

patient so suffering finds a great difficulty, in fact, in some cases it is impossible, to bend so much as to touch their toes; the attitude of standing and mode of locomotion are quite characteristic—they stand on the sound leg, slightly bent forwards in body, and rather spread the affected limb out, and with a slight bend at the knee, and the mode of locomotion is generally by the aid of two sticks, and is accomplished very slowly and interruptedly, the body slightly bent forward at the hip. The anatomical or pathological appearance in the joint is as follows: The muscles are flabby and atrophied, the capsule is thickened, the synovial fluid is deficient, and if any of the sub-synovial tissue is present, it is very red and vascular, the cartilage of incrustation is removed from the bottom of the acetabulum and head of the bone, exhibiting at times a polished porcelainous appearance, due to friction of the two bones against each other; the cotyloid ligament is frequently ossified; the acetabulum is deeper and larger, and forms a deeper cup than usual, with a level brim round the head of the bone, and narrowed so as to make it difficult to remove the head of the bone when required for examination after death; the Haversian gland is completely removed; the ligamentum teres is either ossified or entirely destroyed; the head of the femur is rounded, or depression, or bony ridges or nodules are seen on its surface; the neck is shortened. Cases of this disease have before now been mistaken for osseous tumour in intracapsular fracture; these little bony deposits may be developed round the acetabulum and capsular ligament. I merely mention this disease on account of the deformity, in order that you might be aware of it and not mistake it for anything else. As regards the treatment it is at its best state but palliative; as yet no remedies are suggested for the purpose of curing it permanently, being a disease of advanced life and one of disorganisation and degeneration of the several tissues constituting the joint.

*Medical Press.*

#### SUBCUTANEOUS INJECTIONS OF ERGOTINE FOR THE VARICOSE VEINS OF PREGNANT WOMEN.

At a meeting of the Obstetrical Society of Berlin, in April, 1873, Dr. RUGGE related a case where he had obtained marked results from the use of ergotin. A woman, 36 years of age, who had suffered exceedingly, during a previous pregnancy, from varices, came under his care in the eighth month of pregnancy, suffering from her previous trouble. The veins of the left leg and thigh were enlarged, dilated, and tortuous.

Injections were made subcutaneously with from one to two grains of ergotin, and repeated every few days. The action was very apparent after the first injections, and after the seventh the varices had almost disappeared. The right extremity was not affected.

There was some pain and infiltration following each insertion of the instrument, but no abscess occurred. The ergotin had no influence in provoking labour-pains.—*Med. Record*, April 1, 1874, from *Berlin Klin. Woch.*, 44, 1873.

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#### MEDICO-CHIRURGICAL SOCIETIES.

Among the many features which the medical profession of the day presents, there is none so peculiar as the tendency to organize and form societies, both local and general.

We are impressed with this fact on perusing the different medical exchanges which are sent us, for in them all do we meet with reports of such societies. Much that is valuable is by such means made public, and facts which otherwise would be lost to the general body, are recorded. Thus thought answers to thought and a spirit of investigation and observation is engendered, so that the tendency to narrow one'sself down to routine duty is removed, broader views being inculcated. This is as it should be, and we deem it the duty of those whose experience and reading fit them for discussing medical questions to take an active part in such meetings, that the younger and rising generation may have an example to follow out the spirit thus shown. Probably not the least benefit derived from such meetings of the profession, is the kindly feeling and fellowship which, fostered by association and the influence thus exerted, does more to control the actions of each individual than all the ethical rules which may be published. The younger practitioner specially feels this, and requires that countenance and support which such combinations offer, and which will sustain him in his early difficulties. From the difference in language, Montreal is, unfortunately, obliged to have two medical societies, and thus a separation is established between the members of the profession, the result being that one section is almost unknown to the other. Our remarks have been induced by the languishing state of the English-speaking society, and we consider it a shame on the part of its members that so little interest is manifest in its behalf.

Of late its meetings have been so poorly at-