of the alæ were left of the nasal structures anterior to the lower extremities of the nasal bones. These were connected to the cheeks by large keloid cicatrices. The unsupported nasal bones had fallen down, so that the anterior edge of the vomer could be felt projecting between them. The inferior (free) margin of the vomer from which the triangular cartilage had been removed by the ulcerative process was covered by healthy mucous membrane. There was great redundancy of the upper lip, which was made more apparent by the spreading of the alæ nasi. The operation consisted in fitting into the gap described a section from the central portion of the upper lip. The edges of the gap were pared from above downwards, beginning at the centre. The mucous membrane was also pared from the free edge of the vomer. A section was then removed from the center of the lip through its whole thickness, and about an inch in width at its free margin and three-quarters of an inch in width at the base of the flap. The flap was then turned upwards and fitted into the gap by making a cross section through the skin surface near the mucous edge of the lip and spliting it in both directions so that in its centre it was attached to the vomer, while externally the edges of the mucous surface were attached to the skin margin, the parings from which were reflected downwards and attached to the edges of the base of the flap, which formed the calumna nasi. Union by first intention took place throughout, and an excellent result followed, with but slight shrinking of the implanted flap. In two months the mucous surface had become pale and resembled the skin so closely in other respects that it could only be recognized on careful examination.

Plastic Operation for Severe Burn of Face and Neck.—Dr. Shepherd exhibited a patient on whom he had operated for deformity of the neck and mouth, following a severe burn in infancy. The patient was 20 years of age, and when he entered hospital his chin and lower lip were fixed to the sternum, causing the whole head to be bent forward and obliterating the front of the neck. The burn had involved the greater part of the chest and also the sides of the neck and arms. The lower jaw, from continued tension of the scar had been pulled forward and protruded several inches beyond the upper, giving the man a hideous appearance. Several operations were performed. The neck was first freed by a dissection which reached almost from ear to ear, and when granulation had been established, grafting after Thiersch's method was performed. The protruding lower jaw was then excised and the lip restored by Teale's operation. The result was good; the patient's appearance was much improved, and he could use his mouth.

Removal of an Osseous Body from the Knee.—Dr. Hingston exhibited a fragment of bone which he had removed from the knee-joint of a young man. The symptoms were similar to those commonly met with when loose cartilages are present. An open incision was made and the substance removed. On examination, it was found to be distinctly bony in structure. Its dimensions were about one inch by half an inch.

Dr. Roddick asked if there was any history of injury.

Dr. Shepherd remarked that the specimen looked like a fragment of bone sometimes found in gouty subjects.

Dr. Hingston replied that there was no history of injury or gout.

Chorea, its Relation to Rheumatism and Treatment.—Dr. G. A. Brown then read a paper on this subject.

Discussion.—Dr. MacDonnell considered the paper of practical interest. He referred to the great frequency of the rheumatic history, when looked for, in many cases of chorea. Rheumatism in children more frequently manifested itself by tonsilitis, chorea, erythema, and various other manifestations of the rheumatic diathesis than by painful and swollen joints.

Dr. Jas. Stewart had no doubt but that rheumatism had a marked influence in the induction of chorea. He considered, however, that there was another element which predisposed to chorea, and that was the condition of instability of the nervous centres.

Dr. Mills spoke of the causes of chorea in dogs. These were mainly reflex and, in his experience, not dependent upon organic disease.

Dr. Gurd had found the iodide of iron with arsenic very beneficial in the treatment of chorea.

Dr. Johnston remarked that he had only met with brain lesions in one case of chorea out of about ten examined in man and animals. This was a case where he had performed an autopsy for Dr. Jas. Stewart, and a number of small cysts had been found in each corpus striatum.

Dr. Hingston had found ordinary chorea to disappear in seven or eight weeks without medicinal treatment.

Dr. Bell thought that the name chorea was rather indefinite, that it was made to include many cases of a definite pathological lesion.

Dr. Brown, in his reply stated that he had wished to show the close relationship between rheumatism and chorea, nevertheless admitting that other causes may enter into its production.

Stated Meeting, 9th January, 1891.

F. J. SHEPHERD, M.D. PRESIDENT IN THE CHAIR.

Ruptured Tubal Pregnancy.—Dr. Armstrong showed this specimen which he had removed from a patient aged 35. Her previous pregnancy, nine years ago, was followed by pelvic symptoms. She was then delivered of a full-grown child. In May last, the patient believed