

HURON MEDICAL ASSOCIATION.

The regular quarterly meeting of the Huron Medical Association was held in Exeter, on July 5th. Dr. Sloan of Blyth, President, in the chair.

The following members were present: Drs. Sloan, Holmes, Hyndman, Worthington, Gillies, Williams, Irvine, Graham, Campbell, Hurlburt, and Stewart.

Dr. Hyndman exhibited the following cases:

I. A case of extensive necrosis of the femur, in a lad aged 14.

II. A case of necrosis of the humerus, with ankylosis of the right elbow joint, and osseous union of the heads of the ulna and radius, in a boy aged 15.

III. A case of probable disease of the upper cervical spine, in a child aged two years.

IV. A case of long standing contraction and induration of the left lung, in a girl aged 14 years.

Dr. Irving, of Kirkton, showed a very well marked example of infiltrating carcinoma of the right breast, in a woman aged 45.

Dr. Sloan exhibited a young man whose pleural cavity he recently opened for the treatment of an empyema. The operation was performed with strict antiseptic precautions (Listerism.) When he first came under Dr. Sloan's care he had been ill for several weeks and had spat up large quantities of pus, which was due (according to his previous medical attendant in Michigan) to the pus in the pleural cavity finding its way into the lung texture. He soon ceased to spit up pus, and when first seen by Dr. Sloan there was physical evidence of the presence of a large quantity of fluid in the right pleural cavity. The temperature varied from 102 to 103, the pulse was constantly elevated, and the respiration quickened. The introduction of an aspirator needle confirmed what was suspected—an empyema. Under the spray, Dr. Sloan made a free incision and gave exit to about a pint of sweet-smelling pus. Only three dressings were required. The man increased in weight 40 lbs., and is at present in excellent health.

Drs. Stewart and Hurlburt showed the following cases:

I. A child, aged 19 months, who has lost, in a great measure, the motor power of all extremities. The little patient is unable to stand or even to sit. There is a marked tremor in all muscles brought into action. This tremor is absent when the muscles are at rest. There is also marked loss of the muscular sense. The disease is now of four months' standing, and made its appearance slowly. There has been no elevation of temperature and the child has gained in flesh during the last two months. There are fits of explosive and ceaseless crying. The child had been walking for a period of three months previous to the loss of power.

II. A man, aged 37, who has stenosis of the tricuspid orifice, and disease of the left heart also. When first seen, six weeks ago, he wished to get relief from a severe headache which was constantly troubling him. This headache was much severer when he lay down. So much was this the case that he had to pass many nights sitting on a chair. He has never been what is commonly called a strong man. He, however, never felt or showed any symptoms of his present trouble, until about five or six years ago.

Present state.—There is distinct bulging of the cardiac region, and a præ systolic thrill is felt when the hand is laid over these parts. The transverse cardiac dullness reaches (on a line with the fourth rib) from three quarters of an inch beyond the right border of the sternum, to 4 inches to the left—a distance of $6\frac{1}{2}$ inches. The vertical dullness extends from the fourth rib downwards. A præ systolic murmur (having its maximum intensity over the sternum on a level with the fourth rib) is heard, and a systolic murmur loudest in the mitral area is also heard. The heart's apex is displaced downwards and outwards. There is great fullness of the veins of the face, head, and extremities. There is distinct jugular pulsation. There is great fullness of the retinal veins and the discs are good examples of "choked discs." The pupils are firmly contracted, and resist the mydriatic influence of atrophine to a considerable extent. The atropine, however, quickly paralyzes the accommodation.

There is no œdema of the extremities, and the urine is free from albumen. The pulse is