

the freedom from subsequent suffering, the fitness for an artificial limb, which succeed *amputation*—he would not hesitate as to the course he would pursue; he would, he thinks, prefer removal of the foot by Pirogoff's or Syme's method.

The cases which I report were both performed on account of compound dislocation, complicated with fracture, and were in healthy men and were performed under the most rigid antiseptic precautions. Twice within the last year I have removed the most of the anterior row of tarsal bones for caries, and under antiseptic treatment the wounds healed kindly; but the disease recurred, and amputation subsequently became necessary.

Case I. of excision of the astragalus was a Mr. McW., a brewer's dray-man, aged 50 years. He was taking a barrel of beer down a flight of steps into a cellar, and was going down backwards in front of the barrel. The barrel slipped from one of the steps, and on his stepping back suddenly to prevent the barrel from rolling down upon him, the step below broke beneath his weight and his foot came down forcibly upon the stone floor, evert-ing the foot and producing a compound and complex dislocation on the inner side.

Immediately after the accident he was brought to the hospital, March 27th, 1887. The foot was then turned outward to such a degree that the inner edge came almost towards the ground; about half an inch was broken from the end of the tibia, which projected nearly an inch through a large wound in the soft parts; the astragalus was turned one-quarter way round, so that the inner surface looked forward, and projected anteriorly upon the scap-hoid-bone in such a manner as to form a large hard tumor beneath the skin of the instep. All attempts to restore the parts to their normal relations proving futile, I determined to remove the astragalus, and, by bringing the parts into proper apposition, to secure a joint between the ends of the tibia and fibula and the calcaneum. After removing the astragalus, and the half-inch piece broken from the end of the tibia, I found that about three-fourths of an inch was broken from the end of the fibula also, and this I likewise removed.

During the operation, the wound was constantly flushed with a solution of bichloride of mercury (1 to 4,000), and, after bleeding had entirely ceased, the wound was closed with a close, interrupted, carbolized catgut suture, the seam painted over with collodion, upon which iodoform was plenteously sprinkled, a pad of iodized gauze laid upon it, and the whole done up with antiseptic bandages. The dressing was not changed for ten days; there was no rise of pulse or temperature to speak of; the patient felt well from the time he recovered from the effect of the ether, eating and sleeping normally, and suffering but little pain. This wound healed without the formation of any pus, and on the 20th of April, 29 days after the operation, he left the hospital with the wound completely healed.

For the last two months he has been at work in a brewery, using sometimes a crutch and sometimes a cane in going to and fro. He has perfect motion in the ankle joint, and can bear considerable weight upon the foot; but he complains of its being weak, and of its liability to eversion if placed upon the ground carelessly. His condition is improving, however, and I have hopes that time will greatly remedy the defect which he now suffers. Contraction of the muscles and tendons passing from the leg to the foot will diminish the cavity formerly occupied by the astragalus; the ends of the tibia and fibula, and upper surface of the os calcis will become coated with cartilage, fibrous material will be thrown out, and the whole will form a well-padded joint, and give a useful limb.

The second case was John T—, a carpenter, aged 42, who had fallen by the breaking of a scaffold nearly twenty feet, and struck upon his feet. His left ankle was severely bruised and some of the bones partially dislocated, and his right ankle was so completely disorganized that the astragalus was broken into two pieces, the ends of both tibia and fibula fractured across at the distance of three-fourths of an inch from their apices, the tibia and part of the astragalus protruding from the wound in the soft parts, and the other fragment lying loosely attached by ruptured ligaments in the depths of the wound. He was brought to the hospital immediately after the accident, July 20th, 1887.