between the ends of the bone, and the peculiar ivory-like condition of the ends of the bone, which was not uncommonly present, none of the methods heretofore proposed were likely to prove successful. He had very recently proposed and performed a new operation, which he thought might prove successful. It consisted in cutting down upon the ununited fracture, freshening the ends of the bone, and grafting in between them a part of the forearm of a dog—both patient and dog being secured in plaster of Paris. When the graft had united firmly, the dog's leg would be amputated, and the skin flaps of the dog united to those of the patient.

HIP JOINT DISEASE, AFTER TYPHOID FEVER.

Dr. J. McG. Woodbury presented a girl of eleven years, who, six months after a severe attack of typhoid fever, was found to have some limitation of motion, and pain at the right hip, with distension of the capsule. Flexion caused lordosis, and some pain. She was treated by counter-irritation over the joint, and a plaster of Paris spica bandage, and was allowed to walk around upon a high patten, with crutches. Now, after a period of eight months, there was no pain.

A CASE OF OSTEO-MALACIA.

Dr. Woodbury also presented a case of this nature. The patient had lived in Switzerland until twenty-six years of age, and had suffered considerably from exposure during the late war. On October 26, 1886, when forty-three years of age, he sustained a fracture of the surgical neck of the left humerus, and between that date and May 26, 1890, he received five other fractures, viz, two of the left humerus, two of the right humerus, and one of the left clavicle. Most of these fractures were caused by very slight falls. During the last three months, but more particularly since the first of last August, a tumor has been rapidly growing between the sites of the two fractures of the shaft of the right humerus. Two small tumors may be observed upon the clavicle, one at the point of the fracture, and the other to the inside of it. A specimen, removed from the large tumor with a harpoon, was sent to Dr. J. S. Ely for microscopical examination, and he reported that it contained "polyhedral cells, and occasional large spindle and giant cells." He adds, that this "speaks very strongly for sarcoma." A loud murmur, similar to that heard in aortic aneurism, is audible over the large tumor. Dr. Woodbury said that as in cases of tumor of the middle of the spinal cord, osteo-malacia, due to trophic disturbances, is one of the early symptoms, concurrent with disturbances of sensation; he had referred the case to Dr. M. A. Starr, with the hope of learning more about the etiology of this interesting condition. Dr. Starr examined the patient on two or three occasions—the last time only a few days ago—and had reported that there was no central lesion of the cord. The patient had had no pain with the fractures, or upon resetting these bones, and this, together with the fact that there had been no fractures of the lower extremity, seemed to favor the view that the condition was due to a syringo-myelia or tumors of the cord.

Dr. Powers said that Dr. Woodbury's case of multiple fracture with tumors, was very similar to a case of sarcomata which he had recently presented to the surgical section.

Dr. V. P. Gibney thought the pulsation in the tumor might be due to the condition of the tumor itself—in other words, it might be a pulsating sarcoma.

ANKLE JOINT DISEASE.

Dr. A. B. Judson presented a case of this disease, which he said was interesting because the child had suffered from this condition almost all her life. The disease began at the age of one year, and she is now about seven years old. Notwithstanding that she had been under mechanical treatment only two years, she had recovered, with but little disability and deformity. There was considerable lateral motion at the ankle joint; extension was almost normal; flexion was arrested at about ninety degrees. Scars on both sides of the ankle showed where abscesses had opened spontaneously. There was a difference of one inch between the two calves, and the shortening amounted to only a small fraction of an inch. This result had been obtained by the use of a simple brace, and without resorting to any operation.

Dr. John Ridlon presented an astragalus, which had been removed from a child by Dr. B. Farquhar Curtis, which had been brought to the speaker when only six weeks old. He had faithfully tried stretching, and the various retentive appliances, during a period of one and a half