

up in plaster-of-paris bandages, a window being arranged for opposite the wound. The right leg was so severely lacerated that it was not thought wise to put it up in plaster, so a McIntyre splint was employed. The wounds were dressed in the manner I have already described. The same night, owing to the profuse oozing of blood, the dressings had to be changed. From that time till the 9th of September (nearly a month) the dressings were not removed, and then the wounds were found completely healed, or, rather, scabbed over. After the third day, the temperature, which, on the second day, rose to 100° , was perfectly normal. The fracture of left leg, on removal of dressings, was found to be firmly united, but there was no union in the right, in which, as I said before, there was considerable riding of fragments, the bone being broken about the junction of lower with middle third. The bones were rubbed together and put up in plaster-of-paris. From time to time this was renewed, the man being allowed to go about early in November, and at present you see he has fair union in right leg, but some shortening. He leaves hospital during the present week to return to his occupation. I have advised him to wear for a time the plaster splint on his right leg. This case is a very good example of the happy results of this method of treating compound fractures when the wound is very extensive. Before the introduction of antiseptics the man would probably have had one leg amputated, and might possibly have lost his life by some form of blood-poisoning in the effort to save the other. As it is, the man is in a fit condition to resume his ordinary work, and the accident will not in the slightest degree interfere with his future prospects.