

Stated Meeting, April 26, 1901.

J. M. ELDER, M.D., SECOND VICE-PRESIDENT, IN THE CHAIR.

Ununited Fracture of the Humerous.

DR. A. E. GARROW showed a patient with a fracture of the humerus which had failed to unite after many attempts to secure union. When first seen the arm had been carefully examined under an anæsthetic and a fracture made out at the junction of the middle and lower third. It was oblique in type and running downwards and inwards, the lower end of the upper fragment seeming to come within one and a-half or two inches of the elbow joint. After the swelling had subsided the arm had been put up and allowed to remain so for thirty-seven days, but on removing the splints it was found that no union had occurred. Without disturbing the ends of the bones it was then put in plaster of Paris, but on being taken down there was still no bony union. The ends were vigorously rubbed under an anæsthetic and allowed to remain in plaster until the 77th day, with still no union. On the 107th day, no union existing, an incision had been made in the posterior portion, and on exposing the fragments a moderate amount of organization tissue had been found. The ends of the bone had been freshened and drilled in a number of places, and brought together by chromicised catgut, and the arm had then been placed in plaster of Paris, but again no union had resulted up to the 167th day.

Dr. Garrow held that these cases were apt to occur where the blood supply was broken or interfered with.

Tumour of the Bladder.

DR. GARROW also showed a man operated upon for tumour of the bladder. The patient had had no symptoms beyond increased frequency of micturition with occasional hæmaturia until January, 1901. Ten days before admission to the hospital an examination for stone was negative, but after the instrumentation the frequency was lessened. The bladder was emptied 30 to 40 times during the day, about four ounces being passed during the hour. By rectal examination a moderately enlarged lobe of the prostate was made out; the urine was acid. The patient had lost about 40 pounds in weight. Further examination twelve days later by cystoscope showed that a node had appeared in the bladder wall and a distinct mass could be felt not evidently invading the rectum but burrowing its way into the rectal pouch. The case was undoubtedly one of primary carcinoma of the bladder of which the first and most urgent symptom was frequency of micturition.

The speaker had brought the case before the meeting as of interest because of the difficulty met with in making an early diagnosis of