We dismissed the patient all right, but after a few months he turns up and there is an angular deformity of the femur and a shortening of five or six inches. The patient has suffered very seriously from the defect of the limb, and as we cautiously look at a case of that description we are certainly impressed with its serious character; but we must bear in mind, particularly in children, that in most cases deflection comes from the softening of the callus. The bowing of it, fortunately, almost invariably is in an outward direction. It is in a part where there are no important blood vessels or nerves. We can, in many of these cases, restore the length of the limb completely, which is proven by measurement, and we know when we restore the complete measurement there could have originally been no over-riding. In other cases of adults you will find sometimes that as the result of serious injury to a part, at the time of first injury, little can be done in the way of treating a fracture, but yet by secondary osteoplastic procedure you may succeed in giving the patient a good limb. Such a case I had last year, a young man who was a switchman and who had his thigh fractured by an accident on a train. At the same time he sustained grave bodily injuries, so that little could be done with the injury of the thigh at the time of the accident. There was a shortening, something more than a shortening, paralysis of the muscles of the foot, so that he had no sensation in the foot. The muscles of the limb had wasted, and it was a question of taking off this useless limb, that was only in his way, and was the source of pain. He was a young fellow with a great deal of grit, and disliked to entertain the thought of amputation, although it seemed to be the only resort in his case. He was sent to me, and I found a vast mass of callus. I found that the external division of the popliteal nerve was calloused. I separated the nerve from the callus and found the callus was united so firmly that it was a difficult thing to do. I then made a cross-section through the fragments and brought the limb into position, and the young fellow made a good recovery. He did not get perfect union, but the deformity was obliterated and the paralysis recovered from. He is back to his work to-day. That is an illustration of what may be accomplished in what is known as secondary osteoplasty. I saw such a case yesterday at the Soldiers' Home at Hampton. I believe the soldier could be put on his "pins" and be made a useful member of society. In most cases of fractures of the femur we sometimes do not meet with the same success, and a different condition will result; but it is unusual.

This is a case in which the patient was injured on the 10th of March a year ago, in a head-to-head collision, in which he sustained serious bodily injuries, and when he had finally recovered, among other things, the tibia bowed up, the personal group of muscles of the foot was paralyzed and wasted. The limb was of little or no use. In that case, by secondary osteoplasty we were enabled by the refracture of the bone, getting the fragments into