

sected back from the surface chiselled, was approximated by catgut sutures, but on account of the cloaca there was a small space  $\frac{3}{8}$  inch wide by one in length uncovered by periosteum over which the muscle was sutured.

After inserting a few strands of catgut under the last sutures of the periosteum to act as drainage the wound was closed, the arm put up in splints and in ten days union was complete. Her temperature throughout was never above 99. I have had no experience in packing the cavity in necrosis with coarse iodoform crystals and then suturing the periosteum over it, but the use of the bone chips is certainly a decided advance on the packing with gauze, as in this case four operations in which gauze was used had been performed and her arm was useless for five years, yet, in ten days with the use of the chips, union occurred. I saw the patient to-day; she uses her arm freely, her temperature is normal and the region of the operation feels firm and sound.

For success in this operation perfect asepsis is necessary, including the most thorough scraping of the diseased cavity.

D. E. MUNDELL.

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### FOREIGN BODY IN RIGHT BRONCHUS.

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H. M., male, age 30, was admitted to the Surgical Ward of the Kingston General Hospital at 4 a.m., on the 19th July, 1893, complaining of pain in the chest with frequent spasmodic attacks of painful dyspnoea due to the presence of a portion of a silver coin which the patient stated he had drawn into his lungs two days before. He was admitted by the House Surgeon, and at 7 a.m. I was called to see him, and found a bright intelligent fellow with pale face and somewhat anxious expression. He was resting recumbent in bed complaining only of occasional slight cough and a dull pain to the *left* of the sternum about the second interspace, and in a low, husky tone of voice gave the following clear history :—