

might be due to blocking of the vena cava, although in such cases there would usually be swelling of the lower extremities.

Dr. Ross noted scars from leg ulcers, and agreed that Hutchinson's teeth were present. He recommended mixed treatment, the mercury to be given by hypodermic injection.

Drs. Goodwin, Murphy, Doyle and Hattie also took part in the discussion, the concensus of opinion favoring the diagnosis of hereditary syphilis.

Dr. Campbell, in conclusion, remarked that Mr. Caird had seen the case, and had recommended "mixed treatment," and that the patient was getting it at the present time.

Case of "Congenital Talipes" shown by Dr. Chisholm. Young man, aet. 19 years. Deformity had been corrected nine years ago, but had gradually returned. The points of special interest were the considerable amount of hypertrophy about the ankle joint, and a perforating ulcer on the outer aspect of the foot. Dr. Chisholm thought that amputation was indicated, and that the choice of method lay between Sedilott's modification of Symes', and an amputation of the leg at the junction of the middle and lower thirds. He favored the latter situation, as an artificial foot, necessary in either case, would be of more use when adjusted at that point.

Dr. Ross thought that as a general principle, every scooped out ulcer should have iodide treatment, but agreed that in this case there were special indications for amputation.

Dr. D. J. G. Campbell, speaking of the diagnosis of syphilis, thought that the Justus blood test was too little used.

Dr. Hattie spoke of the possibility of the ulcer in this case returning in the heel flap if amputation were done at the ankle joint.

Dr. Chisholm, in reply, said that he would not anticipate such a result. He agreed with Dr. Ross' views concerning iodide treatment.

He then reported a case of "Perforation of the Stomach," which had been diagnosed and sent in by Dr. Doyle. Dr. Hogan had operated immediately, assisted by Drs. Chisholm and Murphy. The perforation, resulting from a gastric ulcer, was sutured through and through with catgut, then with mattress sutures by Halsted's method, and finally by Lembert's sutures. The case, more than forty-eight hours after operation, was doing well, and Dr. Chisholm considered her prognosis fair.