On account of the heat, swelling, and rather ædematous state of he part, I ordered a lotion of hot acetate of lead and opium to e applied to allay pain, the arm to be raised upon a pillow and uitably positioned. From this treatment considerable relief allowed.

10th June—Nothing in particular required to be noted till this lay, as the pain and swelling have considerably abated, but now on the inner side of the joint below the condyle, and present sinus on same side, a small swelling has commenced, which is evidently in abscess forming. A hot linseed poultice was ordered to be applied.

12th—Swelling above mentioned has increased so much that an opening was made to-day, and exit given to a few ounces of pus, much to his relief.

15th—From last date to the present the pain and uneasiness have been much less, and the swelling so far reduced, that I now begin to hope some operative measure may soon be adopted towards his permanent relief.

16th-A consultation being held, it was deemed advisable to perform excision of the joint, which was this day performed in the following manner. The patient partly on his face with the back of the arm towards me, an incision was made along the inner edge of the humerus and ulna external to the nerve, a second incision at right angles to that already, was made outwards across centre of the joint which formed a T. Exposing the joint fully, the olecranon was first removed, then the articulating ends of the radius and ulna, to the extent of about 3-inch, and lastly about an inch of the end of the humerus. Two small vessels only required to be ligatured. The flaps were then adjusted with silver sutures, the arm partly flexed, and a loose splint applied. The patient was then removed to bed and had the limb placed upon a pillow, and at the end of an hour he appeared tolerably easy and free from pain. The articulating ends of the bones were quite denuded of cartilage, and were very rough and irregular, giving evidence of long standing disease.

17th—Pulse 84. Morning, temp. 102 2-5ths. Evening 102 Fh. Slept most part of the night, felt the arm very hot but free from pain.

18th-Pulse 84. Temp. 98 Fh. Arm dressed and is doing very well.

22nd—Pulse 84. Temp 99 2-5ths. Arm free from pain, but a slight discharge has commenced from the upper end of the longitudinal incision, with every indication of a small slough forming.

24th-Pulse 84. Temp. 99 Fh. Has suffered pain in the upper