or synovial membrane. In the hip it may begin in the ligamentum teres. It is very desirable to make an early diagnosis, but this is not always possible. A boy in the General Hospital at present is suffering from acute osteomyelitis; it began at the ankle; the tender and swollen part was cut down upon and diseased bone scraped out. Very shortly after a similar condition developed below the knee and was similarly treated. The child is improving; there was no joint implication in the case.

We can arrest tubercular disease by conservative treatment, and therefore one is not inclined to open the joint early. Complete excision is safer than erasion, because of less likelihood in the former of any diseased tissue being left behind.

Dr. B. E. McKenzie, Toronto, narrated the case of a small lad in whom he successfully removed a small tubercular focus from the head of the tibia. The joint trouble usually arises in the bone. True conservative treatment is that of rest for the part when the nidus is confined to the bone, rather than after the joint has become affected. Referring to a case mentioned by Dr. Mynter, he thought it unlikely that operation could be deemed necessary four weeks after the commencement of the tubercular inflammation. Fixation may be complete and at the same time the patient may be allowed to move about. Statements of cases dismissed as "cured" in two or three weeks are fallacious; they tend to the production of adduction, and not for two or three years can the patient be looked upon as *cured.* Very often the operator neglects the proper mechanical apparatus after operation, and therefore so many relapse-cases occur if not properly followed up.

Dr. Oldright has had cases in his practice of perfect recovery by rest without operation, and without recurrence after some years. The limb is more useful if no operative measures are resorted to.

Dr. Bingham stated, in reply, that there is considerable confusion in the minds of some as to the meaning of a "cure." A tubercular focus may become encapsuled and lie quiescent, but it is liable at any time to light up to activity.

Dr. Burt, of Paris, read a paper on "Short Notes on Injuries of the Skull, and Epithelioma of the Larynx."

Dr. Holmes, of Chatham, then read his paper on "Appendicitis."

These papers will appear in full in THE CANADIAN PRACTITIONER.

EVENING SESSION.

Dr. McPhedran read a paper on the

CARDIAC PHENOMENA OF RHEUMATISM.

The so-called cardiac complications are really an essential part of the disease. The ordinary view of rheumatism is that the joint changes, pyrexia, and perspiration, are the sole necessary phenomena; but all the other more unusual manifestations, such as tonsillitis, fibrous nodules, erythema nodosum, and heart affections, are also integral parts.

The heart affection may be the sole manifestation, or it may be combined with any or all of the classical rheumatic phenomena. The heart is affected oftener than any single joint, and any attack is liable to have a concomitant heart affection. As rheumatism is often so obscure in children, it would be well to examine the heart in all pyrexial attacks in children. In the adult there is a relation between the severity of the symptoms and the frequency of the heart affection. In young subjects the liability to the heart affection seems to diminish with increasing age, as shown by the following table:

1 to 10 years,	83	per cent.	have	heart	lesions.
10 " 20 "	69	"	"	"	
20 " 30 "	51	"	"	"	
30 " 40 "	30	"	"	"	
40 " 50 "	21	"	"	"	

From this it appears that in infancy rheumatism always attacks the heart. Many of the seeming rheumatic affections of the joints in children are really due to septic infection; in other words, are cases of osteomyelitis.

It is difficult to say why the heart is chosen out as the point of attack. Anæmia may be the cause. This idea seems to be borne out by the frequent occurrence of rheumatism in young females who are very liable to anæmia. Endocarditis is the most common form, and the mitral valve is most often involved. In children the cardiac phenomena, at first mild, soon return and become fatal, the lesion increasing with each attack. The inflammatory process is circumscribed in the endocardium because of its want of vascularity. The mitral valve is most