

doubtedly one of a typical tuberculous ulcer of the tongue. Although the secretion from the ulcer has been examined on two occasions, no bacilli have been found.

In reply to a question raised by DR. SHEPHERD as to the influence of iodoform, when used as a local application, in producing pneumonia,

Dr. MAJOR stated that he had used the drug extensively in nasal and laryngeal disease for many years, and he had not, thus far, encountered any untoward result.

Dr. R. J. B. HOWARD has seen iodoform freely used in Vienna in cases of excision of the tongue, and there it is said to be free from danger.

Eversion of the Laryngeal Ventricles.—Dr. MAJOR presented a case of eversion of both laryngeal ventricles in a male aged 27. The case had been under observation and treatment for over two years, and showed decided improvement. A tuberculous condition was present, as evidenced by lung signs and a local development in the post-laryngeal wall. He referred to a case of complete eversion of the right sacculus, which had been demonstrated at the throat clinic of the Montreal General Hospital in April, 1884, occurring in the person of a syphilitic subject, where the ventricle was completely returned under treatment. Reviewing the literature of the subject, allusion was made to the fact that in the majority of the few recorded cases some dyscrasia was prominent, notably accompanying syphilitic, tuberculous or cancerous disease.

Peculiar Skin Disease of the Feet.—Dr. R. J. B. HOWARD exhibited a boy, 12 years of age, of healthy family. He has angular curvature, involving the lower dorsal region. First noticed when he was $3\frac{1}{2}$ years old. His feet were first affected in his sixth year. A small "scurfy" spot appeared first on the right foot, and has spread steadily, healing at the centre. When he came to the Dispensary it appeared as a lupiginous patch about 4 inches across, on the right ankle and instep; smaller similar patches existed on the outside of the right little toe and left great toe, at metatarso-phalangeal joint. The patch is covered with a crust or scab of a somewhat papillary appearance. Not tender or painful at any time, and never ulcerated. Dr. Howard brought the case for diagnosis. He thought it was due to some derangement of the spinal cord at the seat

of the curvature, as nerves from this region supplied the skin of the feet.

Dr. SHEPHERD believed it to be a form of lupus.

The PRESIDENT suggested that the parts be poulticed to remove the crust, and the boy be again brought to the Society.

Compound Fracture of both Legs.—Dr. SHEPHERD presented a case with the following history:—Edward N., aged 33, sailor, on the 11th of September, 1885, whilst working on his ship, fell through the hatchway into the hold, a distance of twenty feet, breaking both his legs. He was immediately admitted to hospital, and on examination, it was found that he had sustained a compound fracture of both legs about their middle third. The wound in left leg was about two inches long, and the fracture was comminuted. The right leg had the soft tissues much lacerated, the wounds being multiple, the largest some 4 inches long. Large pieces of muscle protruded, and there was much riding of bones. After cleansing the wounds with bichloride solution 1-1000, dusting them over freely with iodoform, and covering them with iodoform gauze and sublimate jute, the left leg was immediately put up in plaster, a window being left opposite the wound, some jute being placed over this and kept in place with a gauze bandage. Owing to the size of the wound and amount of the laceration in the right leg, it was thought wiser to put it up in a McIntyre splint, after placing the bones in as good a position as possible. The same evening, owing to the large amount of oozing, the external dressings were renewed, but were not again touched for one month, at the end of which time the wounds were found perfectly healed; the fracture of the left leg was firmly united, but although the extensive wound in right leg had healed, there was no union, so, after rubbing the bones together, it was put up firmly in a plaster-of-paris bandage. From time to time this bandage was renewed, the patient being allowed to move about with crutches. At the present time, seven months after the accident, the patient could walk about without support, and during the next week intended joining his ship. The right leg was still encased in plaster, and although the union was not quite perfect, it was daily improving. There was one inch and a half shortening of the right leg. After exhibiting the patient, Dr. Shepherd remarked that he had now no fear of compound fractures, and that all the cases did well if the wound was thoroughly cleansed