

observed below the arytenoid cartilages, covering almost the whole of the right vocal cord and part of the left. In the upper portion of the chest was a swelling, with dullness over it; no bruit. The patient first came to Toronto in December, 1890, when the growth was cauterized, with relief of the dyspnoea. January 3rd, 1891, he returned worse. Dr. Reeve saw him in consultation. It was thought that tracheotomy was indicated, and Dr. Cameron was also called. After consultation, Dr. Brown performed intubation, and the rales, heard on auscultation before operation, disappeared after intubating. The tube was only kept in position about ten minutes, and was then removed. The following day a lower growth, below the cords, was cauterized. He returned home to the country better. March 13th, 1891, he came back worse. On examining the chest, strong pulsation was observed over the swelling, but no bruit; aneurism was diagnosed, and he was advised to go home. A few days after, Dr. Brown was hurriedly called, but he died shortly after Dr. Brown reached him. The man was a hæmophilic. *Post mortem*: the superior left corner of the thyroid cartilage was absent; there was a small ridge representing the site of the upper growth, and a cicatrix at the former seat of the lower growth, with two minute nodules, and a depression between them at the same situation. A large aneurism was found on the aortic arch, formed just before the innominate artery is given off. The innominate artery was pressed to one side beyond the middle line, and an artery, which was observed during life to ascend up in front of the trachea, proved to be the right common carotid. The absence of bruit was probably due to the fact that it was an old aneurism with thick walls, and the blood stream flowed pretty well through the centre of it. There was perforation of the sternum, due to pressure of the aneurism.

Dr. W. Beattie Nesbitt gave a demonstration of

#### MICRO-ORGANISMS IN KOCH'S LYMPH.

Koch mentions that dead tubercle bacilli are present, but other forms of living bacilli have been found by Dr. Nesbitt. All solutions for experimental purposes were made in sterilized test tubes. A series of cultures from a fresh bottle of lymph was made. Some of the forms

of bacteria present were peculiar, and have not previously been recognized by Dr. Nesbitt. Any special virulence which the organisms possess has, as yet, not been ascertained, but investigations will be carried out by inoculation on animals. The facts stated illustrate the necessity for thoroughly sterilizing the lymph before using it.

Dr. Ross showed two dogs on whom he had performed an operation for

#### INTESTINAL ANASTOMOSIS.

The first dog Dr. Ross had operated on died on the second day; this was attributed to the fact that during the operation one of the threads broke, and although its loss of strength was supplemented by Halstead's superficial sutures, yet at the *post mortem* it was found to have given way and leakage occurred, proving fatal. Dr. Ross killed a dog on whom he had operated eight days previously, and performed a *post mortem* examination before the society. The anastomosis was sound, but was closing, in consequence of the fact that a silk ligature, which was passed around a loop of gut, to cause obstruction, had cut its way through the gut, healing taking place behind its track; the suture was found on the inner surface of the intestine, and the old lumen of the gut re-established. The anastomosis was no longer necessary, and hence was closing. There was some evidence of digestion of the bone plates which had been used.

April 26th, 1891.

The President, Dr. Spencer, in the chair.

Dr. B. E. Mackenzie showed a girl, two years and three months old, with the

#### LEFT HUMERUS ONE INCH SHORTER THAN THE RIGHT.

When six or seven months old the child was very ill and so much emaciated that recovery seemed doubtful; it was thought at that time that she was suffering from acute epiphysitis; suppuration occurred in the region of the shoulder. Fixation of the joint was secured by bandaging the arm to the chest wall; cod liver oil and malt were administered, and the child recovered. There is now the shortening as described.

Dr. Sweetnam presented a specimen of