

after about a week the discharge became less profuse and not so disagreeable. At this time two more abscesses formed at the lower part of the arm above the elbow, and ran a course similar to the above, so that there were four openings allowing the escape of pus; two at the upper and two at the lower part of the humerus; discharge comparatively little. Up to this time, was confined to bed, and suffered from a bed sore over the sacrum and a large abscess in the left groin, both of which rapidly healed under proper treatment. After the inflammation had subsided in the arm he found he was quite unable to move the elbow joint. He gradually recovered his strength, but the openings in his arm still continued to discharge pus. When admitted into the hospital on October 12th, 1870, his general health appeared good. On examining the arm it appeared to be of normal dimensions, but the humerus was so much enlarged as to constitute nearly the whole thickness of the limb. Elbow joint firmly ankylosed. On passing a probe into the openings they were found to communicate with the interior of the bone, where several large sequestra were discovered, partly loosened. Dr. Fenwick considering the circumstances favourable, removed the sequestra on the seventh day after admission.

*Operation.*—A free incision was made down the upper and anterior aspect of the arm. Two cloacæ were found in the new bone about two inches and a-half apart. The bridge of bone between these was removed, thus leaving a large opening through which three sequestra, varying in length from two to four inches, in width about half-an-inch, and in thickness three or four lines, were removed without much difficulty. The wound was then filled with lint soaked in carbolic oil, (one to thirty) covered with oil silk, and the arm was bandaged from the hand.

The wound from the first week discharged copious fetid pus. Granulations grew from the bottom—the pus became healthier and less plentiful, and in a short time healed almost completely.

29th of October.—On examination of the lower opening dead bone was discovered, so that an incision was carried along the outer condyle of the humerus, and two or three small sequestra removed. The same dressing with carbolic oil was employed as on the former occasion.

On the 20th of November a small abscess formed on the lower part of the humerus (anterior aspect); this was opened, and freely discharged matter. The discharge continued for some days, and the part was very painful to the touch.

November 25th.—Was put under the influence of chloroform, and a free incision made down to the bone on the anterior aspect of the arm just above the elbow joint. With the finger could feel a large surface of