

their greatest triumphs in modern times is what is called "a close shave." Their dexterous finger tips, moistened and spread slightly apart, press the skin in such a way as to make the lower part of the hair-shaft unduly project beyond the follicle. Dr. Shoemaker tells us the follicle itself is partially forced outwards. The razor then removes not only the visible hairs but also a thin layer of the cuticle, lacerates the tiny blood-vessels at the orifices of the follicles, exposes the delicate endings of nerves, and thus renders the skin tender and unhealthy.

### SPRING EXAMINATIONS.

The dreaded examinations are once more completed, and the results have proved unsatisfactory to many aching hearts. We have not yet the returns from the Ontario Medical Council, but report says the candidates did fairly well at the oral examinations. In the University of Toronto about thirty-three per cent. failed to reach the required standard, and were either rejected entirely or required to take a supplemental in one or more subjects. While we may extend our sympathy to the unfortunates, we must commend the action of the examiners in placing a high value on the examinations held by the Provincial University.

### ONTARIO MEDICAL ASSOCIATION.

We would direct the attention of our readers to the list of papers already promised for the annual meeting of the Ontario Medical Association. The excellence of the programme should ensure an attendance even greater than that of last year. Dr. Senn, of Milwaukee, will read a paper on "The Surgical Treatment of Intussusception"; Dr. Howard Kelly, of Baltimore, will deal with "Gynæcology for the General Practitioner." The well-known reputation of the other contributors guarantees that their papers will be not one whit less interesting or valuable than those of our visitors.

**BURLINGTON AND HOME DIVISION.**—Owing to the resignation of Dr. James Russell, of Hamilton, representative of the above Division in the Ontario Medical Council, an election to fill the vacancy will be held in May, 1891. See the Registrar's advertisement in another column.

## Meeting of Medical Societies.

### THE TORONTO MEDICAL SOCIETY.

April 9th, 1891.

The President, Dr. Spencer, in the chair.

Dr. J. F. W. Ross narrated the history of a case of tubercular peritonitis, and two cases of septic peritonitis, submitted to operation. These are published in detail at page 200 of THE CANADIAN PRACTITIONER.

Dr. B. E. Mackenzie showed a boy one year and ten months old, who presented a

#### DISPARITY IN THE LENGTH OF THE FEMORA.

The following history was given: Two days after birth the nurse noticed that the left leg was shorter than the right. The labor was normal, and at the time of birth nothing unusual was noticed. The left leg is seen to be shorter and smaller than the right (left is about two-thirds length of right leg), the shortening is confined to the femur. Motion at the hip joint is normal; the trochanter is normal, so also are the head and neck of the bone. There is a depression on the surface, a dimple over the outer part of the upper portion of the femoral shaft; there is apparently some cicatricial tissue at this spot. The foot is held in a position of equinus.

Dr. Peters thinks the dimple furnishes a clue to the cause of the condition. An intra-uterine injury affecting the bone at the point of commencement of ossification might cause it. There is no dislocation of the head of the femur, and the trochanter is in proper position. It is probably of congenital origin, and likely due to some affection of the ossific centre of the shaft of the femur. The disproportion in the length of the two limbs will probably not be greater, in after life than it is now.

Dr. Mackenzie has little doubt as to its being congenital. He regards the condition as possibly due to the result of an intra-uterine fracture of the femoral shaft.

Dr. Price Brown gave the history of a case of

#### LARYNGEAL FIBROID TUMOR

removed by galvano-cautery in a patient suffering from aortic aneurism.

A farmer, æt. 45, presented himself with a large laryngeal growth, causing almost complete stenosis. On examination a fleshy growth was