

treated not by cathartics or by abdominal section, but by opiates.

April 29th, 1890.

#### FRACTURE OF ZYGOMA.

Dr. Cuthbertson presented a patient—a young man—with a depression over the zygomatic arch. He had been, that morning, struck a blow by a fist. There was no swelling or bruising of the soft parts, and scarcely any pain. He thought that there was a fracture of the zygoma, with displacement of the fragments.

In the discussion, the majority of the members expressed an opinion that there was no fracture, but that the depression in the bone was probably congenital, the attention of the patient having never been attracted to it before the blow.

Dr. McKenzie agreed with Dr. Cuthbertson that the bone was fractured, and related a case where a similar injury was due to a blow from a cricket ball, the man being unconscious, and blood coming from the nose and ear.

#### DIPHTHERIA.

Dr. Price Brown related the history of a case of diphtheria in a child of fourteen months, whom he saw in consultation. Patient was greatly cyanosed, but there was no membrane visible in the throat. Vesicular murmur was absent over the chest, and there was bronchial respiration. Resonance was unimpaired. He performed tracheotomy, and there was instant relief, and consciousness returned. Though blood and mucous passed freely from the tube, no membrane came away. The child sat up and took milk greedily, and respiration was almost normal. Next day the child had a convulsion, and gradually sank. Death was not due to stenosis, pneumonia, or bronchitis. He was in doubt as to the cause.

Intensity of the septic trouble, cerebral thrombosis and overloading of the stomach were suggested as possible causes of the convulsion.

Dr. Brown, in reply, said that it was quite possible that the large amount of milk taken, and also the administration, by the mother, of a dose of iron, contrary to instructions, forming a coagulum in the stomach, had caused a reflex convulsion. He could not fall in with the idea that death was due to cerebral thrombosis, or to septicæmia.

#### HERNIOTOMY.

Dr. J. A. Watson presented a specimen of irreducible left inguinal hernia. The hernia had existed for many years, and was apparently chiefly omental. The patient had frequently reduced it and wore a truss. On the last occasion taxis, ice, etc., had been tried in vain. Bowels had moved, and flatus was passed with difficulty. Patient was removed to the General Hospital. Dr. Nevitt operated, making an incision over the tumor down to the sac, dividing the ring freely, but the hernia could not be reduced. The sac was then opened, but, on account of numerous firm adhesions, the gut, now seen to be the large intestine with the appendices epiploicæ, could not be returned. The bowel had also the appearance of becoming gangrenous. A median abdominal incision was then made, and the attempt at reduction by pulling on the gut from above was unsuccessful. The adhesions were then ligated and divided, and the bowel, thus freed, was returned, and the wound sutured. The operation lasted five hours. The patient rallied well, but died about forty hours after the operation.

They were led astray in this case by the patient's positive statement that he had completely reduced the hernia a day or two before.

Dr. Gullen asked why, when the hernia was found to be irreducible, but not strangulated, it had not been left alone.

Dr. Atherton said the general practice now was to open the sac at once, and, if the bowel is not reducible, to divide the neck of the sac and leave it.

Dr. Watson replied that it was impossible to leave this after opening the sac, as the large mass of the large intestine with the attached fat could not be returned to the scrotum.

May 6, 1890.

#### CRUTCH PARALYSIS.

Dr. B. E. McKenzie related the case of a boy twelve years of age, under his care for hip joint disease, who, wearing a Thomas' posterior splint, was going about with the aid of a crutch. The other day there was noticed a condition of wrist drop of the left side; paresis of the muscles of the hand, but not of the forearm. The boy was ordered not to use the crutch on that side, but did not obey orders. He also got electrical treatment. The paresis becoming more marked