

MEDICAL SECTION.

Second Day—Afternoon.

KERNIG'S SIGN—THE FREQUENCY OF OCCURRENCE, CAUSATION AND CLINICAL SIGNIFICANCE

BY

DR. T. D. RUDOLF, TORONTO.

This paper contained the results of an investigation carried out in the different hospitals of Toronto. A large number of patients of all ages were examined, suffering from diverse troubles, and the angles at the hip and knee accurately measured in over 200 of them. In 162 Kernig's sign was present in 97, that is, in over 60 per cent. It was always absent in perfectly healthy children. Dr. Rudolf considers that a more convenient plan is to extend the knee and then flex the hip as far as possible. Sometimes there is more than the usual degree of stretching of the ham strings possible, and this extra flexion can, by the writer's method, be exactly measured when Kernig's sign could not show it. Out of the 97 cases in which Kernig's sign was present, in 59 an angle of less than 165° at the knee could only be obtained, and of these in 10 cases the angle was 135° or less, showing a very marked degree of the sign. These 59 cases were of all kinds, and only one of them was meningitis. Dr. Rudolf then went on to state that none of the theories of explanation of Kernig's sign were satisfactory as to its occurrence in meningitis.

MULTIPLE SARCOMA—REPORT OF A CASE

BY

DRS. F. N. G. STARR AND J. J. MACKENZIE, OF TORONTO.

Dr. MacKenzie read the notes on the case. No autopsy could be made. The patient was a female 38 years of age, a seamstress. The personal or family history had no bearing on the case. For a number of years before 1901, the patient had a goitre, which, under treatment, almost disappeared in the winter of 1901. In April of this year a lump about the size of a pea was noticed slightly to the left of the middle line of the abdomen near the symphysis