

these were tried for a time, but all proved failures, as the patient was miserable all the time on account of the continual falling down of the hernia. As he was anxious for a permanent cure, Dr. Pepler decided to do the radical operation, which he performed in May, 1899, assisted by Dr. Bingham. The canal was opened and the sac tied off and let back into the abdomen. The ring and canal were then closed up with mattress sutures. During the night of the operation, the patient got out of bed to go to the w. c. In the morning it was found that the stitches had broken away, and the case really developed into an open operation. The wound was packed with gauze down to the ring, and it healed by granulation. The case went on without any further interest and the patient is at the present time sound, and does not wear any truss and has never had any discomfort. The points of interest are the age and the wound healing in this open manner.

DR. KING stated that a truss should not be worn after an operation of this character; and that in a large number of cases where there is a considerable amount of fat in the abdomen, you get better results by the open method. He spoke of a patient seventy-three years of age in which he had done the double operation without any complications.

#### DISLOCATION OF LOWER END OF ULNA.

DR. E. E. KING stated he could not show the patient, as he had decamped, but presented a skiagraph instead.

#### FRACTURE OF ANATOMICAL NECK OF HUMERUS.

DR. KING presented this patient, a man aged about fifty years. Three weeks prior to the 5th inst., the man was in the upper part of a house, somewhat worse for alcohol, although he states he was not intoxicated. He got up to open the door, stretched out his hand to take hold of the latch, but touched something un-awares instead, which he took to be a man, missed his footing on the first step, fell backwards and struck his arm about three or four inches before the shoulder joint; there were no other bruises on the body whatever. He got up and went back again into the room and remained there all that evening and night. The next day—he had used the arm all that time—he consulted a surgeon who thought there was a severe sprain of the shoulder joint, and had applications applied. On the 5th inst. he came into Dr. King's service in St. Michael's Hospital, who found the condition around the shoulder joint like nothing he could recognize, and asked the Fellows for assistance in diagnosis and treatment.