the vertebra. On the right side there was a chronic obliterative pleuritis, the viscereal and parietal pleuræ were very firmly adherent to one another. There was a fracture of the 2nd, 3rd and 4th ribs posteriorly, similar to that on the left side and also a rupture of the right bronchus. The explanation was offered at autopsy that this rupture of the bronchus was caused by the sudden continued pressure on the right side of the chest, the obliterative pleuritis causing that lung to move with the chest at at the same time putting severe tension on the bronchus, which ruptured.

D. F. GURD, M.D. I would like to know the age of the patient from whom the first specimen was taken.

O. S. WAUGH, M.D. The patient was aged about 58, and there was no brachycardia.

A. H. MACCORDICK, M.D. This case was a male, aged 58. He was admitted to the Montreal General Hospital in August, 1909, complaining of weakness and pains in his left arm and leg. He gave a history of venereal disease and had used alcohol to excess. There was no family history of nervous disease. On admission he had marked weakness of his left arm and leg. There was complete anesthesia of the whole left side with loss of taste and smell. The field of vision was markedly contratcted. The pulse was weak, regular and of high tension. The cardiac dullness was considerably increased and the aortic sound accentuated. He had well marked Dupuytren's contraction of the left hand. The urine was of low specific gravity, contained a considerable amount of albumen with granular and hyaline casts. He gradually improved and when discharged, five months later, could walk fairly well. He again lapsed into his intemperate habits and died suddenly one month later.

## HOOK-WORM DISEASE.

R. E. POWELL, M.D.

A report of this case appears in the present number of the JOURNAL.