

Case 1.—Girl, thirteen years. Hip-joint disease had existed for three years, abscesses discharging more or less for two years and ten months. Moderate glandular enlargements existed all over the body. December 15th, 1890: examination showed no deformity except shortening and muscular atrophy. The motion at the joint was very considerable, and no pain had been felt for months. Abscesses below the great trochanter discharged through six sinuses, several of them near together, surrounded by a dark purple areola, covering an area of about two by three inches. This patient received half a milligramme of the lymph at 3:30 p.m. No reaction was observed. December 17th: a second inoculation of half a milligramme was followed by a slight reaction, the temperature rising to 101. No change was noticed in the condition of the joint. Two of the sinuses were closed, and the discharge from the other was unchanged. December 19th: the purple areola has disappeared, leaving only little red islands about each sinus. The skin had become dry and scaling where it was previously necrotic.

Case 2.—Boy, six years. Has had hip-disease twenty-six months; abscess discharging intermittently for four months. December 15th: half a milligramme of the lymph was injected at 3:30 p.m. Examination at that time showed the limb to be flexed at 155 degrees, abducted 15 degrees, and rotated outward 30 degrees. There was shortening and atrophy, and a sinus was about to open again. The limb was moderately sensitive, and there was less than ten degrees of flexion. Reaction came on in ten hours. Temperature at that time 101.4; night-cries began anew, and the joint became very painful. On the following morning this was very evident, and there was almost no motion in the joint. Flexion and abduction were also increased, and the inguinal and cervical glands seemed larger. With the fall in temperature, the pain and deformity also diminished markedly, but not entirely, and the original amount of motion was restored. December 18th: a second inoculation of half a milligramme was given and again the temperature rose, the joint became actively sensitive and more deformed, and motion was practically *nil*. This was the condition at noon. The site of the sinus was no longer purple, and was covered by dry, scaly skin.

Dr. Shaffer also presented a report of some of his cases which had been treated according to this method. (See *Medical News*, December 27th, 1890.)

Dr. R. H. Sayre asked if much of the increase of pain noticed in one of the cases might not be due to the removal of the apparatus.

Dr. Shaffer replied that this patient had previously been in bed for days at a time without the apparatus, and yet had not experienced any such pain as was present after the inoculation.

Dr. Berg thought that some of the phenomena observed might be referable to the fever which was present, just as an increase in the joint symptoms was sometimes noticed during the progress of the acute exanthemata.

Dr. Shaffer said that he had seen cases of joint disease suffer no exacerbation during the course of a typhoid fever, in which the temperature frequently reached 105 degrees, and scarlatina also often failed to affect the condition of a diseased joint. Measles, on the contrary, was particularly prone to increase the severity of the joint symptoms. Hence, there was something more than fever necessary to account for the influence of certain diseases on the condition of a joint; and in one of Dr. Myers' cases, there was no fever, and yet marked improvement followed the inoculation.

HURON MEDICAL ASSOCIATION.

The annual meeting of the Huron Medical Association was held in Seaforth on January 13. The president, Dr. Irving, occupied the chair.

Dr. Armstrong reported a case of an anencephalic monster, and presented the specimen. In the discussion that followed, the chief points alluded to were the influence maternal impressions had in producing monstrosities, and the difficulties in diagnosing the presentation in some of those cases.

Dr. Wood mentioned a case of an anencephalic monster with spina bifida in the cervical region, which he mistook for a breach presentation.

Dr. Holmes (Brussels) presented a boy eighteen years of age, who three years previously began to experience weakness and slight pains in the arms. At present there is atrophy of the pectoral muscles, deltoid, and those of the