

be interfering with the wound every day. Cat^{gut} sutures are difficult to tie, and they may become absorbed too soon.

Dr. KENNEDY asked what length of tear Dr. Alloway would consider necessary to stitch.

Dr. ALLOWAY said anything over a quarter of an inch.

Stated Meeting, March 6th, 1885.

T. G. RODDICK, M.D., President, in the Chair.

Congenital Looseness of all the Joints.—The PRESIDENT exhibited a girl aged 4 years presenting this condition, and allowing of the production of partial dislocation of all the larger joints. Talipes of the feet could also be simulated.

Decidual Cast of the Uterus.—Dr. ALLOWAY exhibited a very perfect decidual cast of the uterus at the end of the sixth week of gestation.

Neuroma.—The PRESIDENT shewed a neuroma dissected from an amputated stump.

Dr. HINGSTON said he believed that the bulbous end of a nerve was a frequent cause of pain in the stump, and related a case in illustration.

Dr. GEO. ROSS read a paper on a *Case of Pulsating Empyema.*

Dr. HINGSTON said that when a student, in 1851 at the General Hospital, he saw a case of pulsating empyema, accompanied with metallic tinkling synchronous with the pulse, and evident at the surface of the back. The late Dr. Holmes, then clinical teacher, said at the time that it was the first case of the kind he had ever seen.

Dr. GEO. ROSS did not see how you could possibly have pulsation communicated through the fluid in a case of pyo-pneumothorax. The physical conditions which would cause amphoric phenomena would prevent pulsation being observed. To observe the latter the sac must contain fluid alone.

Cases in Practice.—Dr. SHEPHERD related the peculiar abnormalities seen by him lately in a healthy young man, age 22, who has transposition of the viscera of the chest and abdomen the right testicle hangs lower than the left.

Stated Meeting March 20th, 1885.

T. G. RODDICK, M.D., President, in the Chair.

Dr. A. L. SMITH shewed the following cases of skin diseases: 1st, *Tinea Tonsurans* in a state of kerion, the ulcerating patch being about $3\frac{1}{2}$ inches in diameter. 2nd, *Specific Lupus of the Face*; the patient, a woman, was doing well under ap-

plications of acid nitrate of mercury. 3rd, *Specific Ulceration* on the leg of the last patient's husband. 4th, *Tinea Versicolor* over the chest of a delicate young woman.

Case of Abdominal Section.—Dr. TRENHOLME, who performed the operation, said this case was of some interest, inasmuch as a definite diagnosis was not only impossible before the operation, but the portions of the tumor removed, and now before the Society, have not yet been definitely determined as to whether they are the remnants of an extra-uterine foetation or of a dermoid cyst. A report upon their character will be brought before the Society at a subsequent meeting. The following are brief notes of the case:—

The patient, Mrs. O., of Ontario, a well-developed, fleshy woman, 46 years old, was married 31 years; no children. One abortion 25 years ago. For nine years after abortion suffered at menstruation. Twelve years ago had inflammation of the bowels. Ten years ago had another attack of a similar character. After this, enjoyed fair health till change of life occurred, seven years ago. Since this last period, was pretty well up to October last, when she had what was supposed to be inflammation of the bowels. Her health from this time onward not good, when, about the beginning of the present year, she was again taken ill with very severe inflammation of bowels, though, she said the disease seemed lower down in her body, accompanied with a good deal of irritation of the bladder and decrease of quantity of urine. Menstruation returned again last fall, but was scanty and at irregular intervals also, frequently accompanied by severe pains. *Present state.*—Debilitated appearance, pasty color; irritable stomach; scanty urine (2 or 3 ozs.), high-colored, no albumen; bowels regular; pulse weak (shabby) and rapid. Tumor felt over hypogastrium; per vaginam, tumor over brim of plevix, larger than a foetal head. Uterus $2\frac{1}{2}$ in., and carried upward and backward. Tumor and uterus found closely united, but thought moveable. Diagnosis, fibro-cystic tumor of uterus most favored, but held to possibility of tumor being ovarian. *Operation.*—Assisted by Drs. Hingston, Kennedy, Perrigo, and Armstrong, made usual exploratory incision, and found no walls to cyst. Removed three gals, of fluid, and then found the debris of a dead foetus, which, with the placental debris, was scooped out with the hand. No ligatures were required to arrest bleeding, which was very slight. Abdomi-