

4. Mrs. C. Hoffman, æt. 78, came under the care of my friend, Dr. Max Schiller, for strangulated femoral hernia. Taxis failed in reducing it. We operated, and returned the gut, but failed to return a large portion of the omentum. We cut off a portion, twisted the vessels, sponged it off, used carbolic spray, and returned it. The patient recovered in six weeks, and is well to-day.

5. Mrs. L. Hoff, suffered from femoral hernia for some years, but never wore a truss; she finally had strangulation, and suffered from great distress and vomiting, for twelve hours before calling for medical aid. Dr. W. B. Fletcher, present superintendent of the State Insane Asylum, assisted me in the operation. She was attending to her household duties in three weeks.

6. Shortly after returning to the U. S. from Montreal, Canada, a young lady, Miss M., called upon me to remove an unusually long steel hair pin from the bladder. She acknowledged having introduced it accidentally through the urethra while masturbating, she using the rounded end; the pin slipped from her fingers in her excitement. I was compelled to cut a small opening through the vagina and bladder to remove it. She recovered in two weeks.

7. Louisa Rapp, æt. 10, was accidentally shot, the calibre being 22; the ball entered the brain at the union of the occipital and parietal bones,—crown of the head. She was shot whilst stooping, the ball ranging backwards and towards the cerebellum evidently, from the position of both parties. The membranes as well as the tables of the skull were perforated; she only remained in bed five (5) days and in doors ten days. She never had any elevation of temperature, no vomiting or convulsions, and to-day—two years after the injury—she is enjoying good health.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, April 25, 1884.

DR. HENRY HOWARD IN THE CHAIR.

PATHOLOGICAL SPECIMENS.

Dr. R. L. MACDONNELL exhibited a *radius* found in the McGill dissecting-room, shewing an old Colles' fracture; also a *skull*, the parietal bones of which were very thin over the grooves for the middle meningeal artery. This was pointed

out to be of medico-legal interest, inasmuch as a moderate blow on the side of the head might produce death by fracture of the bone and perforation of the vessel.

Dr. HENRY HOWARD said that the late Dr. Macdonnell saved a cab-driver from the gallows by showing in court that the skull of the person whom he had struck on the head for refusing to pay him was abnormally thin in this region, death being caused as above.

Syphilitic Teeth.—Dr. MacDonnell showed a plaster cast of teeth from a boy who has been under his care for about two years suffering from well-marked symptoms of congenital syphilis.

Dr. SUTHERLAND exhibited the following:—

1. *Monstrosity.*—Drawing of a two-headed foetus and skeleton of the same from Dr. Mullins of Hamilton. The child (male) had two heads, four arms, and two legs. The skeleton showed two separate vertebral columns converging at the sacrum, and two thoracic cavities, one abdominal.

2. *Hemorrhage into the Cerebellum.*—The right lobe of the cerebellum was torn up by the force of the blood. This specimen was removed from a boy aged 13 years, who, while apparently in good health, was suddenly seized with a convulsive fit, dying almost immediately.

3. *Brain of a Monkey.*—Showing the cerebellum fully covered by the cerebrum.

Dr. Sutherland also showed the *Skull and Brain of an Idiot*, the main features of which were as follows:—Of the skull: The capacity of the cranium comes under the group of microcephalic skulls. The bones of the face are large in comparison with those of the cranium, and slant forward. The horizontal circumference taken in a plane passing anteriorly through the optryon and posteriorly through the occipital point, 17½ inches; arch of the vault from the optryon to the occipital point, 10 inches; transverse circumference from one auricular point to the other, 10 inches; width between the malar bones, 3 inches. Orbits are comparatively large, 2 × 1½ inches. Superciliary ridges prominent. Nasal septum between them is narrow. The optryo-alveolo-auricular angle gives a prognathic index. Temporal fossæ are deep, and ridges well marked. Basi-occipital process ascends very obliquely to articulate with the basi-sphenoid. Foramina at the base are comparatively large; the grooves for sinuses comparatively small. The brain has a low contracted appearance, short, greatest transverse diameter