

nurse, who was sleeping with the mother, reached over her and took up the baby, intending to change its position in the bed, when it cried very much for 10 or 15 minutes, and a short time afterwards vomited some dark-colored matter, which was discovered to be blood when daylight came. The vomiting of blood continued, more or less, all day—often quite large clots coming up. When the Dr. saw it at 5 o'clock it was pulseless, breathed rapidly, and had a greyish-blue look, which called for an unfavorable prognosis. It died about 7 p.m. What was the lesion? Was it injured by the nurse, as the mother thinks? If so, in what way? No *post mortem* could be obtained.

Dr. Machell also reported a case of

STRANGULATED UMBILICAL HERNIA.

About 2.30 p.m., on 9th November, was asked to see Mrs. B. Her husband said she had had some pains in the bowels since last night. As I could not see her till late in the afternoon, I gave him two $\frac{1}{4}$ gr. doses of morph., with instructions to give the second one in one or two hours if first did not give relief. About 5 p.m. I saw her and got the following history. Married twice, four children. Had a small lump at navel for two years. Had two attacks of pains during summer, lasting an hour or two, during which time the lump became larger. It would then go back to its original size, but never disappeared entirely. It never prevented her doing her household work, as well as usual, up to twenty-four hours ago. Had acute pain then at umbilicus. Slept none all night. Vomiting came on this morning early, and continued at intervals all day. Vomiting became stercoraceous about 11 a.m. She was easier when I saw her, and had had little vomiting for last half hour. Large, stout, corpulent woman, weighing about 200 pounds. Pains confined altogether to umbilicus, where a mass as large as two fists (if flattened out a little) could easily be seen. It had been very tender to touch till she took the powders, but she could bear my manipulation very well. I could not reduce it at all. She said it had never been fully away since first noticed—two years ago. Pulse about 80, countenance slightly anxious, skin cool and

moist. Had taken six seidlitz powders, and made several efforts to have bowels moved, but without avail. Gave bism. and tr. op. deodorat, and asked them to put ice on till I saw her again, intending to take up a chloroformist during the evening and anesthetize her and again attempt taxis. At 6.30 her husband came to say that she was dead. After I left she had slept for half an hour—awakened and vomited so violently that the mouth, throat, and nostrils were filled with stercoraceous matter, actually smothering her.

STATED MEETING, Dec. 15th.

Dr. Ianson showed

A STERNUM WITH CARTILAGES ATTACHED,

the third, fourth and fifth on the right side being fractured transversely, and the sixth, seventh and eighth obliquely; on the left side, the fourth cartilage was dislocated at its sternal attachment. The following history of the case was given: While working in a cutting on the Don Improvement, a quantity of semi-frozen earth and sand had fallen upon the man from a bank two feet above his head, while he was in a stooping position, partially burying him. On examination, the fractured cartilages could be easily depressed by gentle palpation, returning to their places with each inspiration. The cellular tissues of the neck and the entire left side soon swelled with emphysema, showing puncture of the left lung—caused by the ribs of that side being fractured at their angles, and (one) of the fragments having pierced the lung. On further investigation, a comminuted fracture of the left ilium from the ant. sup. spine in front to the spinal column behind, and a backward dislocation of the head of the right femur were discovered. The man lived for about nine hours; and at the autopsy the following further lesions were discovered: rupture of the left lobe of the liver, of the gastro-hepatic omentum, of the spleen, and of the hilum of the left kidney.

Dr. McPhedran gave the following notes of a case, where there was probable

RUPTURE OF THE KIDNEY.

A man, while in an intoxicated condition, had