

He wanted an explanation of the length of time it took for the recovery of the function of the nerve.

A. H. Ferguson (Chicago) said that the best procedure in non-union of bone was treatment by the open method.

Dr. Atherton (Fredericton, N.B.) spoke of a successful resection of the popliteal nerve, which he had had.

Dr. H. Howitt (Guelph) and Dr. E. R. Secord (Brantford) also spoke on the paper.

Dr. Williams closed the discussion, and showed the plate.

REPORT OF TWO CASES OF HOUR-GLASS CONTRACTION OF THE STOMACH.

By H. Howitt, M.D., Guelph.

(This paper will be published in full in a future issue of this Journal.)

THE SURGICAL TREATMENT OF PERFORATION OF THE BOWEL DUE TO TYPHOID FEVER.

By J. Alex. Hutchison, M.D., L.R.C.P., and S. Edin., Montreal.

The five cases here enumerated were all operated on at the Montreal General Hospital. The first four were unsuccessful, and ended fatally. Case 5 ended in recovery, after following a typical typhoid course. Case 5.—E. C., male, aged thirty-three; ambulatory typhoid. Admitted to hospital, December 30th, 1902. For some months previous patient had been using alcohol somewhat to excess. Onset was insidious, and he was not seen by his physician until a few days before admission. He then had active typhoid symptoms, but could not be induced to remain in bed. On admission it was thought that the disease was in its twelfth day; temperature, 104 degrees. The next day, seven and a half hours after admission, he developed severe abdominal pain, limited to the right side; there was marked fall in temperature, but an increase in the pulse rate; vomiting and diarrhea both present. Immediately there was well-marked tenderness and rigidity in the right iliac fossa. He was operated upon within two hours. Free sero-purulent fluid and feces were formed in the abdominal cavity. About four inches above the ilio-cecal valve, a large ulcer, involving nearly the whole circumference of the bowel, was found. In its centre was a small pin-hole opening. A few hours after operation, abdominal symptoms had ceased, and during the following three weeks the case ran a typical typhoid course, developing rose-colored spots and enlarged spleen.