

termination may be by resolution, by induration, or by suppuration. The opening of the abscess may be through the skin, into a neighbouring hollow organ, or into the peritoneal cavity. In the only autopsy which had been made, the suppurating phlegmon had opened into the peritoneal cavity and had determined a fatal peritonitis and a partial destruction of the recti muscles of the abdomen at their inferior part. In other cases the pus made exit through the walls of the rectum or through the skin. It is easy to conclude from these facts that the prognosis must be grave.

The treatment of the swelling, in its inflammatory period, should be the same as that for other phlegmons: rest, restricted diet, emollients, &c.

When fluctuation has been recognized, you should hasten to lay open the swelling; if other purulent collections exist in communication with it, counter openings should be made.

Lastly, it must never be forgotten that it is possible to obtain resolution or induration, and consequently you should always insist upon early treatment.

[During the past year M. Constantin Paul and others have reported to the various societies of Paris several cases of hæmatocele in this pre-peritoneal cavity or canal of Retzius, and we ourselves have had a case under observation which terminated spontaneously in resolution. —ED. CAN. JOUR.]

PHYSOSTIGMA FABIA IN THE CONVULSIVE DISEASES OF CHILDREN has been used with marked success by Dr. J. S. Trezevant (*Transactions of South Carolina Medical Association*, 1876) in several cases. The convulsions were readily controlled after every other remedy was fully tried in vain.

Dr. McLawrin (*Edinburgh Medical Journal*, vol. 11, p. 319) reports a remarkable case of tonic convulsions persisting for many months, attacks recurring several times a day, in which physostigma greatly moderated the attacks and effected a cure in a few weeks. The dose was gradually increased until the equivalent of four grains of the bean had been taken four times a day. In another case, a little girl $4\frac{1}{2}$ years old, who had had convulsions four or five times a day for nine months, not a single attack occurred after the first dose of this medicine. — *Virg. Med. Monthly*.

Hospital Reports.

HOUSE OF PROVIDENCE.

SEPARATION OF THE EPIPHYSIS OF THE CAPUT FEMORIS.

For the privilege of reporting a case of this rare accident we are indebted to Dr. Senkler, under whose care it came, and to Mr. Jones, clinical clerk, for its transcription.

From the statement of the child, it would appear that she fell directly upon the outer side of the thigh, which circumstance, in Rodet's opinion, in which Hamilton concurs, should have given rise to an extra-capsular fracture; but, had some observant person been present at the time, it might have been noticed that the concussion was transmitted from the front as well, which Rodet admits would then be likely to produce an intra-capsular injury. The occurrence of this rare accident, although not admitted by Hamilton, in the absence of *post-mortem* proof, is mentioned by Liston, and seeming instances have been recorded by Willard Parker, Mr. South (in a note to Chelius's Surgery), Dr. Post, Sayre, and Hamilton himself.*

February 2nd.—Mary W——, aged fourteen, of the House of Providence, while sliding down the balustrades fell a distance of about eight feet upon the right trochanter major.

Drs. Holey and Cameron examined the patient immediately after the accident and discovered shortening of right lower extremity from one-eighth to one-fourth of an inch; no eversion or inversion of the foot, no crepitus, but considerable pain on movement; thought if fracture existed it must be impacted intra-capsular.

February 3rd.—Dr. Senkler made an exam-

* Mr. Hornidge, in the article on Fractures in Holmes' System of Surgery, says: "Although it (separation of epiphysis) has been demonstrated, by *post-mortem* examination, only at both ends of the humerus, femur tibia, and fibula, and the lower end of the radius, yet it has been diagnosed during life in other parts of the body. . . . The epiphyses which enter into the formation of the ginglymoid joints unite with the shaft of the bone sooner than those which correspond to the enarthrodial; therefore separation of the latter is the more frequent."