of the leg on the same limb the fistula was exposed and deeply indented with the chisel. The limb now was brought down to the edge of the table, a sand-bag placed under it, and such force brought to bear on it as was necessary to freely refracture it at the sight of former union. It was now easy to press the lower segment of the limb into line and entirely obliterate the deformity. After osteoclasis the wounds made to expose the cleft were closed by catgut suture without drainage. The usual dressings were employed and a plaster-cast, with zinc strips, applied, extending from the ankle to the hip.

It may be added that while under ether the adhesions at the ankle were freely sundered and the foot hypereverted was included in the adjustment. The post-operative condition of patient and limb was exceedingly gratifying; there was absolutely no serious constitutional disturbance. Temperature never rose above 99 degrees nor the pulse above 85, and, moreover, instead of severe pain in the traumatized limb, he said that after operation it felt more "natural." On the tenth day after operation the cast was opened and complete aseptic union of the integument found. On this date he was permitted to leave the bed and move about on crutches. In six weeks union was solid, but in order to anticipate any tendency to bowing, the Tracy wood-fibre splint was worn for three more weeks. At end of the tenth week all supports to the limb were removed and he was allowed to go about, using only a cane in walking. On this date he left the hospital, although he remained in the city three weeks longer, every day up to the time of his departure for home—on the 17th of May—walking from one to three miles, with no support but a cane, mounting and dismounting from street cars and climbing stairs without any difficulty. The peroneal set of muscles were slow in recovering their tonicity, and hence it was found that a shoe with a strong ankle support made locomotion over long distances less tiresome on the