

escape. In drying up a little blood far anteriorly the facial was irritated, as was evidenced by facial spasm; and in fact the child suffered from a marked degree of facial palsy for a couple of weeks afterwards.

HEART SHOWING FOUR AORTIC CUSPS.

P. G. WHITE, M.D., showed this specimen.

JOHN McCRAE, M.B.—An interesting question in connexion with this specimen is whether the condition is congenital or the result of inflammation. The fact that one of these valves has ruptured some-time long past, that there is aneurysm, and that these valves are thickened, all point to an extremely severe inflammatory change, and suggest inflammation as the cause of the formation of a perfect fourth cusp. On the other hand congenital cases are quite definitely known, and I do not suppose that a more definite pronouncement can be made upon this case. Looking at the specimen without bias, it seems to me that the evidence is slightly in favour of the inflammatory rather than the congenital origin of this fourth cusp.

P. G. WHITE, M.D.—On examining the specimen thoroughly both Dr. Duval and I were of the opinion that it must be congenital for two reasons,—first, the greater part of the extra flap is of the same structure as the other three cusps. It is true that some inflammatory change has taken place, somewhat altering its shape; but this is limited to one corner; then again on measuring the free border of this cusp it is found to correspond exactly with the measurement of the free border of the three cusps. For these reasons its congenital nature seems convincing.

NOTES ON THE PATHOLOGY OF ADENOIDS WITH REPORT OF CASES OF ADENOID TUBERCULOSIS.

E. HAMILTON WHITE, M.D., read the paper of the evening. Seventy-five adenoids from the Nose, Throat and Ear Department of the Royal Victoria Hospital had been examined, five of which were definitely tuberculous. In four of these the tuberculosis was regarded as primary in the adenoid. In the paper the significance and importance of tuberculosis in these tissues was especially dealt with.

F. R. ENGLAND, M.D.—I wish to congratulate Dr. White on his excellent paper, and, I think, if it is read carefully, a great deal of practical good may be gained. I was impressed by the fact that Dr. White considers adenoids and hypertrophied tonsils as symptomatic and only an index of a general lymphoid state. Accepting this view of the condition, our duty must not stop with removal of the adenoids and enlarged tonsils; we must get at the general condition and treat the