

had to be used. She passed but two ounces of urine per day. It was of high specific gravity, and contained a trace of albuminuria. Periods of unconsciousness and convulsive movement were experienced. About four months ago she noticed a swelling near the left mammary gland. This was followed by some several others, and an infiltration of the cellular and muscular tissue of the abdomen and lower limbs. Stigmata appeared on various parts of the skin. The stomach was irritable, there being nausea and vomiting. Patient lived on but one meal a day. Suffered from insomnia. Patient under treatment by her tenth doctor on listerine and water was improving, the lump and stigmata having largely disappeared.

Toronto Clinical Society.

THE February meeting was held in St. George's Hall, President Allen Baines in the chair.

Amputation at the Hip-joint.—Dr. F. LeM. Grasett reported a case of amputation at the hip-joint. Patient, carpenter. Last spring first symptom, pain in the groin, was noticed, gradually extending to thigh, accompanied by swelling. In three weeks he was obliged to go to bed. Glands in groin were enlarged and hard. The swelling was most marked in the centre of the left thigh, especially on the outside. The bone was thick. Patient was kept in hospital some months, but did not improve. As fears of malignancy were entertained by the surgeons who examined patient, amputation was done at the hip by Fournier-Jordan's method. Wyeth's pins were used, and digital compression employed, making the operation bloodless. Recovery uneventful. Mortality in pre-antiseptic days was about 87 per cent.; now, 34.4 per cent.

Operation for Neglected Fistula was the title of a paper by Dr. G. A. Peters. The method employed had been in vogue formerly, and was used in cases where the internal opening was near the outlet, the fistula narrow and indurated, with its external opening some distance from the anus, and not causing more inconvenience perhaps than emitting a little moisture. It might be as deep as the glutæus maximus and extend out six inches. The history and treatment of three such cases were given by the essayist. The whole sinus is laid open, the whole tract of the sinus dissected out, and this large wound stitched up with deep sutures of silk-worm gut, approximating the surfaces throughout. A catheter placed in the rectum is of much