of digitalis on account of vomiting, digestive disturbances, cerebral excitation, the dilatation of the pupil which it so often produces after prolonged use. The final action of digitalis is exhaustion of the heart, increase with enfeeblement of the heart's pulsations, just the opposite effect from those we seek when we give the drug.

"Convallaria has no deleterious effects on the economy, and has no cumulative action."

Hospital Reports.

SEPARATION OF THE LOWER FEMORAL EPIPHYSIS.*

Under the care of A. Primrose, M.B., C.M. Edin., M.R.C.S. Eng., in the Hospital for Sick Children, Toronto.

Willie Macklin, æt. 13. At half-past seven o'clock on Thursday morning (Nov. 12th, 1891) he was trying to pass from one room to another by climbing out of one window and into another, the rooms being situated in the third storey of the house, 30 feet from the ground. He missed his footing and fell, falling on a driveway. His sister and mother went immediately to his assistance, and found him lying unconscious. He was carried into the house, and about half an hour after he became conscious. Dr. Primrose was sent for, and found the patient at 8.30 a.m., lying in bed, with the left leg flexed on the thigh, at an angle of 80°. The thigh was also flexed on the abdomen. There was perceptible swelling at the knee-joint. The boy complained of pain in the knee. There was a considerable amount of blood about the face. He had a cut in the lower lip 1½ inches long, through the entire thickness of the lip, ¾ of an inch below the free margin of the lip. He had knocked out the left upper central incisor tooth. He had a small wound in the right ala of the nose. Dr. Primrose examined the injured limb and concluded that a fracture existed, but could not determine the exact site; there was undoubtedly some implication of the knee-joint in the injury; the swelling within the synovial sac occurred immediately after the injury; it probably was filled with blood and serum. A long splint was applied, the limb first of all having been straightened by traction at the ankle. The splint extended from the foot to the axilla, and was secured by a leg-bandage, a spika at the hip, and a wide roller around the chest. Four stitches were put in the wound in the lip.

Dr. Primrose advised that the child be sent to the Children's Hospital. This was done, and he was admitted at 11 a.m. On admission, the child was put under chloroform and examined. The femur was carefully examined, but no fracture discovered by direct manipulation of the bone. The leg was then grasped above the ankle by one hand, and the other hand applied over the condyles of the femur. It was found that very marked movement occurred laterally at the condyles, at a point apparently just below the adductor tubercle on the inner side, and at a corresponding point on the outer side. The movement (although not carried out extensively) was very perceptible, the lower fragment rocking from side to side on the upper, producing at the same time soft crepitus. The patella, on being pressed back firmly against the femur, and on being rubbed from side to side, gave a very perceptible crepitus, a roughness which was well marked. (This fact was noted at the boy's home. It was found that there was no pain on manipulating the patella alone, but on pressing it back against the femur pain was elicited, and the roughness spoken of noted.) The swelling at the joint was very great. On careful measurement being taken from anterior superior spine to the internal malleolus, there was found to exist scarcely half an inch of shortening in the fractured limb. The limb was placed in good position and a long splint from the axilla to the ankle applied with extension 6 lbs., the limb being retained in an extended position.

Dec. 9th, 1891. There has been some irregularity of the temperature since admission. There has been nothing special to note in his condition. The swelling in the knee has been very obstinate, but is slowly diminishing.

Dec. 12th, 1891 (four weeks after the injury). Dr. Primrose removed the splints and attempted passive movement at the knee-joint. A very small amount of flexion was possible, through an angle of, say, 8°. This was not accomplished without considerable pain to the patient, and the breaking down of adhesions was perceptible, some giving way with a distinct crack Directions were given to have passive movement

*A case presented at the Toronto Medical Society.