

the abdomen had been diagnosed from the dull note in the dependent part of the abdomen. The perforation was situated near the uterus. Recovery was good.

Dr. LAFLEUR had seen a case at the Johns Hopkins Hospital where the presence of blood was revealed by aspiration. Upon operation, the case proved to be a ruptured tubal pregnancy complicated with chronic ulcerated appendicitis.

Dr. GORDON CAMPBELL had seen Dr. Armstrong's case one hour and a half after the commencement of the first attack. The pain was pretty high up, a little to the right of the umbilicus. There was no dullness or tumor.

Dr. WESLEY MILLS—Intra-venous injection appears to be indicated when collapse is severe.

Dr. ARMSTRONG, in reply, said that in his experience dullness and tumor were only met with in extra-peritoneal cases; when the primary rupture is intra-peritoneal, the blood is diffused between the coils of intestine.

*Intra-Capsular Fracture of the Femur in a Paralyzed Limb.*—Dr. JAMES BELL exhibited the specimen, and related the history of a man 68 years old, who had been the subject of infantile paralysis. The fracture occurred in the paralyzed limb. After eight weeks' treatment by extension with the long splint he was about to be discharged, as there was no hope of restoration of function in the originally useless limb. He contracted a pneumonia, and died nine weeks after the accident. The bone did not show the slightest attempt at repair. In a normal state of nutrition considerable attempt at union would be expected after nine weeks immobilization. Absence of union in this case was doubtless due to the paralysis. Dr. Bell thought that even in very old patients sufficient union to ensure a serviceable limb is to be hoped for, and disapproved of the advice given in text-books to make no attempt at treatment if very old. In one case of his a lady, aged 94, recovered sufficiently to walk about after nine or ten months.

Dr. ARMSTRONG referred to a case in his practice, when a lady 92 years old got sufficiently well to walk about, though no treatment at all was attempted. He asked if Dr. Bell had ever seen bony union in these cases.

Dr. SHEPHERD thought that the cases which got well were those where impaction was present. It is in cases where manipulation for purposes of diagnosis is employed that the patients never get well, as the impaction is thus broken up. Manipulation should never be used in such cases.

Dr. F. W. HAMILTON had been present at the autopsy on Dr. Bell's case. There was a purulent arthritis of the joint.

Dr. BELL fully agreed with Dr. Shepherd's remarks. He had not seen many specimens of bony union in old persons.

Dr. MCGANNON did not see how a diagnosis could be made without manipulation. He had resorted to it in the case of a woman of 58, and after treatment of a plaster of Paris bandage had secured good union.

Dr. GORDON CAMPBELL referred to Treves sign of a lax condition of the fascia lata on the affected side, as being of great value in the diagnosis of intra-capsular fracture.

Dr. SHEPHERD thought that a diagnosis could be made by observing the relation of the trochanter to Nelaton's or Bryant's test lines. He would rather make an error in diagnosis than run the risk of crippling the patient for life.

*Copper Nugget in the Form of a Skull-Cap.*—Dr. JAMES GUERIN showed this specimen, found in the Calumet Mines, 4,200 feet below the surface. It was stated that near it were found two other pieces of copper, one having the outline of a foot, the other that of a tibia, according to the description of a medical man. The resemblance to a skull was very striking; but if it was a skull, how did it get there, and why was it converted into copper?

Dr. GIRDWOOD thought the specimen merely a piece of copper ore.

*Case of Belladonna Poisoning.*—Dr. Elder was summoned on 23rd Dec., 1893, to see a woman aged 45, who was stated to have suddenly fallen in a fainting fit while at breakfast. She was lying down. The face was suffused. There was intense throbbing of the vessels of the neck. The pupils were so dilated that scarcely any iris could be seen. Belladonna poisoning was at once suspected, especially as a liniment of equal parts of extract belladonna and glycerine was being prescribed for another member of the family. It transpired that by mistake a dessert spoonful of this had been taken. A few moments later she said that her eyes "felt as if dropping out." She soon became unconscious. Her stomach, which was nearly empty, was thoroughly evacuated with the stomach pump and washed out with four quarts of water. Afterwards half a grain of morphia was given hypodermically, which promptly contracted the pupils. The pulse was at first 160 and breathing rapid, afterwards the pulse became slower but weaker, and breathing deeper and stertorous. Hypodermics of brandy and ether were employed as stimulants. At times respiration almost stopped, but would revive upon pressing the epigastrium. At 3 p.m., at suggestion of Dr. Blackader,  $\frac{1}{30}$  gr. nitrate of strychnine was given. At 6 p.m. she had recovered consciousness and was able to pass her urine. After this her recovery was rapid. On the following day, while breathing near her husband's eyes, he declared that he suddenly became blind. His pupils were certainly dilated, possibly from absorption of the drug exhaled by the patient's lungs. One of the hypodermic punctures produced a slough.