

so that Dr. Fenwick, the attending surgeon, removed about a third of an inch of the shaft, and also several small spiculæ which were lying detached from the periosteum and sticking in the soft parts. The wound was then freely injected with a solution of carbolic acid, one to forty of water; the edges of the tear brought together with wire sutures and dressed with carbolic acid lotion and oil silk; the leg placed on a McIntyre splint, and the patient put comfortably in bed; as she was still suffering from the effects of liquor, nothing was ordered except beef tea, and if necessary a morphia draught at night.

The patient had been brought to the Hospital by the police, and upon inquiry it was found that she had been picked up in a state of intoxication. Her leg had been broken by a fall, and it was supposed that it had been converted into a compound fracture through attempts at walking.

Dec. 11th.—Passed a restless night; had not slept. The limb is very much swollen and considerable oozing of blood from the wound had occurred. The bandages were re-adjusted, as in her delirium they had become displaced. Pulse 108; tongue dry, and covered with a brownish fur. The skin was hot and dry; the eye presented that peculiar wildness of delirium tremens. The pulse was rapid but had considerable volume, and there was much delirium, so that she had to be constantly watched. The delirium was of a low muttering character, with an occasional outbreak of violence. The following was ordered:

R. Chlr. Pot. 3 i; Ant Tart. gr. ii; Tr opii 3 ii; Aqua. ad ʒ viii.

.....M. Ft. Mistr.

A tablespoonful to be taken every three hours. The bowels had acted freely in the morning; beef juice was to be given freely. Also a pint of porter and also whiskey if necessary.

December 12th.—The patient had not rested throughout the night; there was low muttering delirium, the pulse was 136. In the night she got out of bed and attempted to leave the ward; this occasioned displacement of the fracture, and was followed by some hæmorrhage; the leg had to be readjusted. Stimulants and nourishment were given freely, but the patient gradually sank, and died at ten o'clock that night.

On examining the bone after death the fracture of the tibia was found to be partly oblique and partly transverse. The upper fragment was long, sharp and angular, and in the act of walking had apparently been forced into the cancellous structure of the lower fragment; this had occasioned a longitudinal fracture of the lower fragment, extending into the ankle joint. The fibula was broken, as had been supposed, at or about the middle third.