

## Society Reports.

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### Toronto Medical Society.

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TORONTO MEDICAL SOCIETY meeting was held Feb. 17th, 1898. Present—Drs. Peters, Parsons, J. E. Graham, Machell, McCullough, Russell, Primrose, McMahon, McKenzie, Galloway, Cash (visitor from Manitoba) and Brown.

Dr. Peters presented a bullet, some pieces of bone and some greyish-black detritus (probably carbonate of lead) which he had removed from the femur of a man who had been accidentally shot, the bullet passing clean through the left thigh in front of the femur and passing into the leg and all but through the femur. Although the wound healed up, breaking down took place and a sinus formed which discharged pus. Two operations had been done for the removal of the bullet, but unsuccessfully. A small hole in the femur pointed in the direction the bullet had taken. It was completely encapsuled.

Dr. A. Primrose reported a case of amputation for extensive cellulitis of the leg in a patient who was the victim of chronic Bright's disease. The patient was aged fifty-six. A few weeks before coming under the essayist's care the patient had had several incisions made in a foot in which there was cellulitis. The leg subsequently became enormously swollen, the cellulitis extending up the leg, giving it the appearance of elephantiasis. Under chloroform, five incisions were made by him into the foot and leg. But no improvement followed. Amputation was deemed wise and was done by the method recommended by Steven Smith, through the knee joint. A good recovery followed and the amount of the urine very materially lessened.

Dr. Primrose reported a second case. The patient was a man who had been drawing his urine on account of an enlarged prostate with a catheter having a hard rubber top. The tip becoming broken he cemented it on with shellac. The shellac one day loosened during micturition and on the withdrawal of the catheter the tip was left in the bladder. The patient then suffered greatly from incontinence. A median lithotomy was done and the tip removed. The wound healed kindly.

A third case was then reported by Dr. Primrose. Amputation of the leg for tubercular disease of the tarsus and bones of the leg. The patient was a young man aged twenty-two who had suffered for some