

the clavicle (except the inner fourth), and the scapula—not on the lines as laid down by Paul Berger for as may readily be seen it was impossible to obtain in this instance the proper flaps as described in his method. An incision was first made directly upon the clavicle extending from the inner extremity of that bone outwards to the wound. The clavicle being exposed and cleared an aneurysm needle was passed beneath the bone and with its aid a Gigli saw drawn through and the clavicle rapidly divided close to its inner end. The wire was then slipped along the clavicle for an inch and a half and the bone again sawn at this point and the portion of bone removed. This gave access to the subclavian vessels which were then ligated. An incision was then made over the dorsum of the scapula as close as possible to the edge of the wound so as to utilize every particle of sound tissue in the formation of the flaps. The scapula was rapidly dissected out, all bleeding points being secured by pressure forceps, and a mass of shot removed from about the situation of the inferior angle. Several of the shot were imbedded in the intercostal muscles, and time was taken to dissect these out. The wound surface was then freely curetted of all gangrenous portions of tissue, flushed with one in twenty carbolic lotion and the flaps sutured. Two openings were left posteriorly for drainage and the usual dressing applied. My thanks are due to Dr. Campbell for able assistance and to Dr. Haig and the hospital staff for the careful administration of the anæsthetic and the necessary stimulation of the little patient throughout the severe operation. After being removed from the table his pulse rate was 168. Nutrient and saline enemata were given at regular intervals as well as hypodermics of strychnine and digitalis. The record shows the following condition:—4 p.m.: Temp. $97\frac{1}{2}$, pulse 156; 8 p.m., pulse 138. Oct. 6th: 6:30 a.m., Temp. $98\frac{3}{8}$, pulse 136, Resp. 28; 4 p.m., Temp. 100, pulse 130, Resp. 28. Oct. 7th: Temp. $98\frac{3}{8}$, pulse 128. Oct. 8th: Temp. $98\frac{3}{8}$, pulse 116. Oct. 9th: Temp. $98\frac{3}{8}$, pulse 104.

After two days he asked for and was given solid food and was very cheerful, stating that he was free from pain. The dressings were changed daily, and on the 20th October the wound was completely healed, and the patient out of bed. The