

practical teaching. Farewell to our former fellow students, whom we leave behind; we expect much from you, and we trust that we shall not be disappointed in our expectations of distinguishing yourselves in your coming examinations.

Ladies and Gentlemen, once more thank you for your attendance this afternoon, and to one and all, in behalf of the class of '88, I bid a hearty farewell.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, Dec. 9th, 1887 (continued).

Removal of Eight Calculi.—Dr. RODDICK exhibited eight large calculi which he had removed from an old gentleman last summer by the lateral operation. The stones weighed $2\frac{1}{2}$ ozs. At the time of the operation the patient was in very bad health and there was much pus in the urine. He died some two days after the operation of uræmia. Although no post-mortem was allowed, there is little doubt that the kidneys were very seriously affected. In this case the supra-pubic operation was contemplated, but the lateral was preferred on account of the small capacity of the bladder, which would only hold $2\frac{1}{2}$ oz. of water.

Stated Meeting, December 23rd, 1887.

JAMES PERRIGO, M.D., PRESIDENT, IN THE
CHAIR.

PATHOLOGICAL SPECIMENS.

Tuberculous Knee-Joint.—Dr. BELL exhibited a leg recently amputated at the junction of the middle and upper thirds, for tuberculosis of the knee-joint. A longitudinal section was made to show the condition of the joint. Dr. B. gave the following history:

P. F., aged 30, a pale, emaciated man, was admitted to hospital on the 19th of December with the following history: He began to suffer from a painful and swollen knee twelve years ago, which is vaguely attributed to injury. The knee has grown steadily worse up to the present, incapacitating him for work for the greater part of the time. For about four years he has been confined to his bed with it. Two years ago he was

treated by a quack, who blistered the leg in large patches above and below the knee, and then applied salt pork to the abraded surfaces. These sores never healed, and an attack of erysipelas, which occurred a few months ago, caused extensive burrowing of pus both in the thigh and calf. On admission, the patient's general condition and the condition of the soft parts in the leg and lower third of the thigh were very unpromising indeed. On this account the idea of excising the knee-joint was abandoned, and the thigh amputated at the junction of the upper and middle thirds (it being impossible to secure sufficient healthy tissue for flaps at a lower point). The progress of the patient was uninterrupted after amputation, and he was discharged at the end of three weeks with a small sinus still open at the inner angle of the flap. The knee-joint, when sawn through from above downwards, although showing extensive and widely distributed disease, was yet in a condition suitable for resection, had the patient's general health been better and the soft parts in the leg and thigh less extensively destroyed.

Dr. RODDICK thought that as far as the condition of the joint itself was concerned, it was a typical case for excision, but the condition of the soft parts necessitated amputation.

Dr. SHEPHERD saw the case three months before; did not think there was pus in the joint at that time, and was struck at the time of the operation with the amount of suppuration in the soft parts about the joint. He thought the amputation might with safety have been made a little lower.

Tubing in Diphtheria.—Dr. JOHNSTON showed the respiratory organs in a case of diphtheria which had proved fatal two days after the performance of intubation, the tube being shown *in situ*. The lungs were for the most part in a state of acute emphysema, but showed a few small patches of collapse with commencing pneumonia. The tube was seen *in situ*, and was not obstructed. The membrane had extended into the first bronchi. A slight diphtheritic exudation was seen over the tonsils. The tube had produced no necrosis of the parts with which it lay in contact.

Dr. MAJOR stated that the patient, a girl aged 3 years, had been temporarily relieved by the use of the tube, but had died two days later.

Dr. GEO. ROSS had observed shortly before death that physical signs of severe bronchitis had existed.