

wound. Two other dressings until Jan. 25th, when she got up on crutches.

March 8th—Can walk without aid.

I regret to say that she returned to Hospital in June, after leaving apparently cured, two months before. Under my direction she had began to walk and use the leg freely when she got up. The knee then became again tender. I feel now that I directed the use of the limb at too early a date. However, a consultation held a few days ago, decided that complete rest of the limb with constructive treatment would restore parts to their normal condition.

M. H., 24, Fisherman, admitted to Halifax Infirmary June 17th, Family History, tubercular. Two years ago slight injury of knee, followed by inflammation which continued with variation as to severity for six months. Went to Marine Hospital, Chelsea, Mass., where it was treated with some improvement. For a time, he was able to pursue his avocation. Went again to same Hospital last January, and remained a short time; he was not benefitted. The symptoms of severe inflammation began about two months ago. Great swelling, intense pain with fever, and leg flexed at a right angle. He came to the Infirmary from Canso in the steamer, being carried on a bed, the slightest motion of body causing agonizing pain. Immediately on his admission he was operated on, on account of the severity of his symptoms. The same operation as mentioned was performed. We found the joint completely disorganized, full of pus, with peri-articular abscesses. Soft grayish granulation matter covering the whole lining of the joint. The cartilage peeled off the bone which was soft and pulpy. After complete removal of diseased tissue, it was found impossible to bring the leg straight. I then removed a small piece of femur and brought all parts into position. Temperature, 100 the first day. Up to the present has made splendid progress. Dressed twice since operation.

(NOTE.—This patient left the Infirmary quite recovered, August 7th; wound well healed, no pain or tenderness about the joint. I directed him to use crutches and bear no weight on the limb for three months, until the tissue-building about the joint was complete and solid.)

#### ABDOMINAL SECTION.

I will now give you a short account of nine cases of Abdominal Section; seven of these for Ovarian Cyst, one for Uterine Myoma, and one for retroperitoneal Sarcoma.

A. S., age 49, unmarried, a healthy, strong, well-built woman, good personal and family history. First noticed enlargement of abdomen two years ago. No disorder of menstruation, uterus three-and-a-half-inches long, marked enlargement of abdomen, fluctuation marked. Operation April 18th, few adhesions, silk for pedicle. No subsequent history to note, on feverish reaction. Went home four weeks after operation.

S. W., Halifax Infirmary, age 21, a slight and not very strong looking girl. Always healthy until about one year ago, when the swelling in the abdomen was first noticed. Menstruation always regular, but somewhat more frequent the last year, but no increase in quantity, uterus two-and-a-half-inches long. Abdomen quite large; fluctuation not marked, solid feel in tumor at some points. Operation revealed a multiple cyst with solid growths; some adhesions in lower parts of abdomen, very broad pedicle, with falciform process extending along the broad ligament. Tied in sections with silk. No subsequent symptoms to note. Left for home three weeks after operation.

W. D., Halifax Infirmary, age 49, married, has had ten children. Mens. ceased about six months ago. A year ago first noticed enlargement of abdomen. *Exam.* evidently a very large tumor, partly solid, partly fluid. *Operation.* On opening abdomen found tumor made up