

which they had been subjected by the thickened bone and dura, and the pus between them. They are wedge-shaped, the base is at the occipital bones, where the greatest vertical height is eight centimetres, and the apex is at the orbital margin of the frontal lobes, where the height is only two-and-a-half centimetres. This curious deformity has been brought about slowly, and illustrates the degree of pressure to which the brain may be subjected, so long as it is applied gradually.

DR. HENRY HOWARD referred to the remarkable absence of cerebral symptoms in such extreme compression.

DR. OSLER also exhibited a skull from the museum of McGill College, with syphilitic destruction of the entire right parietal and part of the frontal bones, with caries also of the inner table.

Epithelioma of Tongue—Excision—Erysipelas—Circumscribed Gangrene of Lung—Perforation of branch of Pulmonary Artery.—DR. SHEPHERD narrated the case and showed the specimen: THOS. W., aged 42, a strong, healthy man, came to the Montreal General Hospital in January, 1883, suffering from epithelioma of the tongue; this being near the tip, only a portion of the tongue (right half) was removed with the scissors by Dr. Fenwick. Two months ago he noticed that the growth was returning, and at the time of his re-admission into hospital, under Dr. Shepherd, early in November, it was increasing rapidly. He then had an epitheliomatous ulceration of the part of the tongue that remained, and also of the right tonsil and left anterior pillar of fauces; the floor of the mouth was infiltrated and hard. It was decided to remove the whole tongue. This was done on November 10th. Dr. Shepherd first ligatured the lingual artery of each side by a curved incision reaching from the front of the angle of the jaw to the hyoid bone, and up towards the symphysis. After ligaturing the linguals, the tongue was removed by scissors with very little trouble and no hemorrhage, after Mr. Whitehead's method. The right tonsil (or part of it) and the anterior pillar of fauces were removed also by scissors. After the operation the patient rallied well, and was fed for two days by nutrient enemata, the mouth being rinsed out frequently with a solution of Condyl's fluid. For five days the man did well; there] was no fetor from the mouth, the wound] was granulating nicely, and the incisions made for tying the lingual were healing by first intention, when, on Nov. 15th

erysipelas appeared on the nose and rapidly spread over face, neck and head. Temperature rose to 103° – 104° , and pulse became rapid (120) and weak. The erysipelas then spread over the chest, and the mouth now became sloughy; fetid breath was first noticed on Nov. 27th, at which time a slight cough developed, and some bronchitis, which was looked upon as septic. No rigors or sweatings had occurred. From this time patient became gradually weaker and weaker, in spite of the stimulating treatment, and died suddenly on December 2nd from hemorrhage. Dr. Shepherd remarked that at the time of the operation several cases of erysipelas had been admitted into the hospital from outside. With regard to the operation, he felt perfectly satisfied with it, the previous ligaturing of the linguals greatly facilitating the removal of the tongue by scissors, as all fear of hemorrhage was removed, and the scissors left a clean, instead of a bruised, surface, as is seen after the use of the écraseur. The method of operating had nothing whatever to do with the fatal result.

At the autopsy the wound looked in process of healing, and the cancerous masses had been removed. The linguals presented thrombi at the site of ligature. There was a small pocket of pus beneath the left sterno-mastoid. The trachea and bronchi were filled with blood. The right lung presented four areas of circumscribed gangrene, the left two, each about the size of small apples. Placing the lung under water and blowing water through the pulmonary artery, bubbles escaped from one of the gangrenous regions close to the root of the lung. Dissection proved, as the specimen shows, that the hemorrhage came from a small branch of one of the main divisions of the artery, which had been opened in the necrotic process.

DR. R. P. HOWARD spoke of the frequency with which gangrene of the lungs followed operations on the tongue and neck.

DR. GEO. ROSS mentioned having had a case of cancer of the œsophagus in hospital last winter which proved fatal from gangrene of the lung.

Sarcoma of Lumbar Glands; Perforation of the Colon; Persistent Hemorrhage.—DR. SHEPHERD presented the specimen, and gave the following notes: Man, aged forty-five, large, strongly built, weighing over two hundred and fifty pounds; sent for him on July 23rd, and stated that he had