Dr. Taylor said that he never hesitated to immobilize a healthy joint for any length of time that might be necessary, and he had never seen any bad results from it.

Dr. Ridlon described an easy and inexpensive method of producing the flat-foot plate used by Dr. Whitman. The usual method is to have an iron foot made, on which the plates are hammered out. Recalling the copper-plated plaster casts recently exhibited to the Section by Dr. A. M. Phelps, he had taken a plaster of Paris cast to Lovejoy, of 45 Rose Street, who had coated it with a solution of silver, and then, by means of electro-deposition, had obtained a copper plate of the desired thickness, and at a cost of only \$1.50. The copper plate so prepared was exhibited.

## Hospital Reports.

## PARTIAL DISLOCATION OF THE RIGHT ASTRAGALUS FORWARDS.

UNDER THE CARE OF DR. M'PHEDRAN IN THE TORONTO HOSPITAL FOR SICK CHILDREN.

M. B., aet. 10, admitted October 1st, 1888. Four years ago, she fell from a tree, "spraining" her foot; since then she has been unable to walk properly. Her condition on admission to the hospital is as follows:—The foot is inverted, a marked prominence in the instep, where the outline of the partially dislocated astragulus can be clearly made out. The power of flexion and extension is very much restricted; the normal depression below the internal malleolus is wanting. In walking, the heel does not come to the ground, but the girl supports her weight entirely upon the ball of the foot, at the heads of the metatarsal bones.

The malleoli are nearer the sole than they should be; from malleolus to malleolus on the right foot 6 inches, left  $5\frac{1}{2}$  inches. There is also some shortening of the foot on affected side, thus: from inner malleolus to end of great toe, right foot, 6 inches, left foot,  $6\frac{5}{8}$ . From outer malleolus to end of little toe, right foot,  $5\frac{1}{2}$  inches, left foot, 6 inches.

Reduction by manipulation was impossible, and it was thought unwise to operate; the child was accordingly sent home.

## Books and Pamphlets Received.

Transactions of the Kansas Academy of Science. Vol. xi., 1887-88.

Some complications of Chronic Endarteritis. By Wm. B. Canfield, A.M., M.D., reprint.

The Early Detection of Pulmonary Consumption.
By Wm. B. Canfield, A.M., M.D., reprint.

Report of the Section on Practice of Medicine.

1. Relation of dusty occupations to Pulmonary Phthisis.
2. Present aspect of the question as to the etiology of pneumonia.
3. More recent treatment of pulmonary phthisis. By Wm. B. Canfield, reprint.

## Book Notices.

A Manual of Organic Materia Medica, being aguide to Materia Medica of the Vegetable and Animal Kingdoms. By John M. Maisch, Ph. M., Phar. D., Professor in the Philadelphia College of Pharmacy. Philadelphia: Lea Brothers & Co.

There is but slight change in the 4th edition of this well-known and standard text-book. Whilst the work is of but little use to the medical practitioner, druggists and pharmacists will appreciate it.

Manual of Skin Diseases, with special reference to Diagnosis and Treatment; for the use of students and general practitioners. By W. A. Hardaway, M.D., Professor of Skin Diseases in the Missouri Medical College, etc. St. Louis: Theo. F. Lange.

The diseases of the skin are considered in alphabetical order; a great sacrifice for the sake of a little convenience of reference. The descriptions are accurate, and form very good word pictures; the treatment is summed up as briefly as possible. The author does not hesitate to give his own opinion, as well as those of the standard authorities. We venture the opinion that this will become a favorite text-book for students.

Text-book of Medical Chemistry for Medical and Pharmaceutical Students. By E. H. Bartley, B.S., M.D., 2nd edition. Philadelphia: Blakiston & Co.

The author, in some 370 pages, covers theordinary range of inorganic and organic chemistry, poisons, their antidotes, and treatment, and