

the plaster-of-Paris splint was the best that could be applied to a fractured femur, notably in children, in nervous and fidgety people, and in fractures complicated with delirium tremens, also among the poorer class of patients, where a suitable bed and good nursing (which are so essential in the ordinary treatment of extension) could not be secured. He also thought that objections urged against it for fracture of the femur were very much overrated.

Dr. GURD said that he would not like to risk treating an adult's fractured femur in this way, as he feared that before union had occurred there would be no pressure around the limb, owing to the rapid atrophy which follows disuse and bandaging, thus allowing displacement of the fractured ends.

Dr. BLACKADER said he had broken the femur of an infant with the blunt hook in a difficult breech case, and, assisted by Dr. Sutherland, a gutta-percha splint was applied, which answered admirably.

Dr. Sutherland said he was going to use plaster-of-Paris splints in these cases in the future.

Dr. SHEPHERD quoted Heath as saying that there was no necessity to take in the joints where plaster-of-Paris was employed.

Dr. RODGER had lately used plaster-of-Paris splint for fracture of the femur in a child aged 5 years, with excellent results. He always uses this method of treatment for fractures of tibia and fibula.

*Cases in Practice.*—Dr. BELL said that this evening he had been sent for by the Coroner to make a post-mortem examination on a young man, aged 28, who had been found dead in his bed. Death was found to have been caused by the bursting of a small aneurism into the pericardium. The aneurism arose from the lower and back part of the transverse portion of the arch. The young man had been treated as an out-door patient at the Hospital for pains in the back. Aneurism had not been detected.

*Stated Meeting April 11th, 1884.*

T. A. RODGER, M.D., in the chair.

Dr. TRENHOLME exhibited *two pairs of Ovaries and Tubes* lately removed. One case was operated on 22nd March. Both ovaries were much diseased, and enlarged to about four times their normal size. The patient was 32 years old, and had always suffered much at her monthly periods. Her sufferings have gradually increased year after year up to about November last, when she began to manifest symptoms of insanity of a melancholy

religious character, with a suicidal tendency. Her monthly sufferings abated with the advent of the mental infirmity. The patient had been under the care of Dr. M., in Ontario, who suspected some disease of the internal organs of generation, and sent her down to Dr. T. On examination both ovaries were found to be enlarged and tender, the uterus congested, and tender, but otherwise normal. The operation was with the hope of benefiting her mental condition. The wound healed by first intention throughout, and the sutures were removed on the 5th day, not a drop of pus being present. The patient made a rapid recovery, and returned to her home before the end of the third week. But little could be determined as to the result of operation upon her mind, but, so far as could be judged, she seemed somewhat benefited. The future of this patient will be watched with interest and reported to this Society at another time.

Case 2.—Patient, aged 22, has suffered much for several years from pelvic pains, aggravated at each menstrual period. Both ovaries tender and enlarged, uterus congested and very tender, and also retroverted. Attempts at replacement and the use of a pessary had been followed by pelvic cellulitis; even with greatest care could not tolerate a pessary. Rest and local treatment relieved for a time, but when she attempted to work was again laid up. As the girl had no friends or means of support, and her health precluded service, I removed the specimens now before the Society. Both ovaries (as you see) are much enlarged, undergoing cystic changes. The tubes also very much congested. This patient has so far made most unsatisfactory progress towards recovery. There seems to be no healing power in her, and, while no dangerous symptoms threaten life, a tedious convalescence is looked for.

Dr. HY. HOWARD considered the first to be a case of acute dementia, and said that peripheral irritation, especially from the organs of generation, will sometimes be followed by dementia in both sexes, often taking the form of religious dementia. Dr. H. mentioned two or three cases where young men on the first night of their marriage became insane.

*Purpura Hemorrhagica.*—Dr. KENNEDY mentioned that lately he had under his care four cases of this disease, all in young children of different families. He asked if other members had seen an unusual number of those cases.