ment in these cases. He had come across, more than once, lengthening in these cases, and thought the version given by Dr. Primrose the correct one.

Dr. Clarence Starr stated he had followed the case from the beginning, speaking of the latter one, and his angle of extension is now 165 degrees. It is a question whether that is not increasing until it goes on and gets in the neighborhood of a right angle. He should be watched carefully to see if that occurs, and if so he should be put on an apparatus to get the angle extended again. Excision in a child of that age is not to be desired if it can be avoided. He has seen all the way to eleven inches of shortening in these cases, and in a case like that it would have been better to have performed an amputation. He thought the final result in this case excellent.

Dr. Fotheringham spoke regarding the lengthening of the leg in the second case, and said it could be proved from other cases that the lengthening occurred in those in which the disease occurs in the synovial membrane. If it occurred in the bone in the neighborhood of the epiphysial line, you would inevitably have shortening..

Dr. W. H. B. Aikins asked whether the patient in the first case would not have been better off with the leg off. Is it better to have a stiff leg than a good artificial one?

Dr. Rudolf asked in regard to the electrical reactions in the first case—did the galvanic current cause no contractions?

Dr. Primrose : It will react to galvanic, but did not cease to react to faradic electricity. If the nerves are paralyzed, it reacts to galvanic, whilst if the nerves are present, it will react both to faradic and galvanic.

Dr. Primrose, in reply: With regard to Dr. Aikins' question, he would prefer to have a limb which was attached permanently, than one which would be constantly wearing out and giving, through misfit and such like things. A firm, stiff, stable limb—firm ankylosis, he considered better than an artificial one.

SERIOUS WOUND OF SKULL AND ACROMION.

Dr. William Oldright presented a boy of twelve years, who had been attacked in September last with a knife, the blade of which was about thirteen inches in length, having a handle of five inches in length. He had a triangular piece of bone cut in the vertex about 1 1-2 x 1 3-4 x 1 3-4 inches and a number of other cuts, nine in all, mostly in the occipital region. There was also a large wound through the acromion process. The strength of the shoulder joint is not impaired in any way.