

against another;—pronation and supination could be almost perfectly performed. The biceps was somewhat wasted from want of action, but the forearm was well developed, the action of its muscles being scarcely at all interfered with. There was a very considerable firm prominence on the front of the external condyle, but on rotation of the arm the head of the radius could not be felt rotating in this situation, although just below this the bone could be distinctly felt to move. The olecranon and the two condyles of the humerus could be felt, apparently in their normal relative position. The *diagnosis*, therefore, was dislocation forwards of the superior extremity of the radius alone. For various reasons, and especially the probable changes which had taken place in the joint owing to the active interference since the accident, it was determined to resect the joint rather than attempt excision of the displaced head of the bone.

Accordingly on the 10th November, the elbow was resected by Dr. Campbell, the H-shaped incision having been used. A light wooden internal rectangular splint was applied, fastened only at either extremity by a few turns of flannel bandage, and the arm rested on a pillow. Some arterial bleeding occurred towards evening, but was checked by iced water.

Nov. 11th.—Wound to be dressed with a lotion of carbolic acid 3 ss
Aqua. Oj.

Nov. 12th.—Splint removed.

Nov. 20th.—Ligatures all came away; wound in great part united by first intention; moderate discharge of healthy pus from the dependent opening left. Began passive motion; cold water only to be applied.

Nov. 25th.—Sat up to-day with the arm in a sling.

Dec. 1.—Wound entirely closed except the lower opening, from which comes a small quantity of matter daily, and a small orifice at the superior angle of the transverse incision which communicates with a short superficial sinus. Free motions are daily made in all directions.



Fig. 1.

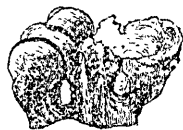


Fig. 2.

The following are the appearances of the ends of the bones which are at present in the Museum of McGill University. The olecranon is in its