

Falling without the triangle toward the median line as a result of tissue-relaxing diseases, such as rickets, etc., or trauma, the abnormal condition would obtain. In mild cases three bony prominences could be noted—the inner malleolus, the head of the astragalus and the tubercle of the scaphoid. He had seen such a condition diagnosed tuberculosis. The deformity presented three elements—an abnormal lowering of the arch, pronation and valgus. A scientific method of treatment aimed at the correction of all three. Probably the best method of replacement was with the hand or a Thomas wrench, and retention with gypsum for three or four weeks. After its removal the “developmental” plan of exercise and massage should be persistently pursued, with the object of strengthening the structures whose duty it is to maintain the correct position. The essayist then spoke of mechanical devices used. He showed modified lasts and shoes made on them, the shoes being shaped to suit the over-corrected foot, and reinforced or strengthened in those parts where support was needed. Dr. MacKenzie also presented drawings and a cast showing the various features of the deformity.

Syphilis.—Dr. DWYER presented a patient who five years ago had syphilis, and was under treatment for some months. About sixteen months ago he consulted a physician for a cold, when it was discovered that he had an aortic regurgitant murmur. Up to that time he had no subjective symptoms, except some palpitation. He was engaged in work in which there was heavy lifting at the time. The patient was admitted to the hospital recently for angina pectoris. He was suffering from dyspnoea, and was quite cyanotic. Morphine, hypodermically, relieved the pain. Pot. iodide in 25-gr. doses was also being administered. The patient was examined by the society. A double murmur could be heard at the base of the heart, and could be traced up into the neck. The cardiac impulse was very strong, its maximum of intensity being in the seventh interspace and to the right. Capillary pulsation could be seen, and the “water-hammer” pulse plainly felt. Dr. Dwyer was unable to say whether the regurgitation was due to disease or deformity of the valves, or enlargement of the aorta. The cause he attributed to the uncured syphilis.

Dr. MACMAHON considered that if the treatment had been kept up longer the patient would not have been in the condition he was. He believed there was dilatation of the arch of the aorta. He thought, along with the dilated condition of the ventricle, there was relative insufficiency of the mitral valve.

Dr. MCPHEDRAN asked if there was evidence to prove that the condition of the heart was due to syphilitic infection. If so, it was a