

suck ; its thumbs were turned into the palms of the hands, the legs were crossed ; it kept up a whining cry, and every few minutes its muscles became rigid and there was a convulsive twitching of the whole body. The nurse had been carrying it about, and jolting it, the occiput resting on her arm. Child was laid on the side, and kept on one or the other, and was given a few doses of bromide of potassium and ergot. Recovery. P.m's in such cases had shown congestion of the membranes of the brain and cord with clots in the fossæ and cerebellum, some extravasation of blood on the membranes of the spine and brain. A deep congestion of the lungs was frequently noted.

Dr. H. B. Anderson asked if the hæmorrhage in the posterior part of the brain was supposed to be secondary to the convulsion, or whether the depression itself could produce the condition.

Dr. B. E. McKenzie said he had noticed that the essayist had not offered any explanation of why the depression in the occipital bone would produce the condition. It would not be difficult to see how depression in the parietal bones would cause the symptom.

Dr. Oakley said it had been recommended not to allow the infant to lie on anything hard lest that would cause convulsions.

Dr. Wilson said he did not see how the pressure would do the damage referred to. The parietal bones would cause the symptom.

Dr. Galloway asked why the proportion was so high among the negroes. One would think from its epidemic character that it must be due to some acute infectious process, and that the hæmorrhage would be one of the results.

Dr. Wilson said that the reports were from localities where the inhabitants were nearly all negroes. The large percentage was due to the bad hygienic surroundings and bad management of the cases. It was unlike tetanus in that it came on earlier.

Dr. B. E. McKenzie presented a boy, æt. 15, with a short, deformed hip and leg and curvature of the spine. There was some history of tubercle in the family. When a week old a swelling appeared on the left hip which was followed with suppuration. Ill one year, during which time pus discharged through openings in the hip. Pieces of bone came out at various times. The report of a second similar case was given by the doctor. He thought the pathology in one case was the same as that in the other—acute arthritis and epiphysitis. Three lines of treatment were considered—amputation, the excision of the knee-joint, and the use of a mechanical appliance. The last was decided upon. He would direct the use of a modified Thomas' splint with a lock joint at the