

slightly from the anaesthetic. No autopsy.

TRAUMATIC GANGRENE.

CASE 3.—J. B., aged 32, lumberman, was admitted to the Winnipeg General Hospital under Dr. Ferguson, July 1st, 1890, suffering from fracture. On the 29th prox. about midnight while hauling at the towline of a moving tug (Lake of the Woods) the patient got his left foot entangled between it and the boat, bending it nearly at right angles with the leg and causing a compound fracture of both bones in their lower third. He went to Rat Portage as soon as possible, where he was attended by a physician, the leg being put in a box splint and cold fomentations applied. The patient arrived at the hospital early this morning much chilled and fatigued from his long journey. He complains loudly of pain in his foot and leg. On examining the leg a compound fracture of both bones in the lower third was made out; the fibula protruding through the skin: the leg is much swollen at the seat of the fracture, and appears cold. It is dark red in color, which discoloration gradually disappears going up the leg. The toes and foot are cold and blue. No pulsation can be made out in the arteries below the site of the fracture. The patient is a strong well nourished man, pale and looks care-worn. The pain being severe hypodermic injections of morphia were given when required. Ex; amputation of organs with negative result; temperature 99°-100° F.; pulse 100 regular and full. The box-splint was removed and the leg put in the most favorable position and hot fomentations applied. After continuing with the fomentations for nine hours there was seen to be no hopes of re-establishing circulation in the foot, so amputation was decided on. At 5 o'clock p.m. chloroform was administered. The leg having been prepared, an Es-march's bandage and tourniquet was applied about the thigh. All the tissues below the knee being involved a Carden's operation was performed. Bone drains were used and the stump dressed antiseptically. July 5, the patient complain-

ed of pain in the stump; temperature ranging between 98.5° and 101° F. The dressings were removed when a few vesicles with clear serum were found on the anterior flap. A few stitches were removed and the stump re-dressed. The patient did not rest very sound at night-time for the next week and several times removed his dressings during sleep. A small slough formed on the anterior flap near its centre which was subsequently removed leaving an ulcer over the end of the bone. He left hospital August 14th in this state. About three weeks later Dr. Ferguson found it necessary to remove a second piece of the lower end of the femur and close up the ulcer, after which the leg healed rapidly and the patient began to go about.

MANITOBA MEDICAL ASSOCIATION.

An extraordinary meeting of the Manitoba Medical Association was held in the Council Room of the City Hall, kindly lent by the Mayor for the occasion. Drs. Steep and Hutton were elected members of the Association. The following is the President's address, which, owing to unavoidable circumstances, he was unable to read at the meeting.

Gentlemen:

I thank you sincerely not only for the honor you have conferred upon me by electing me for your president, and also for the pleasure which it affords me of offering you all a most cordial welcome to this our first meeting as the Medical Association of Manitoba.

I also express this earnest hope that the present as well as subsequent meetings of this Association will be full of interest and profit to the medical profession of this new Province, individually and collectively, in advancing the cause of medical science, in upholding the honor and dignity of the profession, and also the advantage of the mutual improvement of its members by discussions on the various interesting subjects which will from time to time be discussed. I look upon a meeting like the present, as a great