back to hospital at all, but die at home where no autopsy can be had. Moreover, as in one of the cases I now cite, the fracture may not have been diagnosed at all. The following is an abstract of some cases under my care at the General Hospital:—

(Notes furnished by Dr. Muir, Senior House Surgeon).

J. L., aged 41, single, applied at the Montreal General Hospital two years ago for operation on right breast, but the disease had progressed so far that the attending surgeon refused to perform any operation. She then applied to another hospital and in June, 1908, the right breast was amputated. Within eight months of the operation she had recurrence of the growth in operation wound, axilla and infra-clavicular region. Further operation was refused at any of the hospitals, and for the last year the patient has been confined to her room practically all the time. Right arm has been very much swollen and painful—a typical "brawny arm."

On April 10th, 1910, patient got up from a sofa, on which she had been lying, to walk across the room. She had taken two or three steps when she fell. Does not think she tripped over anything and does not remember any sensation as of something giving way in her leg. She was unable to rise on account of loss of function of right leg and suffered intense pain in that leg and more pain than usual in her right arm. Brought to the hospital in an ambulance.

Condition on Admission: A bluish-red fungating growth extends from the posterior axillary line anteriorly to the clavicle; ulcerated in several places and foul-smelling, (Fig. IV). Numerous hard nodules varying in side from a pea to a filbert are found over the right upper half of the thorax, the right shoulder and in the neck. The right arm and hand are markedly œdematous, the skin being very tense and shiny and the patient cannot bend the elbow, wrist, or fingers. On attempting to bend the elbow marked preternatural mobility of the humerus about its middle was discovered, but no crepitus was elicited and movement caused but little additional pain. By measurement there was, as nearly as could be made out, about half an inch of shortening. The patient herself was quite unaware that the arm was broken. The right foot slighly everted. Marked deformity in upper third of thigh with preternatural mobility. Two and a half inches shortening of right leg. No crepitus obtained until the leg was strongly extended.

Circulatory System negative.

Respiratory System, diminished expansion on right side. Right base shows signs of fluid.

The leg was put up in McEwen's splint; the arm put up with internal angular splint and an x-ray taken of arm and leg. (Fig. III).

The patient complained so much of pain in arm and heaviness of the hand that the splint was applied externally; this gave some relief.

April 29th: Leg put up in extension.

May 4th: Extention removed as the elevating of the foot of the bed caused difficulty in breathing. Patient has a very troublesome cough with considerable expectoration. Has had several attacks of severe dyspnœa lasting about 15 minutes and causing marked cyanosis. Necessary to employ amyl nitrite several times; morphia in ¼ grain doses p.r.n.