

all weight off the shoulder muscles. This patient made a complete recovery. He had seen this case of Dr. Wilson's before the meeting and agreed with him that it was one of complete division of the fifth trunk. He also agreed that the only treatment that would be of value in this case was operation. In these cases one thinks of circumflex paralysis because the circumflex is the common nerve injured in these conditions, but this is a more extensive injury than that. Here the supraspinati and part of the biceps muscles are injured as well as the deltoid. It is important to note that in paralysis of the circumflex there is always loss of sensation below the tip of the shoulder in an area about as large as the palm of the hand. In some cases there is more extensive paralysis than in the case presented. The paralysis may be present, not only in the muscles affected in this case, but also in the brachialis anticus and pronator radii teres. In some of these cases, instead of uniting the fifth trunk to the sixth, part of the radial is taken out and inserted in the place where the fifth is injured. This can be done quite easily. He remembered a case of ulnar paralysis where that was done. Dr. Wilson did not mention the length of time these cases take to recover. It takes a great number of months and even years before the muscles come back to a normal condition. They may never recover perfectly. The after treatment of massage, electrical treatment and passive movement is very important.

#### INTESTINAL STASIS.

The discussion was opened by Dr. Warner Jones, who referred to a paper by James Sherrer, which, showed that of 150 cases carefully investigated only 7% gave any evidence of Louis kinks. He thought spasm was the cause of intestinal stasis.

Dr. H. A. Bruce admired Dr. Starr's splendid optimism, but was afraid he was developing into a little Lane. Dr. Bruce had experience with short circuiting but only in ten or twelve cases. He had not had as many cases as Dr. Starr, because he did not feel justified in subjecting so many patients to these operations. Dr. Starr had given a report of only four or five cases and he had not shown fully the condition of these before and after treatment. In regard to short circuiting curing pulmonary tuberculosis, he had some difficulty in believing the statement. He could, however, quite understand short circuiting relieving a tubercular condition of the intestines but not a general tuberculosis.

Dr. Starr's paper served to remind him of what happened a few years ago in Cleveland, when Dr. Crile believed that transfusion would cure tuberculosis. At that time the verandahs of the hospital became so crowded with tubercular patients that members of the hospital staff complained that they were exposed to infection. These patients were all being transfused, and there were as many as twenty-five at one time