upper end of the radius on the side of the ulna was made fairly good. She only came to see me once or twice after this, when she again left for the country. I heard, however, that she kept using her arm constantly, and that she had not allowed the parts to grow stiff, as she had done on the former occasion.

Recently she returned to the city, and is attending school again. I looked her up yesterday with a view of presenting her to this Society, and found that flexion and extension had been kept nearly if not quite as good as when I last saw her in October : but I think the movements of rotation in the false radia-ulnar joint are not so free as then. It will be seen, however, that it has about two-thirds the range of motion of the natural joint, and both the patient and her mother express great satisfaction with the result, as her right arm has been rendered much more serviceable than previous to the operation.

Remarks.—I think the above case worthy of being recorded, both on account of the extreme rarity of the injury, and because of the fair amount of success which attended the operation for its relief. On looking over the authorities on surgery, I can find no instance mentioned similar to it; and in dealing with the treatment I had to rely wholly upon my own judgment.

The nature of the primary injury must have been, I suppose, a severe bruise of the periosteum of the head of the radius, and probably also of the ulna, which led to the throwing out of a good deal of callus, and to their subsequent bony union. It seems rather remarkable that such a severe injury as this was, should not have caused a more considerable anchylosis of the elbow-joint proper, seeing that the bones were united in their whole thickness right up to the articulating surface of that joint.

In operating I decided to remove entirely the part of the radius involved in the anchylosis, because it appeared to me unwise to risk the chance of re-union of the broad, fresh bony surfaces which were left after sawing the bones apart. I believe that no amount of passive motion could have prevented this taking place. As it was, unusual difficulty was experienced in persuading the patient to submit to the few manipulations which I made after the operation, and I am quite certain that she would never have allowed anything like the amount of meddling that would have been required to give any prospect of a new joint being formed at the end of the bones.

A CASE WITH CHRONIC EYE SYMPTOMS, FOLLOWED BY ACUTE HEAD SYMP-TOMS, MIDDLE EAR DISEASE, MENINGITIS, DEATH.

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Herbert P—, aged four years, well-grown and intelligent, father healthy, mother delicate, family history undetermined: was brought to me by his mother, on September 12th, 1892, on account of great intolerance of light and its usual accompaniments, pain and lachrymation, which had existed for the past six months, notwithstanding he had been under the care of two medical men. General anæsthesia was induced by chloroform, and the eyes thoroughly inspected, but nothing noteworthy could be seen.

There were no corneal ulcers nor phlyctænulæ. Eserine sulph., gr. ¹3, aq. ⁵j., gtt. ii. t.i.d., was prescribed to be dropped into each eye after using a lotion of cold boracic acid.

OI. morrhue, 5j., after meals was also ordered, which treatment was followed by considerable relief when he was seen by me three days after. The treatment was continued for three days more, when she returned : this time carrying the child, who was unable to walk as he had done on previous visits.

At my request he was put down on his feet and held by the left arm, but could not maintain his balance, and would have fallen to the right had he not been held up. He had complained the day before that the top of his head was coming off, and that he was falling.

He had rested only intermittingly for two or three nights and taken little food. His eyes were examined by the aid of cocaine locally. His head was firmly held between my knees (as he resisted considerably), while he lay on his mother's lap, though nothing morbid was observed. The pupils