

the arm was still in a sling, and when taken down it hung alongside his body. He could not raise it from the side of his body, but he could take hold of it with the other hand and lift it up. On examining the arm Dr. Temple felt quite satisfied it was not a fracture dislocation but an un-united fracture. The boy was fairly stout, but you could feel very distinctly that the lower part was very near the surface. The jagged end of the bone almost protruded through the skin. He thought he could make out that the head of the bone was in its proper position. The lower fragment laid outside the upper one. He felt quite satisfied a fracture existed, and that it was not a case of dislocation. Dr. King has made skiagraphs of the case, which show clearly the nature of the accident. (Two skiagraphs here exhibited.) In the first one, looking at the arm from behind, you can see the outline of the scapula. Beautifully, the lower fragment lying outside the upper. In the other, the front view was very satisfactory. Drs. Cameron and Grasett saw the case in consultation. The treatment proposed was to try under chloroform to reduce the fracture, but it was absolutely impossible to dislodge the fracture. It could not be brought down although two surgeons pulled at either end. Dr. Grasett made an incision, but he could not dislodge the fracture even then. After breaking down the fibrous union it could not be done. We then removed a piece from the lower fragment and brought the ends into very fair apposition. The bones were not wired. We put the arm up in an extended condition, out from the body with a rectangular splint, along the outer side and up over the shoulder, and another one on the inside making extension. He was kept in that position for a week or two, and then Dr. King made a second skiagraph, about ten days after the operation. This shows the arm, looking at it from the anterior surface, and you will see the bones are in position. We got the bones as normal in shape as we possibly could, but not completely plump together. For a period of six weeks, the part was not disturbed; then the splints were taken off and the injured boy has the most complete use of his whole arm. He can play hockey, baseball, etc., and has complete movements. The result has been most gratifying without wiring. Dr. Temple asked for an expression of opinion from the Fellows regarding the treatment of these cases.

Dr. Grasett—When we made that incision and tried our very best, even using levers to throw the lower fragment in, we could not do it. We then took off half an inch of the lower fragment and then it came together comparatively readily. He further stated that Dr. Cameron thought there was no occasion to wire. He had treated these cases, sometimes wiring and sometimes not.