

The minutes having been read and approved Dr. F. W. CAMPBELL drew the attention of the Society to the fact that a portion of the minutes of the last meeting had been published in the daily papers, contrary to the usual custom which has been established by the Society with reference to publication of minutes. The President explained that he had mentioned the propriety of sending Dr. Larocque's report and discussion thereon to the papers. The general feeling of members was in favor of never departing from the rule already laid down bearing on this matter.

Dr. OSLER explained that the pathological specimens intended for exhibition had, unfortunately, been frozen hard, and could not be shown.

Dr. SHEPHERD then read a most interesting paper upon a case of congenital dislocation of the hip. The case came under his observation in the body of a woman received for dissection in the McGill University. An outline of what is known of this rare occurrence was given, and followed by a most minute and careful anatomical description of all the parts concerned, together with a resumé of the points in which this example differed from other similar recorded cases. The specimens, femur and pelvis, were exhibited, as also drawings of the parts, with ligaments *in situ*.

Dr. HINGSTON, from an examination of the specimen, and in the absence of history of the case, would be inclined to say that the dislocation was the result of disease, and not congenital.

Dr. FENWICK thought that, if disease were the cause, indications of that would be unmistakably still about the affected parts, which were not present, nor were there any signs of old fistulas, moreover the position of the parts corresponds with that which has been found in cases known to be congenital.

Dr. BULLER has knowledge of a case in a young girl, who, having dislocated her hip some time ago and had it replaced, still a recurrence of the displacement took place several times. Her physicians say there is no disease of the cotyloid cavity. He would ask if the present case might not have occurred in the same way in girlhood.

Dr. FENWICK mentioned that a gentleman who had met with an accident at the battle of Gettysburg, dislocating one hip joint. He, curiously,

afterwards could at pleasure reproduce the deformity. It was thought that the border of the cotyloid cavity had been chipped off.

The PRESIDENT did not see why the hip might not become subject to displacement just as the shoulder does. He had also seen the party alluded to by Dr. Fenwick. How common to meet with persons who can partially dislocate the thumb. Well, might not some of these cases of congenital dislocation arise from some such laxity of the muscles, ligaments, etc., especially in presentation of the nates without violence, as dislocation of the hip might easily be produced. As to the specimen, the cotyloid cavity is diminished. In all the cases he had seen of hip disease the cavity was enlarged, and he thought that Dr. S. deserved great credit for having surmised that it was not of this nature. He therefore holds with Dr. S. that the diagnosis of congenital dislocation is correct.

Dr. SHEPHERD explained that thinning in the base of the acetabulum was owing to diminished development of all the bones of that side. The shape of the obturator foramen was characteristic. Loss of the trochanter Minor was to be remarked. No case of hip disease ever presented just such features as this.

The PRESIDENT read a letter from Dr. Larocque, enclosing a resolution bearing on Sanitary matters, which was referred to the Council to report at a subsequent meeting.

O. C. EDWARDS, M.D.,

Secretary.

MEDICO-CHIRURGICAL SOCIETY.

MEETING 6TH FEBRUARY, 1880.

Present: Drs. Reddy (chair), Hy. Howard, Trenholme, Macdonald, Blackader, Hingston, Baynes, Buller, Kennedy, Osler, McConnell, Fenwick, Bessey, Campbell (F.W.), Finnie, Ross, Alloway, Roddick, Rodger.

The minutes of the last meeting were read and approved.

Dr. BROWNE read the report of an unusual case of strangulated umbilical hernia. It occurred in an old lady æt. 63, a small hernial projection showed itself after an attack of diarrhoea. This rapidly inflamed and suppurated, and ultimately opened and discharged. Some days subsequently, whilst at stool, profuse hemorrhage took place, and she died in 15 minutes. The autopsy showed a strangulated portion of