

stenosis. This, and defect of the inter-ventricular septum are the commonest congenital defects, and they are found combined relatively frequently.

The possibility of the co-existence in our case of a defective septum suggests itself, though the fact that there is no history of her having been a "blue" baby, and that she has had no chronic circulatory or respiratory difficulty, proves there is no extensive defect in the septum. For the same reasons there cannot be a large patent foramen ovale or a patent ductus arteriosus.

In the literature there are between two hundred and three hundred cases of transposition of the viscera, Pick, up to 1895, finding record of 190 cases. Only thirteen examples of partial transposition are recorded. In speaking of the latter one does not refer to cases of acquired dextro-cardia in which fibrous adhesions between the heart on the one hand and the mediastinum, the lung, or the pleura, on the other, lead to displacement of the heart.

A much larger proportion of the cases are now recognised during life than previously, largely owing to the fact that a larger proportion of chests are now examined than used to be the case. In 1865 Gruber found 79 cases in the literature, of which only five or six had been discovered during life. Arneill (*Amer. Journ. Med. Science*, Nov. 1902) recently collected 44 cases, of which 38 were recognised during life. The first recorded case was published by Petrus Servius in 1643. In Montreal, Dr. MacCallum described a case in the late Dr. R. L. McDonnell's service in 1850, and recently cases have been observed by Dr. Lafleur and the late Dr. Grafton.

Sarcoma of Leg.

DR. J. ALEX. HUTCHISON reported a case of sarcoma of the fibula followed by paraplegia:—

F. H., aged 17, married, August 1901, no children, was admitted to my service in the Montreal General Hospital complaining of pain and swelling of the right leg. About December 15th, 1902, patient noticed slight swelling of the right leg half way between the knee and ankle on the outer side. At first it was painless, but pain soon developed. There was no history of injury at any time and the growth was very rapid. By January 3rd, 1903, she had to take to bed as she was unable to walk. There was loss of function of muscles, especially extensors and peronei, with tingling of foot and toes and partial anæsthesia of toes and dorsum of foot. The veins on outer side of leg became prominent, and general œdema of leg and foot appeared. The treatment up to the time of admission was fomentations and morphia.