

ANAESTHETIC LEPROSY.

Two very interesting patients, father and son, were presented by Dr. C. N. Valin, Montreal, according to whom they proved to a certainty the contagiousness of this disease. From the way they had progressed under treatment, Dr. Valin considered the cases hopeful.

SURGICAL SECTION.

*Second Day—Afternoon.*REPORT OF THREE CASES OF CONGENITAL DISLOCATION
OF THE HIP

BY

DR. A. E. GARROW, MONTREAL.

The etiology of this condition is not well established, but heredity seems to play a part. Dr. Garrow speaks of two methods of reduction, (a) bloodless method, (b) through an incision. The chief obstacle to reduction is generally due to fibrous stricture of the lower part of the capsule. Dr. Garrow's experience has been mainly by the open method. This paper was further discussed by Dr. Shepherd, of Montreal.

THE OPERATIVE TREATMENT OF GOITRE WITH A REPORT
OF CASES

BY

DR. INGERSOL OLMSTEAD, HAMILTON, ONT.

As the medical treatment of goitre is very unsatisfactory, an operation is recommended in the following conditions:—1st, as soon as a goitre becomes dangerous, that is, when attacks of dyspnoea occur, or inflammatory changes occur, or there is the slightest suspicion of a malignant degeneration. 2nd, all enlarged thyroids having a tendency to grow towards the aperture of the thorax, even if they are moveable. 3rd, goitres that have reached considerable development from the formation of single large colloid nodes. 4th, when with a moderate goitre symptoms like those of Basedow's disease appear, accompanied with an increased development of the goitre. The