

This young man made an excellent recovery, the ends of the fragments remaining well in place, a mass of fibrous tissue forming around them. This latter underwent so much resorption that the continuity of the shaft's surface was comparatively even. The wire was left *in situ*. The degree of union was quite perfect when he left the hospital ten weeks after the operation. As the limb remained somewhat weak when the entire body's weight was thrown on it, a strong leather sheath and brace were applied. To compensate for the shortening and the tendency to eversion of the ankle, a specially raised and braced shoe was made. He is now a switchman and only uses a cane when he walks a long distance.

M. Ollier notes the general unsatisfactory results following



FIG. 10.—Photograph after recovery, showing degree of restoration of outline, a remaining degree weakening of peroneal group of muscles and tendency to inward inclination of the foot, near the heel.

osteoplastic operation on the femur after fractures, and hence the reason why the remarkable extent of recovery of function in the case just recorded must be regarded somewhat as an exception to what we may expect, though it will be observed it was not a primary case. Two instances have come under my notice which had been treated in the service at Harlem Hospital, for compound fracture of the femur; one, my own case, secondarily, to remove a large eroded wire, with necrotic bone. The sinuses closed after this, but union remained defective. In the other case the sharp, projecting ends of the fragments were sawn away and the limb adjusted. No union resulted, and later the limb had to be amputated.