

now guarded against, as we guard against them in other departments of surgery, by following the common-sense rules of the antiseptic system.

Dr. SHEPHERD said that McEwen of Glasgow had implanted again the piece of bone removed by the trephine, previously breaking it into fragments, a good recovery following. Dr. Shepherd mentioned a case under his care in the hospital, where a man had been kicked by a horse, fracturing the bones of the skull in such a manner that one piece was overriding another; no symptoms following, he sewed up the external wound, a slight pad and bandage being placed over all. In about ten minutes the man had an epileptiform convulsion; pressure being removed, he got well and recovered completely. Another case, a man, had his frontal bone crushed in from a fall of 40 feet. He remained insensible for a few days, but got perfectly well. The wound was cleansed with solution of bichloride of mercury and iodoform gauze applied.

The CHAIRMAN said that Horsley laid great stress upon removing brain substance where it appeared to be affected, particularly in removing brain tumors.

*Aneurisms of the Aorta.*—Dr. KENNEDY said he had been recently asked to be present at a post-mortem examination of a man who died suddenly. The skin was yellow. There was fatty degeneration of the liver. The right lung was collapsed, and that side of the chest filled with blood from the bursting of a large aneurism of the descending aorta. A second aneurism also existed of the abdominal aorta. Dr. Kennedy understood that aneurism had never been diagnosed during life.

Dr. GEO. ROSS said that nearly eighteen months ago he had treated this man for aneurism, and with relief to the symptoms. He gave him iodide of potassium, with rest. When first seen, the man complained of rheumatism of left shoulder-blade; the pain was severe and neuralgic. He made out no bruit from the aneurisms, but downward a double, soft basic murmur. When last seen by Dr. Ross (last spring), the man was taking morphia for the relief of the intense backache.

*A case of true Scurvy; death, with obscure brain symptoms; a large blood-clot found in the right temporo-sphenoidal lobe.*—Dr. R. L. MACDONNELL related the case as follows: W. P., a farm-laborer from the Eastern Townships, was admitted to the Montreal General Hospital, Sept. 18th, 1886, complaining of general debility and of the

presence of an eruption on his face, and the upper part of his body. Two years ago he had rheumatism, and for several years has had a slight cough. For the last 12 months his diet has consisted exclusively of bread and butter, milk, tea, sugar, no vegetables except potatoes, and no meat whatever, either fresh or salt. About the 15th of July last he began to feel weak, drowsy, and indisposed for work. A slight cough was present, with blood-stained expectoration and frequent epistaxis. The gums then became soft, tender, and prone to bleed easily; some slight ulceration being also present. Spots and patches of "blackland-blue" like bruises appeared first upon the legs, subsequently over the whole body, more especially on the chest, where the largest patch was about three inches in diameter, the smallest, the size of a pin's head. At this time his general strength was fair and his appetite good. There had been but one syncopal attack, and that occurred the day after his admission to hospital.

*Present condition.*—Emaciation considerable; his usual weight being 160 lbs., he weighs at present but 133 lbs. Skin dull and pasty; eyes sunken; mucous membranes anæmic. In the mouth, more especially upon the palate, there are several petechial extravasations under the mucous membranes. The gums are pale, spongy, receding, and ulcerated at the edges. Over the body generally there are numerous small purplish patches, but no large bruise-like surfaces as were formerly said to exist. Examination of lungs negative. There was a well-marked systolic murmur heard with maximum intensity at apex, also at base, and for a short distance towards the left axilla. The urine was pale in color, with little or no deposit on standing; no albumen, no sugar. The blood cells number  $2\frac{1}{2}$  millions to the cubic millimetre.

*Treatment.*—The patient was kept in bed and placed upon the full hospital diet, with extra vegetables, lemons and other fresh fruit. An iron and quinine mixture was ordered.

Sept. 22.—Patient fainted this morning, and afterwards had a slight chill. Severe frontal headache set in, accompanied by obstinate vomiting. At mid-day the pulse was 66, and weak; extremities cold; rather stupid, but not comatose; no paresis perceptible. Ordered hot bottles and a stimulant. For the rest of the day the condition did not improve, and at 2.30 A.M., on the following day, died without showing any evidence of unilateral disease.