

corner of the splint and dressed with a little dry gauze was found to contain fully an ounce of pent up pus, which was removed and the wound treated. He also had a suppurating ingrown great toe nail on the foot of the same side. Pyæmia developed, and the patient died in four weeks, just five months and a half after operation. The pyæmia was undoubtedly due either to the sore on the skin or the ingrown toe-nail, and could not have been in any way directly due to the operation, as the knee had been perfectly healed and free from pain or other symptom for over three months before the pyæmic symptoms appeared. At the autopsy, ulcerative endocarditis was found, as well as several purulent foci in internal organs. The patella was found to be perfectly united, the union being quite firm and evidently bony. The silk sutures were found just as they had been left at the operation, the silk being apparently unchanged.

Discussion.—Dr. ARMSTRONG said he thought the specimen showed bony union, and asked Dr. Bell why he thought the union was not good when the dressing was taken off.

Dr. BELL replied that there was movement at that time between the parts, though subsequently complete union occurred.

Dr. RODDICK congratulated Dr. Bell on the excellent result of this operation, and was inclined to accept his explanation of the cause of the pyæmia, as, if the knee had been the starting point, there would not have been such union, and the joint would have been seriously affected. He referred to a case of a young girl recently confined, who came to hospital with a painful knee. The bursa patellæ was found enlarged, and on the inner side of the leg, two inches above the inner malleolus, was a small ulcer the size of a shilling, unhealthy and sloughing; proceeding up from this was swelling and suppurative cellulitis to the bursa patella, which also was in a state of suppuration. The bursa was opened, cleaned and drained, and the cellulitis and ulcer treated, with the result that the girl was well in two weeks.

Dr. SHEPHERD saw the case with Dr. Bell in hospital. He found undoubted mobility after the dressing was removed, and did not think now that the union was a complete bony one, but the parts were no longer movable. He thought there was a line of fibrous union bet-

ween the fragments. The pyæmia was not due to the operation, but to sores on the leg and foot.

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Stated Meeting, March 25th, 1888.

JAS. PERRIGO, M.D., PRESIDENT, IN THE CHAIR.

Subdiaphragmatic Abscess.—Dr. SHEPHERD exhibited the patient, whose case he had related at a previous meeting of the Society, and who had suffered from subdiaphragmatic abscess. When the case was reported to the Society, a sinus remained below the costal cartilages on the right side. This had now completely closed, and the patient felt as well as ever he did. Liver dulness was normal, and breath sounds in right lung clear in every part.

The Bacillus Scarlatinae.—Dr. MCCONNELL read the following paper on this subject:—

The nature of the contagium of scarlatina is a question which has during the past year occupied a prominent place in English medical societies and periodicals. In December, 1885, an outbreak of scarlatina occurred in London, and it was supposed that the infection was conveyed by milk from a dairy in Hendon. The subject was investigated by Dr. Klein. Several of the cows were found to be suffering from an infectious disease characterized by vesicles and ulcers on the udders. From this Dr. Klein isolated a streptococcus. He also discovered a similar organism in the blood of scarlatina patients after the fourth day. Inoculation experiments were performed, and Dr. Klein concluded that the Hendon cow disease was identical with scarlatina. In a critical review of this subject by Dr. Geo. Thin, at the Dublin meeting of the British Medical Association, doubts were cast upon these conclusions; and later, Prof. Crookshank was deputed by the Agricultural Department of the Home Office to make further investigations. Abstracts of the voluminous reports of the investigation were, in December last and January of this year, placed before the Pathological Society of London. The conclusions arrived at were that the *streptococcus scarlatinae* of Dr. Klein was identical with *streptococcus pyogenes*, a micro-organism found in acute abscess, etc., and frequently found associated with a number of other affections, and that the Hendon disease was cow-pox.

Researches regarding the nature of the contagium of scarlatina were made in the early part