

was found in the urine. The patient became comatose. Eyes, negative. For some weeks past the right hand was cold. A small swelling appeared on the neck behind and below the right mastoid process. Pressure caused pain. Hypodermic needle was introduced, but no pus withdrawn. *Post-mortem* showed pus in the lower mastoid cells, and an abscess in the right lobe of the cerebellum. There was also some evidence of inflammation of the middle ear. In the lateral sinus just within the cerebellum there was a bare piece of bone.

---

(MARCH 14TH, 1895.)

*President, DR. PETERS, in the chair.*

**Empyema.**—Dr. WILLIAMS, of West Toronto Junction, presented a patient upon whom he had operated for empyema. The child was aged eighteen months, who suffered from an attack of pneumonia in July last. It terminated in an empyema. During this attack the temperature ranged from 99° to 102°. There was dulness from the clavicle down to the base of the lung. The heart was displaced, the collection being in the left pleura. Aspiration revealed the nature of the contents. The incision was made in the ninth interspace, below the scapular angle. The pus was sweet. There was no washing out nor special antiseptic precautions, as the surroundings were exceedingly unsanitary. A perfect recovery took place in two weeks.

Dr. POWELL thought such a good result so soon was exceptional. He thought there would be some danger in operating so low down. The patency of the opening might be difficult to maintain, and the diaphragm might be in danger of injury in case of aspiration. He spoke highly of the use of creolin as a washing-out fluid in cases where the pus was non-laudable and irrigation was resorted to.

Dr. PETERS pointed out that the diaphragm would likely be out of reach of the needle if the fluid were sufficient to press it down.

**Extra-Capsular Fracture.**—Dr. SCADDING reported the history of a case of extra-capsular fracture in an old woman aged 92. No treatment was adopted but rest in bed. The old woman, being restless and mentally deficient, threw herself out of bed twice soon after the fall that occasioned the fracture, falling on the affected hip. However, after lying eight weeks, union took place.

Dr. WINNETT, who did the *post-mortem*, presented the head of the femur, showing how union had taken place. The impaction was well shown. In most cases of this kind the great trochanter is fractured, but in this case it was not. There was also an absence of large processes of bone which are invariably thrown out along the inter-trochanteric lines.