

filled in by dissecting up a flap from the dorsum. This flap was one and a half inches long by three-quarters of an inch wide, and its base was adjacent to the wound in the palm. Care was taken to maintain a good thickness to this flap, so as to insure its vitality. Having been very freely dissected up, the flap was swung from the back to the front of the thumb and stitched into place by horsehair sutures.

The wound on the back was closed in the same way, after very freely undermining its edges in all directions.

The wound was not dressed for six days, and was found to have healed throughout by first intention.

Dr. George A. Bingham showed a boy under his care who had suffered from compound fracture of the superior and inferior maxilla, the base of the skull, with extensive injury of the soft parts.

In a brief description of the case, Dr. Bingham said: I present this more as a curiosity than anything else. Sometime in December this boy was riding a bicycle at a rapid rate along the devil strip with his head down. He came in contact with a butcher cart which was being driven at a rapid rate from the opposite direction, the shaft struck him in the face, crushing his nose and his eye out of sight, passing through the orbit, fracturing the superior maxilla, fracturing the inferior maxilla, fracturing the base of the skull and carrying away a portion of the facial nerve. Dr. R. J. Wilson was called, and at his request I operated on the 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 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 it got its 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