

mined to make a splint, and plenty of well dried moss in common use amongst the Indians as an absorbent with which to make pads, so that I would have no delay on my return from Cumberland House to this the Pas Mission Reserve. After making what I thought a perfect model of a splint with the birch bark and ribs of willow twigs to preserve its shape tacked on, with Mr. W—, a medical student who accompanied me to administer chloroform, and a clerk from H. B. store, who kindly volunteered to otherwise assist me, I proceeded with the operation which was soon completed by the semi-lunar flap operation; so far as the resection of the joint was concerned, including removal of patella which was also diseased, but to my horror after sawing off end of femur with a butcher's saw, I found a pus exuding from hollow shaft of the bone, and soon discovered that the shaft of the femur was necrosed, and that in the surrounding separated periosteum numerous spiculae of new bone were thickly dispersed. Whether to amputate at the hip, or what to do, was the problem to solve, and to add to my difficulty my assistant from the H. B. store fell to the floor in a dead faint, and Mr. W—, administering the chloroform, was on the eve of following suit had I not caught him and made him lie on the bed. I soon decided that my only course was to remove as much as possible of the necrosed femur, thoroughly clean the wound antiseptically, do as little injury as possible to the periosteum, introduce a drainage tube, place the limb as securely as possible in my birch-bark splint and let the case take its chance. Having to attend to chloroform, being and in every way single handed, all this was no easy task to accomplish; however, with bone forceps and other means I managed to loosen and extract three-quarters of the necrosed femur, and soon had the satisfaction of having the limb securely placed in my birch-bark splint, snugly supported therein by numerous pads made by tucking moss into lint, and so arranged that they could be replaced easily without disturbing the quietude of the limb as they became soiled by discharges. She was then removed from table to the lounge made for the purpose, where she must lie for five or six months, and so constructed that by removing a slat and separate cushion, also made of moss, micturition and defecation could be effected easily without disturbing the complete rest and immo-

bility of the limb. The estimable wife of the clergyman at the English Church Mission kindly undertook to see that all the most minute directions were carefully carried out, as to washing and dressing wound, etc. As this, I imagine, is the first case on record where the double operation of excision of knee joint and removal of a necrosed femur has been effected, I naturally held out small hopes of her recovery, and especially as she could not again be seen by a medical man, and with all her surroundings of an unfavorable character. However, I am happy to be able to state from information recently obtained from Mr. Hart, the school teacher, that she made an excellent recovery and is as healthy a girl as any in his school. Mr. McColl, the Inspector for the district, also seen her in his tour this summer and tells me there is very little shortening of the limb, and when standing no one would notice that there was anything wrong. Some pieces of bone found their way out along the drainage tube. The success I attribute mainly to the absolute immobility of the limb secured, and yet antiseptic cleanliness preserved. Cod liver oil, syr. ferri. iod. and generous diet was administered during convalescence.

---

#### RARE CASE OF FOREIGN BODY IN NOSE.

BY J. MURRAY M'FARLANE, TORONTO.

Late Clinical Assistant to Dr. Myles, N. Y. Polyclinic.

Upon the 15th of Nov., the patient, Mrs. A., wife of a Toronto merchant, was sent to me, giving the following history. The previous day, feeling a slight irritation in her nose, she attempted to pick it with an ordinary pin, which immediately excited a fit of sneezing. In the first inspiratory effort, the pin escaped from her fingers, and was drawn into the nasal passages, causing great pain and further sneezing, each paroxysm giving rise to a severe pricking sensation. Her family physician was immediately sent for, but being absent from home, she was sent to a specialist, who, after an examination not finding the foreign body, concluded that it must have escaped unnoticed. The discomfort, however, continuing, the next day she was brought to my office. Upon inspection there was found a condition of acute coryza, the parts being so swollen that anterior rhinoscopy gave