

A few hours after the operation, abdominal symptoms had disappeared and, during following three weeks, the case ran a typical typhoid fever course, developing rose spots and enlarged spleen. Widal reaction present.

Operative technique. Ether was administered, and an oblique lateral incision was made. The ulcer was folded in and Lembert sutures of silk inserted; the peritoneal cavity irrigated with saline solution, and abdomen closed, drainage tube being left and clamped to retain saline solution within abdominal cavity.

Four or five ice bags were applied to the abdomen for first few days. Good recovery.

Dr. H. Meek, London, Dr. Powell, Dr. Olmsted, Dr. Secord, Dr. Atherton took part in the discussion.

GUNSHOT WOUND OF UPPER ARM.

Dr. Hadley Williams, London, reported the case of a patient, age 22, who, on 20th November, 1901, received a lacerated wound of right upper arm from a breech loading gun, the muzzle being but a few inches from the inner side, midway between axilla and elbow. Examination, four months later, showed an un-united fracture of humerus, about centre, with $1\frac{1}{2}$ in. shortening, a discharging sinus, and typical musculo-spinal paralysis. This paper will be published in an early issue.

Dr. J. Wishart, London, R. A. Powell, H. Howitt, A. H. Ferguson, A. B. Atherton, and E. R. Secord discussed the case.

OPERATION IN HIP JOINT DISEASE WITHOUT SHORTENING.

Dr. R. Preston Robinson, Ottawa, introduced this subject. In tubercular disease of the hip joint, with abscess formation, we may have involved the head of the femur, the great trochanter, the lesser trochanter, and the shaft.

CASE I. Girl, $4\frac{1}{2}$ years, tubercular family history. Had acute spinal meningitis in infancy, and manifestations of scrofula since. The usual symptoms were noted, September, 1902. Extension was used but in January, 1903, the limb was shortened, flexed, adducted and immovable, and a large abscess was present.

Operation, February 3rd, 1903. The incision on outer side, below great trochanter, released a pint of pus, and the dead bone was curetted from head, neck, shaft and acetabulum, taking care to preserve all the shreds of periosteum, and pulling it back over sound bone for $\frac{1}{2}$ inch. This denuded half inch was excised. The leg was extended and the shreds of periosteum were stitched to periosteum, covering ileum. The