

through. On injecting the tube with carbolized water coughing was excited, and the patient declared that he felt the taste of the acid in the mouth.

24th. The patient is much easier; pulse and temperature lower. The injection again caused coughing, and a decided taste of the acid in the mouth; and later he declared that some of the acid water came up through the mouth and nose.

25th. The patient left for home, taking a tonic mixture, his wife being directed to wash out the abscess daily. A generous diet, and residence in the open air to the fullest possible extent, prescribed.

On examination of the lungs, Dr. Aikins discovered no evidence of phthisis, and nothing more than the remains of a former pleurisy, with some crepitation over left lung.

Dr. Graham agrees with Dr. A. as to condition of the lungs.

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### FRACTURE OF THE SCAPULA.

BY H. T. MACHELL, M.B., L.R.C.S. EDIN.

I was called in October last to see a boy who was said to have fallen out of a hay-mow and injured his arm. The patient, ten years old, had been playing with other children on the hay, and had fallen out of a hole just over the manger, the whole weight of the body coming on the lower angle of the scapula, the right arm going to the inside of the manger, the body outside. There were two or three abrasions of the skin on the inner side of the arm, and about as many on the chest of the same side. In addition to these there was a good-sized swelling just over the lower part of the scapula. The movements of the arm were rather limited, on account of the pain it gave him. The bones of the arm and the shoulder joint were normal.

On getting my fingers under the scapula and pressing backwards, marked crepitation could be felt—in fact, the fractured piece could be moved very easily, and its dimensions made out without much trouble. The fractured piece, the lower angle, was bent inwards at an angle of about 45 degrees, was about  $\frac{3}{4}$  of an inch in width at widest part, and between 2 and 2 $\frac{1}{2}$  inches in length.

TREATMENT.—The right hand was placed over the left clavicle, the elbow well forward and close to the chest, and fastened in that position by a wide bandage going around chest and arm. A good-sized pad was placed over the upper fragment. The arm was placed in a sling, which kept it well forward and well pressed up.

The bandage and sling were kept on for three weeks. At this time (13th November) there is quite firm union; but there is still some incurving of the fractured piece.

The boy has quite recovered the use of his arm.

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### AN UNIQUE DISLOCATION OF THE ULNA.

BY W. J. WILSON, M.D., STOUFFVILLE, ONTARIO.

R. W., farm labourer, aged 42, strong and healthy, fell from a load of wood on 22nd September, 1880. In falling he threw out his right arm, and received an injury to the elbow-joint.

When I saw him, about half an hour after the accident, I found the upper end of the ulna displaced outwards, and behind the radius. The arm was flexed at nearly a right angle, and immovable. The lower end of the humerus was very prominent, showing all its articular markings very plainly. The radius was in its place. Pain intense.

I reduced the dislocation under chloroform, by taking hold of the upper end of the ulna with my right hand, while the wrist and arm were fixed, and lifting it slightly backwards to free it from the radius, and then directly inwards to its position. It was done up in an angular pasteboard splint, and passive motion was resorted to about the fifth week. At present, November 11th, it is doing well, and can be used quite freely in handling light objects. It shows no tendency to displacement, and no signs of there having been any fracture.

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Mr. J. E. H. Lesage, notary, of Montreal, has served upon the authorities of Laval University, at Quebec, a protest calling upon them, at the instance of the School of Medicine and Surgery of Montreal, to cease their branch in that city, and threatening legal prosecution if it is not withdrawn.