

be bound together with strong fibrous bands. The fracture had been oblique, the lower end was resting high up on the latter and on the inner side. Dividing the ligamentous bands, the periosteum was pushed out of the way and the ends of the bone freshened, about half-an-inch being taken from each end. The freshened ends were pierced with strong silver wire, and tied tightly, the ends of the bone having been brought into exact apposition and the periosteum drawn down. The wound was allowed to heal by granulation. In four weeks the bone was united, and in six months he was dismissed from treatment. At the expiration of two years, the wires had worked their way to the surface and were removed, the arm at that time being strong and of equal size as the other.

CASE 2. W. H. R.—White, adult. Sustained a double fracture (simple) of the right femur. After months of treatment, he came under the care of one of the most distinguished surgeons of the District of Columbia, in a frightfully debilitated condition. A fracture just about the junction of the middle and lower thirds, and another nearly midway of the lower third, allowed the intervening fragment to remain loose. After consultation, wiring was considered, but the lower end of the bone was so unhealthy that amputation was done at the upper third.

Case 3. P. M.—White, aged 25 years, blacksmith, of good muscular development. History of syphilis contracted about two years previously, at which time he was circumcised under cocaine anæsthesia. Was treated at irregular intervals with the protiodide of mercury, stopping treatment when the eruption had become dried. Has been a very hard drinker of whiskey for the past twelve years. On May 28th, 1892, while under the influence of alcohol, he boarded the engine of an express train; after riding a few blocks, about a quarter of a mile, he jumped off,

thereby sustaining a comminuted fracture of the right tibia and fibula. He was carried to hospital in the police patrol. After being made comfortable for the night, the next morning an extension apparatus with weights was applied, and retained on the leg for twelve days, when a plaster of Paris bandage was substituted, the weight extension being continued. This bandage was allowed to remain on the limb for one month, when it was removed and another applied. At the end of six weeks he was allowed to get out of bed and walk about the ward on crutches. On July 26th the plaster bandage was removed, and he was discharged as cured. During his stay in hospital he was treated for syphilis with iodide of potassium. He now came under my care; was impatient, and wanted something done for him. After attempting to set up an inflammation by rubbing the fragments together, I determined upon resection and wiring. Having been given a soap bath and his leg shaved, this was done on August 5th, at half-past-six in the morning, Drs. T. M. Vincent, J. V. Carraher and R. A. Neale assisting. The anæsthesia was begun with chloroform, but as he took it so badly, ether was substituted. An incision extending downwards from the promontory of the tibia to very near the end of the bone was made; this was supplemented by a T incision over the seat of non-union, the bones separated from their muscular attachments, and the following condition found: a fracture at the middle of the tibia, united; a fracture half an inch below this, united; a long fracture starting from the internal angle of this last fracture and extending down at an angle of about 75°, united by fibre; in the lower fragment the bone had been split for an inch. The fibula had been shattered, but had united in all its fragments with much shortening. Each fragment of the ununited portions of the tibia was resected obliquely, an inch