

in front of the fibula, to ensure thorough drainage. The wound having been washed out with carbolic acid 1-40, and dusted over with powdered iodoform, was closed with catgut sutures, and dressed as before with iodoform gauze and borated cotton; the leg was then put in a McIntyre splint, and kept in place by a bandage.

For two days after the operation the patient had some elevation of temperature —  $101^{\circ}$ – $102^{\circ}$  F. On January 26, some staining of the dressings appearing, they were removed. The wound looked well, the lower part suppurating a little. Two days later the discharge was very profuse, and pus had burrowed almost as far as the ankle between the skin and fascia. This was apparently caused by the breaking down of the blood clot produced by the bruising at the time of the accident. Free incisions were made, and drainage tubes inserted, and the burrowing of pus was thus arrested. By the 3d of February the wound was suppurating freely, the stitches had given away, and bare bone could be seen and felt through the wound. The wound had always been sweet, and the temperature, after the first three days, had never reached  $100^{\circ}$  F. Owing to the profuse suppuration the dressings were changed every other day, and the wound washed out with 1-40 carbolic acid solution.

The following note was made on February 15: "Patient going on well; discharge much lessened, some large shreds of sloughy fascia having come away from the deeper parts. The bare bone is becoming covered with granulations. The silver wire which united the broken ends of bone gave way some days ago, but is still holding a little, and helps to keep the fragments in position. Temperature for the last week has been  $100^{\circ}$  F. at night, and  $98\frac{1}{2}^{\circ}$  F. in the morning. Appetite fair, and general condition good. Takes a pint of claret daily."

From this time the case progressed most favorably, and the temperature soon became perfectly normal. For some time there was free suppuration, and many sloughs of cellular tissue came away, as did also several pieces of dead bone.

On March 15 the silver wire was removed, and the drainage tubes were dispensed with, only a small sinus being left at the site of the old wound, through which some bare bone could still be felt. Several small pieces of dead bone came away on the 30th of March, and also one of the silk ligatures which had been placed on the anterior tibial artery. There was now firm union of the bones.

The man was about on crutches early in April, and seemed to be going on well, when, crossing the ward one day, he slipped, fell and re-fractured his tibia. He was immediately put to bed, the splint re-applied, and the wound, from which there was a good deal of bleeding, dressed as before. The leg now became much congested, swollen and painful, but in a day or two these symptoms subsided.