

Dr. WILKINS believed the untoward action of chloroform in cases like that under discussion was in the heart muscle itself, and gave his reason as follows: some years ago, when performing experiments upon animals, he frequently had stoppage of the heart occur among dogs, which he was able to resuscitate afterwards by artificial respiration. This resuscitation proved the action to have been upon the heart itself, because the cardiac and respiratory centres being close to each other in the medulla, if the lesion was central, recovery could not take place in such a short space of time. Most of the members would remember those drowning experiments, where dogs were submerged, some with corks in their trachæ, some without; the former were capable of being resuscitated, as they could properly aerate their blood and the heart resumed its action, the latter were not. In collapse from chloroform, if artificial respiration were kept up for three or four minutes, the heart might resume its action, showing the collapse to have been the result of the action of the drug upon the heart muscle itself rather than upon the cardiac or respiratory centres.

*Dislocation of the Ninth Dorsal Vertebra treated by Extension.*—Dr. ARMSTRONG showed a man in whom he had successfully reduced a dislocation of the dorsal vertebra. The patient was brought into the hospital with what appeared to be a fracture and dislocation of the eighth or ninth dorsal vertebra. The accident occurred in the following way: The man driving under a gateway on top of a load got himself jammed between the latter and the arch. There was no evidence of destruction of the cord at that time, he could move his legs, etc., and sensation seemed normal; but his body was doubled up, bent much forward and he was unable to straighten himself. A depression was observed at the point of injury and the supra-spinous ligament seemed broken. He put the patient under an anæsthetic, had a large pillow placed under his abdomen, and with the assistance of two men attempted extension and reduction. To his great surprise the dislocation was reduced almost at once, slipping right in, the two vertebrae came together, and the depression and deformity disappeared. The man felt quite relieved upon coming out of the chloroform, and although seven weeks had passed he had had no bad symptoms since. From this experience he would therefore advise surgeons always to try extension of the spine with manipulation of the vertebrae before proceeding to operate, no matter what their previous experience of such cases may have been.

*Arthrectomy.*—Dr. ARMSTRONG showed a man upon whom he had performed arthrectomy about a year before. The patient had been exhibited shortly after the operation,

when only slight motion in the joint was present; now, however, it was capable of a great deal more. The operation consisted of opening the knee-joint and removing the articular surfaces of both condyles and a portion of the tibia. He had cut across the patella, which was united by ligamentous union. The case was one of caries sicca, with marked atrophy of the muscles. The object in bringing him again was to show how much improvement had taken place since the operation. The man had been working on a cattle ship all summer, and enjoyed apparently a very useful limb.

Dr. MILLS mentioned a case which he had seen in Baltimore a short time ago, under the care of Dr. A. W. Clement. It was dislocation in the horse of the middle cervical vertebrae, the deviation from a straight line being so great that the neck had the shape of a bent arm, and yet there never had been a symptom referable to the nervous system.

Dr. ADAMI reminded the Society that to a Montreal physician, the late Dr. Campbell, belongs the honor of what was believed to be the first case of successful reduction of dislocation of the cervical vertebrae. Dr. Campbell, while making his rounds, observed a child to fall from a tree, noticed the characteristic attitude of the body on the ground, pulled upon the head and brought the parts back into original position immediately.

Dr. JAS. BELL said he believed Dr. Campbell's case to be true. He himself saw a case of undoubted dislocation of the cervical vertebrae, without any symptoms of pressure on the cord. On first seeing him the patient refused to take an anæsthetic. On the following day, while undergoing an examination, in turning his head from side to side, suddenly his neck shot back, and he was as well as ever. It apparently reduced itself during the slight manipulation. Dr. Bell always felt there was danger of doing serious injury to the cord in attempting to reduce a dislocation; it was hard to imagine how one in the dorsal region could be reduced without injuring the cord.

*Scurvy in Children with notes on two Cases.*—Dr. A. D. BLACKADER read a paper on this subject as follows:—

It is only recently that the symptoms of scurvy in children have received recognition by the profession in America. Scarcely a twelve-month ago, Dr. Northrup of New York, previous to the presentation of a paper on this subject before the New York Academy of Medicine, wrote letters to physicians in various parts of the States and elsewhere, asking their experience with infantile scurvy. Along with others I was asked to communicate what I could, either from my own personal experience, or from that of my *confrères*, in reference to the prevalence of this disease in Montreal. I had