

neighbouring parts were highly inflamed; much relief was thus procured, and a greater facility for examining the joint afforded.

It was now found that, independent of the ankylosis which existed, it would be impossible to flex the forearm on the arm to any convenient or useful extent, owing to the mechanical obstruction of the head of the radius lodged on the anterior face of the humerus. Nor was there any hope of restoring the now adherent condyle of the humerus, nor the displaced head of the radius nor the ulna to their natural positions.

A consultation was held, when it was decided that resection of the joint offered the only hope of restoring the arm again to any degree of usefulness.

On the 28th of October the boy was brought into the operating theatre, and placed under the influence of chloroform, when, assisted by Dr. Meadows, and in presence of the surgical class, I proceeded to the operation.

Having placed him on his left side on the table (the right being the injured one) I made an incision about three inches long above, and one inch below the joint on its radial side, and one transverse incision about two and a half inches in extent across the olecranon ulnæ. I made my incisions in this manner, to guard more effectually against wounding the ulnar nerve, as it was impossible to tell where it lay in the greatly deformed condition of the joint. The flaps embracing all the soft parts down to the bones, were carefully dissected to the ulnar side of the arm. The chain saw was then carefully passed round the humerus, about an inch beyond the condyles, where it was readily sawn. The olecranon ulnæ was removed with the bone forceps. No vessels required ligation; the flaps were brought together by three points of interrupted suture, and cold water ordered to be assiduously applied. A long splint, extending from the armpit to the hand, was adjusted on the forepart of the arm and forearm to maintain them in a quiescent extended position, until cicatrization would be effected, which took place in about twelve days. Gradual flexion with gentle passive motion was then practised daily, and the case progressed very favorably. On the 19th of December, being little over seven weeks from the day of the operation, the boy was able, without any assistance whatever, to flex the forearm on the arm and carry his hand to his mouth.

The elbow has now quite a natural appearance, two or three points, where spiculæ of bone threatened to pierce the integuments before the operation was performed, ulcerated soon afterwards; the cicatrices however in these places are firm and depressed, giving at those situations deep-pitted appearances.

The case on the whole was exceedingly successful, and the boy was discharged from the Hospital on the 15th of February, 1862. He and his parents were highly gratified at the result of the operation.

Kingston, 3rd March, 1862.

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ART. XVI.—*Treatment of Acute Rheumatism by the Tincture of the Bole-tus Laricis Canadensis.* By JAMES A. GRANT, M.D., Attending Physician, General Protestant Hospital, Ottawa City.

Of the various diseases to which the human frame is subject, there are few more deserving of close attention and careful investigation, than that most