Dr. Keenan did not think that skiagraphs invariably showed stones, as they might be present and not show on the plate. Undoubtedly an oxalate showed better than urates or phosphates and the clinical evidence was most to be relied upon for diagnosis.

Dr. Hamilton asked if the subject was a thin one, as his experience with the fluoroscope was that thin persons showed to better advantage.

Dr. Armstrong replied, in case of the skiagraph for stone, that in 28 cases of stone, 24 had been shown on the plate. His patient was a thin man and undoubtedly the thickness of the individual had a great deal to do with securing a good plate. Two or three plates were necessary to make sure, and it was quite possible that it might be present and not show on the plate.

Dr. Finley reported a case of carcinoma of the œsophagus involving the trachea. The patient, aet. 62 was admitted in March, complaining of cough and expectoration; had been subject to cough for several years, but recent attack was much exaggerated; a history of specific disease 17 years previous; he had evidence of bronchitis; cough, muco-purulent expectoration, numerous ronchi and sibilant sounds over chest; a day or two later noticed stridor, which directed attention to a probable obstruction in the trachea; became subject to very intense dyspnœa, during which he was cyanosed and became almost pulseless; died from pneumonia about a month after admission.

During life aneurysm had been thought of, but no evidence found, and from the history, a syphilitic contraction of the trachea seemed probable. The trachea was examined by the laryngologists, but with negative results, though the dyspnœa and very irritable throat rendered the examinations unsatisfactory.

Autopsy showed a growth in the œsophagus about 6 inches from the upper end surrounding three-fourths of the œsophagus; there was narrowing, but no marked stenosis. That condition caused no symptoms, until the metastasis in the trachea developed; that was about two or three inches above the growth. This mass lay alongside the trachea, and projected into the lumen, and was apparently a gland; it was of considerable size, and around it were two or three smaller nodules. This had caused a great degree of narrowing and was evidently responsible for the stridor and dyspnœa. This symptom of stridor was very important, and when present one was usually right in regarding it as arising from pressure or obstruction of the treachea. Microscopically the growth was a squamous-celled epithelioma.

Dr. Archibald reported a case of bony tumor of the elbow joint, illustrated by specimen. He also showed a specimen of tubercular osteo-myelitis of the rib, which had produced a spontaneous fracture and an external tumor, without the slightest symptom.