They are now in Australia engaged in active life as boys. All such cases are extremely difficult to separate and diagnose, and in many cases much depends upon such diagnosis. In this case it is interesting to note the direction of the broad ligament, for it illustrates well the mode of development.

FRACTURES AS SEEN BY X-RAYS.

J. ALEX. HUTCHISON, M.D., gave a lantern demonstration of fractures as seen by the X-rays. Dr. Hutchison exhibited some 75 specimens of fractures of various kinds, particularly those of the upper and lower extremities. These were taken from the different clinics of the Montreal General Hospital from the time of the inception of X-ray methods. Dr. Hutchison stated that, in giving this demonstration, he wished to emphasize the difficulty often experienced in making a diagnosis from an X-ray plate, and it was often left to the operator to settle the question; so much depends upon the angle at which the rays strike the fracture, or a part of the bone.

He thanked Dr. Wesley Mills for permitting him to use his apparatus, and Drs. Ricker, Hill and Nelson for their assistance in arranging the plates.

G. P. GIRDWOOD, M.D.—Dr. Hutchison is to be congratulated upon his beautiful set of pictures. The skiagraphic room of the hospital receives a vast amount of material, but, so far as my experience goes, I would wish that surgeons who have charge of the cases would themselves attend the operation, to suggest and help in securing a picture under the best possible circumstances. The operator is very often expected to know and diagnose the condition of the injured limb, where the fracture is, what is the nature, and what would be the best point of view. As to the difficulty in the reading of these photographs, this can only be remedied by a thorough knowledge of anatomy, to begin with, and familiarity with every angle and curve. This can only be done by a first-class anatomist and surgeon.

KENNETH CAMERON, M.D.—We are all so dependent on the X-rays in cases of fracture that the present demonstration is most timely. There is one condition, however, in which the X-rays are not of much value, that is in separation of the epiphyses, especially from the lower end of the radius. I used to think this a rare condition, but during the last winter I have come across half a dozen in the young, which, clinically, have all the symptoms of a Colles' fracture. In looking at the skiagraphs of this condition, it struck me that there was blurring of the epiphyseal line in the fractured condition, which one did not find in the