

himself to see vomiting supervene, which it is at times difficult to overcome.

One word more before finishing. People have often attempted to dissuade me from administering chloroform to scrofulous and tuberculous children, in whom a painful operation, and notably the dressing of a coxalgia, was to be performed. The child might, they tell me, be seized with accidents of granular meningitis, and the parents would not fail to accuse you of having given rise to these accidents by the administration of the chloroform.

Convinced of the harmlessness of the anaesthetic agent and of its great utility in this class of cases, I have never given way to these counsels, and accepting the responsibility of my acts, caring very little, above all, for the absurd accusations of which, in case of complication, I might become the object, I have always practised the precept "Do your duty whatever happens."

The moment has come, I think, to repair an omission, which I acknowledge I have made purposely. You have probably remarked that in watching the patient submitted to chloroform we have not consulted the pulse. In fact, I believe this investigation useless, and perhaps even dangerous, if we trust to it in an exclusive manner; in this sense, that it has been observed that the pulse is still perceptible in a very clear manner at the time that the respirations have been wanting for a time already quite long and that, consequently, the position of the patient is as critical as possible.

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**HUGE VESICAL CALCULUS**—Dr. Brown, of Barnsbury, brought to the first meeting of the Islington Medical Society, on the 22nd ult., a human bladder, containing three stones, weighing in all one pound and a quarter, less 20 grains. The largest stone weighed  $\frac{3}{4}$  pound, less 20 grains; the next  $\frac{1}{2}$  pound, less 40 grains; the third 40 grains.

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**DERMOID CYST IN THE FLOOR OF THE MOUTH.**—Guetterbock reports a case of dermoid cyst, the size of a hen's egg, in the floor of the mouth of a man twenty-six years of age. It was successfully removed.

## FRACTURE OF THE STERNUM.

BY H. T. MACHELL, M.B.

Read before the Toronto Medical Society.

Was asked to see Mrs. McMullen, 54 years of age, on the morning of the 22nd of October, 1878. She said, the night before, after undressing for bed, she had gone to the head of the stairs to call her daughter, but failing to make her hear, had attempted to go down, and on stepping on the first step it gave way, precipitating her to the bottom, a distance of sixteen or seventeen feet, stunning her thoroughly for the moment. She was unable to move, and had to lie where she was till her son and daughter came in, when they managed to carry her up to bed. As to how she reached the floor, or what she struck against, she could give me no information. She had slept none all night, and was then complaining of great pain over the breast-bone and on both sides of the chest. In fact, she complained of being bruised almost all over the body.

The pain over the sternum gave her the most annoyance, and on examining it, found it exquisitely tender to the touch, swollen, and considerably ecchymosed. A slight depression could easily be seen about the centre of the sternum, and by passing the fingers over it gently (the slightest pressure causing intense pain), some displacement could be made out. The parts were so tender that the manipulation necessary to obtain crepitation could not or would not be endured. On examining the left side, I felt greatly confident there was also a fracture of the eleventh rib.

I merely gave morphia in sufficient doses to relieve pain—the suffering, on attempting to move her even very slightly, was so great that I did not apply anything in the shape of a roller or adhesive straps to give support to the chest or relieve the intercostal muscles of part of their work. After three or four days the extreme sensitiveness disappeared. I then found that I had been mistaken concerning the rib. There was no fracture—it was merely a severe bruise, but I was able to make out that the fracture of the sternum was a transverse one between the third and fourth ribs. The lower fragment was the more prominent, and rode over the