An examination of this patient showed that he could not grasp firmly with the hand, and there was weakness of the muscles of the forearm and marked atrophy of the interoseii muscles. The biceps and triceps muscles were also weakened, and in addition to the atrophy, there were sensory changes. Tactile sensation was not lost, but very much altered. He could not distinguish readily whether he was being pricked with the head or with the point of a pin. When pinched, he felt it, but there was little pain. The sensation of heat and cold was practically lost. The most pronounced changes were in the distribution of the ulnar nerve. The most marked disturbance was in the right hand, the left being stronger and exhibiting very little atrophy. The left foot was weaker than the right, and both feet showed a partial anæsthesia. There was no progress of the disease during the two months in hospital, but there had been no further loss of strength. There was no Rombergism present, the pupil reflexes were normal. The clinical picture is that of progressive muscular atrophy, but with the added sensory changes there is the question whether this is not a case of syringomyelia. The Wassermann reaction was negative.

Dr. Loudon, discussing the case, said he had had opportunities to see the patient before the meeting, and that this loss of sensation was not only to heat and cold, but to all forms of sensation, therefore this could not be a case of syringomyelia. From the symptoms presented he would think of some peripheral lesion, involving both the sensory and the motor sides. For example, it might be a case of cervical rib, and he would not care to say it was not cervical rib until an X-ray had been taken. If not cervical rib, then he would consider it a case of syphilitic disease, but this seems to be ruled out by a negative Wasserman. The other disease one would think of was lead poisoning. He did not consider it a case of syringomyelia nor a spinal cord condition, and it is not progressive muscular atrophy.

Dr. Graham Chambers asked whether the anæsthesia corresponded to the peripheral type or to the central type. In reply it was stated that the anæsthesia was distributed over both hands and both legs fairly equally, and on the right hand it was distributed, especially over the area of distribution of the ulnar nerve.

THORACIC ANEURISM.

Dr. J. E. Elliott gave the following history of an aneurism case and presented the specimen removed from the autopsy. A man who had been ill three months came into St. Michael's Hospital because of pain in the chest. He was in the hospital some eighteen months and then died of hæmoptysis. The post mortem finding was an enormous