thirst, restlessness and sleeplessness, especially during the night, urine sometimes scanty and high coloured, bowels more regular than formerly, but inclined to be lax, appetite much impaired. Complains of coldness, occasionally followed by rigors, during which the pain in the shoulder is much increased.

I again urged the immediate removal of the tumor, to which, without hesitation, he consented. The operation was simply as follows:—I introduced a director into the fistula upwards, and with a sharp pointed history laid it open to the top, and then with a scalpel extended the incision upwards to the spine of the scapula, cutting down to the tumour. I then made a transverse T incision in the direction of the spine through the integuments. I next, having laid back the integuments, commenced breaking up the tumour with a pair of bone forceps (long blades) and a small chisel-shaped lever, and removed the whole of it as high up as the spine of the scapula. The tumour, excepting the carious portion, was extremely compact, hard and brittle, *not having the slightest trace of cartilaginous substance.* It was removed in various sized irregular pieces, without difficulty, and very little hæmorrhage, leaving a tolerably smooth and even surface. The portions removed weighed ℥iij ℥viss. The supra spinatus muscle with its strong fascia was almost wholly destroyed, exposing nearly the whole inferior dorsum of the scapula, and its place supplied by bone, and yet the action of this shoulder was nearly, if not quite equal to its fellow, shewing how wonderfully nature adapts herself to circumstances.

Having injected a little warm water into the cavity, to detach any small fragments or spicula of bone that might remain, I applied dry lint, and a roller, uniting the integuments, but leaving room for the escape of matter. I again ordered a generous diet with wine and quinine, which was continued until the 14th December, when the quinine was omitted. On the 7th of January following, the wound was completely healed, free from pain, and the general health restored.

The foregoing case presents several points of interest, and I have not met with any author who describes a precisely similar one. Almost every surgical writer, from Sauvages to the present day, who has adopted a system of nosology, has found a place for exostosis; but except some variation in the system itself, each seems to have followed in the track of his predecessors. Trimæus, Vogel, Sagar, Home, Pott, Cullen, S. Cooper, Abernethy, Sir Astley Cooper, and all the authors I have met with, either nosologists or general writers, seem to have adopted one common view of these diseases. Good is the only one I have met whose system embraces anything like this case. Under his emphyma, exostosis, ostea, he says: "This variety is found in most of the bones of the body, but chiefly perhaps in the bones of the cranium; where they are sometimes excrescent, and composed of bony spicula, resembling crystallizations; sometimes exquisitely hard and glabrous analogous to ivory; no doubt from their being composed of phosphate in a greater measure than carbonate of lime." Sir Astley Cooper, from whose essay on this subject I will make a few extracts, describes only two varieties, cartilaginous and fungous. From the name given to the first variety, one might imply that bony tumour was not meant, yet he says; "Exostosis is a preternatural growth of ossific matter, generally producing a circumscribed tumour upon the bone on which it originates." Further, "exostosis has two seats; it is either *pereosteal* or *medullary.*" "With regard to its nature, exostosis is of two kinds, either *cartilaginous* or *fungous.* By *cartilaginous,* it is intended to express that species which is preceded by the formation of a cartilage, which forms the nidus for the ossific deposit; and by the *fungous* is to be understood a tumour of softer structure than cartilage, yet firmer than fungus in other parts of the body, containing spicula of bone, malignant in its nature, depending on a peculiar state of constitution and action of vessels, &c." Of the seat of diseases he says; "I know no bone in the body which is not liable to the formation of these diseases, although, there are some in which it much more frequently occurs than in others." "Upon the bones of the cranium we see both kinds of exostosis." "Exostosis of the facial bones is a very frequent occurrence." "The alveolar process of the upper and lower jaw, are very frequently the seat of this disease." "Exostoses of the spine are of rare occurrence." "The ossa innominata are also sometimes affected with this disease, etc." "Exostosis of the clavicle is extremely rare if we except the venereal enlargements of that bone; *nor do I recollect to have met with any instance of this affection of the scapula.*" He then proceeds to say that he has seen exostosis of the bones of the humerus, ulna, radius, metacarpal bones and fingers, and then adds: "The os femoris of all the bones of the body is most frequently the subject of this disease." "Next to the femur the tibea is most frequently affected with exostosis of the pereostial kind." He also states that the fibulæ, metatarsal bones and toes, especially the great one, are sometimes the seat of exostosis. I find little written as to the most common duration of this species of exostosis. In the case before us, it is evident that the exostosis was the gradual produce of *forty-three* years growth.

I will sum up (fearful of extending my remarks to too great a length) by asking, 1st. Could any remedial course have