

are lifted so as to rest upon the headboard, and a couple of hassocks support the lower ends until the process of bed making, &c., is completed.

In all the stretchers I have seen used, the patient had to be lifted upon them, while in this plan the stretcher is made under the patient. As a matter of safety the four corners may be secured by a pin or screw, but the weight of the patient, and a little care on the part of the attendants, render this unnecessary in a sick room.

It is sometimes difficult for nurses to pass the bed pan well under a patient, but by adopting the above suggestion either the bed pan or ordinary 'utensil,' according to the peculiar notions of invalids on this delicate subject, may be used without risk of making the sufferer a victim of misplaced confidence.

In conclusion, I believe that for 'field use,' the above put together in sets, with a wooden pin to be dropped in a hole at each corner, would be cheaper, more profitable, and in every respect better than the present army stretcher.

HOSPITAL REPORTS.

SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL,
UNDER THE CARE OF G. E. FENWICK, M.D.

CASE NO. 10. *Necrosis of the Humerus. Removal of the Sequestra; Recovery.* Reported by MR. HENRY S. WRIGHT.

O—D—, æt. 19, ston-cutter, admitted to the Montreal General Hospital, on the 12th October, 1870, for necrosis of the right humerus.

History.—Parents living and healthy. He has always enjoyed good health until a year ago, when he suffered from a severe attack of typhoid fever, from which, however, he completely recovered. No scrofulous or syphilitic history. He first complained of a feeling of soreness and pain in the right arm in November, 1869, which he at the time ascribed to a blow. On the day following his first complaint, he noticed the arm somewhat swollen and more painful; these symptoms rapidly increased and on the next morning the whole arm from the shoulder to the hand was enormously swollen, and presented an erysipelatous appearance; was very painful, the pain being of a burning character. He suffered from headache, shivering and vomiting. In short he was the subject of a severe attack of acute osteitis. The inflammation gradually subsided. Two abscesses formed at the upper and anterior aspect of the arm, which after a short time burst, and a fœtid pus was plentifully discharged;