

sort. On opening the abdomen to the right of the right rectus muscle and down to the internal ring, the frontal peritoneum was found to be gangrenous, the intestine dark and deeply congested; great matting together of coils of small intestine in the pelvis with thick flakes of lymph. The portion of gut presented showed two large rents out of which liquid feces flowed. A large quantity of similar liquid faecal matter was walled up in the pelvis (about a pint and a half at least). This portion of intestine was resected and the ends united by Murphy's button. The patient lived about ten hours after operation.

Dr. Bell referred to a similar case in which he had removed the specimen post-mortem, the rupture having been caused by a kick in the abdomen (by a policeman). In this case the patient lived only fourteen hours after receiving the blow.

Dr. Bell also exhibited a mass of omentum which he had removed from the sac of an umbilical hernia. The mass weighed  $18\frac{1}{2}$  oz. and was adherent in many places to the sac.

#### **Fracture of Tibia.**

Dr. J. ALEX. HUTCHINSON related the following history: Mrs. G., aged 60 years, French-Canadian, was admitted to the Montreal General Hospital, on May 27, 1895, suffering from fracture of the leg. On May 16th she fell while walking in her house and remained unconscious for twenty-four hours. On recovery she had no power over the left leg below the knee. Sinapisms were applied to the back of the leg and later she was brought to the hospital. Has always been a strong, healthy woman; never had epilepsy; at times used liquor to excess. During her residence in hospital she remained in a semi-comatose condition; suffered little pain in injured limb, which could be freely examined; had to be tied in bed.

On examination a well-marked deformity in left leg was seen, having the appearance of a backward dislocation of the knee. Fracture of the tibia close to the knee-joint and of the fibula in the upper third was made out. Reduction was not successful, and as the patient's general condition was hopeless a comfortable splint was applied. Owing to a large sacral decubitus the patient was placed on a water bed till she died on May 27th.

Since examining the bones after death further efforts have been made to find a satisfactory cause, but the relatives assure me the only injury received was due to a fall to the floor from the erect position.

Dr. E. P. WILLIAMS reported the pathological condition: The tuberosities of the tibia were separated from the shaft by a fracture passing from above the anterior tubercle to a lower level on the pos-