

patient the night of the injury. We first built up a nose, then brought the eye into position, adjusted the orbit and the fractured superior maxilla, and the hard palate, stitching the soft parts over the hard palate; put the jaw in a splint, and got him in a fair condition. He was vomiting blood freely. Those who saw him thought there was no hope for him, but the subsequent history shows that it is hard to kill a boy. Occasionally now a small portion of bone comes from the right ear. Owing to the damage done to the facial nerve on the right side, the function of the muscles on that side is gone, and gives the face the appearance it has. The vision of the injured eye now is very good.

Dr. Bingham presented a second patient with the following history: The patient, a little girl, on January 23rd, 1896, fell while playing, and scratched the skin over the right patella. On the same day she got her feet wet. The wound was not attended to. Five days after Dr. Powell was called in, he noted a flushed area below the patella on the upper end of the tibia, which was very tender. He considered the case one of osteomyelitis and sent her to the hospital under the care of the speaker. On the 29th he (Dr. Bingham) trephined into the epiphysis of the tibia and found a pus cavity which he scraped out. Healing took place readily. Three days after the patient began to complain of pain in the lower epiphysis of the right humerus. Incision was made and drainage, healing following. The next point attacked was the upper epiphysis of the same bone. Similar operation was done. The next bone attacked was the right tibia at its lower end. Since that time until now (about two years) the patient has returned periodically to the hospital for treatment, undergone operation on some bone and recovered. On one occasion a considerable portion of the right clavicle was removed; at another time the scapula on one side.

Few of the long bones had escaped. A considerable portion of ribs had been removed. The speaker thought that the disease would be sure to reappear. The patient had been put on tonic treatment, and she had the best hygienic care. The last bone affected was one of the ribs on the left side. The wound of this operation was not yet quite healed.

Dr. A. H. Garratt then reported a case, "Operation for Penetrating Pistol Wounds of the Abdomen with Perforation of the Stomach," the salient points of which were as follows:

On January 10th, 1898, at 6 p.m., he was called to York street to see a case of pistol shot wounds of the abdomen in a woman thirty years of age. Upon arrival he found that a quarter of an hour before the patient had been shot in two places with a 32 calibre revolver. The pistol had been discharged first from a distance of one foot, and the bullet had struck one inch to the right of the median line and three inches above Poupart's ligament. This bullet followed a subcutaneous course, and was afterward removed near the inferior iliac spine, five and a half inches from the point of entrance. The second bullet struck two inches to the right of the median line, and three inches above the umbilicus, and had been discharged from a distance of nine feet.

The patient complained of little pain, but was very much excited, having climbed an eight foot fence, wrested the pistol from her husband and would-be murderer, and shot a strange man in the thigh who tried to stop her on the street. He made a hurried examination, demonstrating with a probe that one bullet did not produce both wounds, and had the patient sent to St. Michael's Hospital under my care.

He visited his patient again at 8 p.m., and found her lying on her back with knees drawn up and suffering great pain all over the abdomen, although the house surgeon had given an