miliary tubercle. Whether laparotomy and washing out the cavity with water should have the credit of benefitting these patients, or that time and medical care would do the same for them, it is impossible to say. Certainly the majority of such cases that have been operated upon by accident have been improved, and many have remained free from pain and malnutrition for years afterwards.

DR. BELL did not think that abdominal section was called for in cases where the diagnosis was certain, as he could not see what beneficial result would follow such a procedure; but would advocate such operation only in cases of doubt.

The PRESIDENT remarked that where the operator can find a local focus, then its removal would probably be followed by benefit, but merely opening and closing the abdomen was going to do little good. Until we know the life history of tubercular peritonitis we can expect to do little for such cases.

Trichorrhexis Nodosa.—DR. FOLEY exhibited a specimen, showing the whitish nodules resembling nits and the split or green stick fracture appearance of the hair.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

Stated Meeting, Feb. 4th, 1890.

J. W. ROSEBRUGH, M.D., PRESIDENT, IN THE CHAIR.

Dislocation of the Foot Backwards.—DR. WM. MCCARGOW read the following notes of this case:—

The subject of this accident, a large, stout woman, aged 60, I first saw at Oneida, County of Haldimand, August 1858, along with Dr. Jacob Baxter of Cayuga. She stated that three months ago she received a fall, displacing the ankle-joint; that she was treated for it by a medical man in her neighborhood, who failed to reduce the luxation, and left her in her present state. She also stated having consulted other medical advice without benefit. Upon examination the foot is found to be displaced backwards, with shortening of the foot and lengthening of the heel, with a depression above the latter. The toes are pointed downwards, and the extremity of the tibia forms a projection in front of the