artery, but the symptoms pointed more to the arch of the aorta. The earliest symptoms were pain at the back of the neck and shoulder of a neuralgic nature, accompanied with cough. These were relieved by potassium iodide. The patient got better of his first attack, but was frequently laid up in hospital. Enlargement of the superficial veins of the abdomen and thorax was early evident, but lately the superficial veins were tortuous and as large as a man's finger. The patient also exhibited signs of intra-thoracic pressure—such as paralysis of the right vocal cord, rattle in the larynx, and signs of pressure on the trachea.

Dr. R. L. MacDonnell who had had the case under observation for the last fourteen months said : There were two points of clinical interest in the case. In the first place, the results of the use of the sphygmograph were deceptive. The tracings obtained showed very marked interference with the blood current through the left radial, hence he had assumed that the aneurism was situated on the arch at a point beyond the giving off of the innominate artery, the fact being that the great dilatation of the innominate artery caused not only an impediment through that channel, but by its bulk had pressed upon the subclavian and disturbed the flow of blood to the left upper extremity. In the second place, the relief afforded by the iodide of potassium had been most effectual. Whenever the drug had been discontinued, or whenever the patient had been unable to obtain it, the pain and dyspnœa had increased.

Dr. Wilkins referred to a case in his practice where there was obliteration of the superior vena cava from clot, which produced no varicosity.

Dr. Ross said one of the early symptoms of the case was a suffused appearance of the face, but the varicosity did not progressively increase ; it was sudden and at the last.

Dr. Johnston exhibited for Dr. Nealson specimens from a case of typhoid fever complicated with diphtheria. There was a well defined membrane covering the fauces and extending through the larynx to the smaller divisions of the bronchial tubes. The spleen was enlarged, and there were typhoid lesions in the intestines.

Dr. R. L. MacDonnell exhibited the skull of an idiot which had been dissected at McGill College. There was on both sides deficient development of the petrous portion of the temporal bone. The base of the skull, as seen from within, was flat, the petrous bone not forming the normal ridge between the middle and posterior fossæ. The organs of hearing had never reached development, there being in reality but a rudimentary tympanic cavity. The foramina through which the various nerves passed were small. No previous history of the case had been obtained. The subject presented several other abnormalities. 1. The right common carotid divided into its external and internal division opposite the lower border of the thyroid cartilage. 2. The left common carotid did not divide at all, but was continued upwards as the internal carotid, the superior thyroid and lingual arteries were given off this common trunk, and the facial from the lingual. 3. The hypoglossal nerve was given off from the pneumogastric. 4. There was deficient development of the teeth. The bicuspids were represented by small round pegs. The molars were ill formed, small, and rounded like milk teeth.

Dr. Wilkins, 1st Vice-President, then took the chair, and Dr. Cameron read a paper on "*Aseptic Midwifery.*"

Dr. Kennedy agreed with Dr. Cameron in his conclusions. He rarely allowed a patient to have a douche ; always believed in using it in person, as he found nurses, as a rule, unreliable. He could tell by the temperature chart in the hospital which nurse had charge of a ward. He did not believe in the use of a douche unless there had been operative procedure.

Dr. Roddick said he had long believed antisepsis to be as important in midwifery as in surgery ; but from his experience, as well as from the facts in the paper, he now regarded it of even more importance in the former. In 1877 he had been asked to give some rules for the guidance of a friend, then superintendent of the Hamilton Hospital, and had laid stress on the use of antiseptic injections previous to delivery, as before operations in surgery. The results were good in Hamilton, though only tried for a very short time. He thought the excellent results obtained in the Queen Charlotte Hospital were largely due to the previous washing out of the vagina, as the discharge before labor was often septic.

Dr. Alloway said that owing to the acceptance of aseptic midwifery the mortality had notably decreased during the past five years. It is rare now