

splints and weights and pulley; short splints encircling the thigh, the writer thought, are not often required, and may stand in the way of examination of the position of the fragments. In children and other restless patients, a long splint on each side of the body may be required. A  $\frac{1}{4}$ -inch shortening he considered a good result. As a permanent dressing after removal of the long splint, he recommended the gum and chalk bandage, and described the details of its application. Dr. Oldright pointed out the necessity of having the pelvis properly placed, avoiding all obliquity, before proceeding to make measurements of the lower extremities, and illustrated by diagrams the errors most likely to arise. Dr. Workman considered insanity a predisposing cause of fracture, and said that insane patients frequently sustained fractures and gave no evidence of suffering pain therefrom. Dr. Burns referred to Jarvis P. Wight's measurements, and reiterated the admonition that many men had normally uneven legs. Dr. Covernton mentioned a case where a medical man was mulcted by an intelligent jury in a large sum on account of half an inch shortening after fracture, notwithstanding that the abbreviation made the two limbs of equal length. Dr. Cameron held that the majority of fractures had no predisposing cause, but were simply matters of mechanical violence. He had little faith in measurements, and thought that two observers scarcely ever made exactly the same measurements. He employed the short, light splints around the thigh, in addition to the long. There could be no doubt but that insanity and other nervous diseases, such as Locomotor-Ataxy, Disseminated Sclerosis, &c., sometimes gave rise to a fragility of the bones. Had Dr. Davidson observed the Hyarthrosis of the knee, so much insisted upon by French surgeons in Fracture of the Shaft? After some further remarks by other members, Dr. Davidson in reply closed the discussion.

Meeting of 10th March, Dr. Lett in the chair, until President's arrival. Drs. Cassidy, Jas. Baldwin, and McCullough were proposed as members. Dr. Davidson exhibited a portion of the right ventricle of the heart of a little girl, 9 years of age, who, while convalescent

from Scarlatina, died suddenly. The autopsy discovered tricuspid vegetations, and thrombosis of left middle cerebral artery near its bifurcation. Dr. Cameron showed specimens from an old woman, 80 years of age, who died suddenly. Up to seven weeks before her death she had been constantly at work and made no complaint. About this time, in the midst of her work, she would complain of headache and lie down for a few minutes; suffered from constipation and became jaundiced. In two or three weeks she began to keep the bed, and said that she was getting old, but had no complaint beyond the constipation. The icterus became intensified. On the morning of her death she fell out of bed, but got in again without assistance; and at the time of Dr. Cameron's visit, two hours later, had full use of her limbs and was perfectly intelligent. About an hour afterwards she suddenly became unconscious, and remained so for six hours, when she died. The autopsy revealed (20 hours after death) a large, left inguinal hernia, chiefly omental, and containing a large proportion of the greater omentum, so that the transverse colon was drawn down in the shape of a V almost to the neck of the sac, where it contained a cancerous nodule. The invaginated portion of omentum was dotted with similar nodules of the size of a pea, as was also the anterior wall of the sac, which likewise presented numerous spots of pigmentation. The posterior wall of the sac was devoid of both. At the neck of the sac the omentum had lost all its fat. The left lobe of the liver was almost entirely converted into a cancerous mass, in which were inextricably involved the gall, bladder, and pancreas. The spleen was diffluent; the stomach dilated; the uterus was somewhat enlarged (multipara); the right ovary completely atrophied, the left partially so. The right *par ovarium* contained two clear pea-sized cysts; the left one similar and one the size of a walnut. The aortic valves were partly ossified; the lungs presented small lunged emphysema; the brain cortex presented on the right side in the posterior cerebral region, a large, firm blood clot, as big as the palm of a large hand, which presented two distinct portions, the upper and central part—two