

crepitus; natural dip over trochanter major lost; gluteal fold deeper and higher than on sound side. On rotating limb the trochanter is found to describe a smaller arc than normal, considerable pain in hip at night.

Diagnosis.—Fracture extra-capsular impacted.

Treatment.—Plaster of Paris splint extending from toes to middle of body applied, all prominences being first protected by pads of absorbent cotton covered with oiled silk.

For some days still complained of pain at night and inability to sleep this gradually disappeared and he is now very comfortable.

TUBERCULAR TESTIS.

T. A., age 22, farm laborer, admitted October 14th. A strong, well nourished young man, in perfect health, so far as his general is concerned; no disease of lung, never was sick with any illness in his life; family history good, no tuberculosis in any branch. Last July first noticed a small lump in back part of scrotum, it pained him a little at night, and was painful on pressure. It increased in size and became more painful until admitted, when on examination an enlargement of the epididymis of the left testicle was found about the size of a small egg. It was nodular and distinct from the testicle, proper larger below than above, continues a little up the cord which was also painful; distinct fluctuation; prostate normal. On opening it is found to contain a thick, yellow-cheesy material, mixed with thin-watery secretion. On examining some of this discharge with the microscope, after staining in the usual manner, tubercle bacilli in considerable numbers are found. The urine was normal. The testicle was removed in the usual way, the cord cut high up and secured by a double ligature passed through the centre and ligated in two halves, a decalcified bone drainage tube inserted at the lower angle and the wound closed by a continuous suture.

Ninth day—Dressings removed, wound found perfectly aseptic and all healed except a small portion at either end of incision; redressed. Temperature, pulse

and respiration remained normal until thirteenth day, when temperature rose to 101, and patient complained of pain. On redressing, the wound was found to be infected, whether antogenetic or heterogenetic time will reveal. A sinus was found leading down to the stump of the cord, this was packed and the dressing reapplied.

Seventeenth day—Redressed and sinus found much diminished in size.

Twenty-first day—Redressed sinus almost completely healed from bottom.

SUBDIAPHRAGMATIC ABSCESS.

J. L., age 26, a half-breed farmer, admitted October 27. Gave a history of having fallen into a well, six weeks before admission, injuring his right side slightly, following this he took sick, presenting symptoms simulating an attack of pleurisy; first noticed swelling in side three weeks before admission, it increased steadily in size. On examination find a large fluctuating tumor on the right side, extending from the crest of the ileum to above the tenth rib, seven inches in length and about four and one-half in breadth. A hypodermic needle was passed and pus drawn off. The urine and bowels normal; tubercular deposit in right apex, temperature 100, pulse 36. An attempt was made to empty by aspiration, but contents were too thick and lumpy to pass through the needle. An incision was next made into it and about two pints of pus escaped; the extent of the abscess could not be ascertained, so the incision was carried up for three inches, along the edge of the erector spinal, and it was found to pass well up under the three last ribs; the incision was next carried down about three inches to the crest of the ileum and the abscess found to pass about three inches below the crest within the pelvis; a cross incision was made in the flank to facilitate matters, and the whole thoroughly curetted, all partitions and fibrous bands being broken down, continued irrigation of 1-5000 sublimate solution being used. It was packed with iodoform gauze and dressed, no sutures inserted. Evening temperature following normal. The next day the cavity was gone thoroughly over again and all doubtful tissue curetted.