

dressed with a mixture of one part of carbolic acid, to forty of linseed oil; this was applied with lint and covered with oil silk.

Nov. 16th.—The leg is very much swollen; there is some pain, redness and heat, but altogether he was tolerably comfortable; had rested indifferently during the night. The dressings to the leg of carbolic oil were directed to be continued, and as the limb appeared to be in good position, no change was made. From this date he progressed favourably; he was ordered good nourishment, and as the secretions were active, no medicine was deemed necessary.

Nov. 28th.—He complained to-day of slight uneasiness, and pain over the maleoli, so that the form of splint was ordered to be changed. The leg was taken out of the box splint, and put up with an external and internal moulded wooden splint. The maleoli were uninjured, but the wound looked rather indolent; large flabby granulations existed around, which were touched with nitrate of silver, and red wash ordered.

December 5th.—The cellular tissue beneath the skin and corresponding to the seat of injury has sloughed and has come away, subcutaneous sinuses are left both above and below the position of the wound. Dr. Fenwick ordered them to be injected with a watery solution of carbolic acid, one to forty. This was regularly attended to, and the sinuses appeared to gradually heal up.

Dec. 19th.—The discharge from the wound is very slight; the sinuses no longer exist; the fracture is united and tolerably firm; the limb was put up on a starch bandage with paste-board, moulded splint to the outer side of the leg; after the bandage had dried, a square opening was made over the site of injury to the soft parts, to permit dressing of the wound which is not quite healed.

On the 31st December, it is stated the wound is quite healed; the union of the bones is firm, and there is no shortening; the patient hopes to leave the Hospital at an early date; he can bear good pressure on the leg, but still walks with a crutch and stick.

*Case 8. — Compound Comminuted Fracture of Tibia and Fibula. Delirium Tremens, Death. Reported by MR. J. R. HAMILTON.*

Mary H., æt. 35, a spare, ill-nourished woman of intemperate appearance was admitted into the Montreal General Hospital on the 10th December, 1870, suffering from a compound comminuted fracture of the lower end of the tibia; the fibula was broken about the middle third. The upper fragment of the tibia, which was sharp and angular, was projecting through the soft parts at the inner side of the leg about two inches above the ankle joint—the wound in the soft parts was angular and jagged; it was found impossible to reduce the fractured extremity of the bone.