

more was felt in front of the anus, and an incision was made from which matter similar to that passed in the urine escaped freely. The catheter could now pass readily, and relief was given for some weeks, at the end of which time the urine became scanty, and pain in the back, groin, and leg was complained of.

Dr. Day, of Trenton, saw the case in consultation, and on examination a somewhat discoloured swelling two or three inches in circumference was found over the right kidney. As the friends objected to any operation an unfavourable prognosis was given. On visiting the patient the following morning I was allowed to incise the part deeply, when an enormous discharge of greenish pus escaped to the great relief of the sufferer. This continued for three months. The wound was washed by injections of solution of carbolic acid and nitrate of silver, and healed at the end of that time. The pain in the right leg persisted for a much longer time, and was only tolerable while the sole of the foot rested on a heated brick; his health is now good, although occasional attacks of irritation of the urethra and bladder are complained of. I will not hazard the opinion that the kidney was destroyed by ulceration, but leave the reader to draw his own inference.

### TRAUMATIC RE-SECTION OF THE ELBOW JOINT.

REPORTED BY MR. E. E. KING.

A curious and instructive case of the above operation is at present in the Toronto Gaol, and was shown the writer by the Surgeon, Dr. Richardson, by whose kind permission I am enabled to report it.

The history of the case is very simple. John D., *et.* 42, white, formerly a soldier in the 100th Regiment, while stationed at Montreal, fell through the hatchway of a schooner into the hold, breaking his right arm. Admitted to hospital, on the next day, about three inches of the lower end of the humerus and the olecranon process of

the ulna were removed by the surgeon of the regiment. He was put to bed, the arm resting on a pillow; the wound through which the portion of the bone was removed healed kindly. He was discharged from the Regiment and Hospital on October 16th, 1868. He had no pain in the arm for about five years, when he felt a pricking sensation at the stump of the humerus and on examination it was found to be caused by a small splinter of the humerus, which was removed in Brantford; since then he has had no trouble with the arm.

The reason I report the case is, simply to show how good an arm remains after so much of the humerus is removed and if possible to explain the working of the muscles whose origins, have partially, or, completely been removed.

The arm appears to the eye the same as its fellow only somewhat shorter and feels a little colder, the muscles of the arm are flabby and slightly atrophied while the muscles of forearm are very hard. On grasping the arm the forearm hangs like a flail and can be swung around in any direction. There is no union whatever between the bones, still he has almost perfect use of the arm. The comparative measurements of the two arms are: Right—length, 19 in.; length of humerus,  $9\frac{1}{4}$  in.; circumference of elbow, 7 in. Left—length, 21 in.; length of humerus,  $12\frac{1}{4}$  in.; circumference of elbow,  $8\frac{3}{4}$  in.; (which was ascertained by measuring from the acromion process to the styloid process of radius, and to the external condyle in left arm and to the stump in the right) There is a shortening of two inches in arm and a loss of three inches of the humerus. He can pronate, supinate, flex and extend the arm, but cannot abduct without causing the forearm to hang loosely from the arm as there is no elbow joint and consequently no lateral ligaments. When he has flexed the forearm he can supinate it, and it then falls outward lying at right angles to the arm and upon the stump of the humerus.