

under treatment, for five days, when the parts had begun to take on suspicious changes, and it was thought desirable to amputate the limb, he was sent into Harlem Hospital. At this time the case presented some gruesome features, which in pre-antiseptic times would have immediately consigned it to the amputation knife.

The foot was bloated and of a deep livid color, edema extend-



FIG. 4.—Showing the parts of fragment removed of the Tibia and Fibula at time of operation in FIG. 3.

ing well up the limb. At the junction of the middle with the lower third of the leg was a compound fracture, fully two inches or more of the proximal fragment projecting out. This was of a dark, sooty color. On examination, the distal fragment was found to be fissured and impacted in the tissues. Around the entire area of the wound was a broad zone of gangrenous ulceration. The wound was suppurating freely and pressure anywhere from the knee down would cause pus to issue from the wound.