

determine which is the best to pursue. A great deal can be learned from a good previous skiagraph of the case. With regard to the shortening, I do not agree that the reason for the shortening is that you do not get the head into the proper acetabulum. I think that it is an anatomical difference; the femur for instance not developing normally.

DR. GARROW:—Notes on a case of congenital absence of the Fibula with deformity of the femur in a child of three weeks. Page 880.

DR. CHIPMAN:— With regard to this case one might consider the etiology from an embryological standpoint, and I am rather surprised by the way in which the etiology has been given as to the causation of this deformity, that is, due to the pressure of the amnion upon the embryo as it lies in the amniotic sac. Deformities caused by the pressure of amnion are invariably extrinsic, that is they are invariably associated with the skin surface of the foetus and give rise to forms of skin adhesions. Here the absence of the fibula and some deformity of the ankle joint show we are dealing not with the skin surface of the embryo but with the mesodermic core, and it is rather difficult to see how the mere pressure of a membrane such as the amnion on the skin surface, will account for the maldevelopment in the mesodermic core. This is rather due to an intrinsic cause than to an extrinsic one, or pressure.

DR. GARROW:—In reply to Dr. Monod's remarks about the shortening, and the possible explanation of its being due to the head of the bone not having its proper acetabulum; that I cannot be sure of, except that the skiagraph shows a very well placed head, but I have recently seen cases where the head of the bone actually took a position in front of the acetabulum. I agree with Dr. Elder, and from my experience in the open method, that the shape of the head of the bone itself is a factor. With respect to my reason for not doing the bloodless or Lorenz method in both cases, I would say that the skiagraph showed a very distinct hour-glass narrowing, the lower part of the capsule was stretched tightly across and the acetabulum itself was filled up with cartilaginous substance, and the head was only put in proper position after I had gouged out enough of this material to form a cup-shaped depression.

*Fourth Meeting, November 20th, 1903.*

H. S. BIRKETT, M.D., PRESIDENT, IN THE CHAIR.

DR. WESLEY MILLS : Paper : The Neurone Doctrine considered Anatomically, physiologically and Pathologically, together with the objections to be urged against the Concept in its original form—illustrated by lantern slides.