

she complained with a shriek of a terrible pain in the foot. On careful examination I found the foot of the affected side hypersensitive on the inner side, and just above the cleft between the first and second toes, an anesthetic area of about 1 inch in diameter. This was the only area of anesthesia found.

The nurse told me that it was only on the occasion of my visits that she complained of her foot or leg, and I noticed that no complaint of pain was made during my visit until the splint or bandages were touched.

On Jan. 12th she refused solid food, and had incontinence of urine and feces. Her constant cries were those of a lunatic or idiot. The temperature and pulse were normal for the first three weeks, then at times she would have a slight rise of temperature, when the tongue would be dry and furred.

On Jan. 16th I asked Dr. C. K. Clarke of the Asylum to see her. That day her pulse was 120 and weak, temperature 101, tongue dry; this was the worst day of her illness. Dr. Clarke looked upon the case as hysterical insanity.

During the month she was in bed she never moved the broken leg. The right leg was frequently thrown about, but so far as the affected leg was concerned, she could not have kept it quieter had her mind been clear.

I asked the nurse to put her in a sitting position, but for several days this was impossible unless some one held her there.

In the fourth week a plaster of paris splint was applied, and she was lifted out of bed, and held in a chair for a short time each day. From the end of the fourth week her mental condition improved daily until Feb. 6th, nearly six weeks after the accident. On that day I found her quite sane and the nurse said she had not lapsed for 24 hours.

Since then she has moved about on crutches daily and enjoys seeing her friends. Her mind remains quite clear.

To my great satisfaction the leg has made as good a recovery as if no mental complications had existed.