

healing by granulation, and the stump presents the bone well protected by a large pad of posterior muscles.

The pathological report by Dr. Macrae showed that both tibial arteries were plugged by a dark red clot.

This case is evidently one of injury to the femoral artery, in the neighborhood of Hunter's canal, sufficient to have produced one or more emboli.

When the alteration in the temperature of the foot was first noticed, it was thought that the coaptation splints might be producing pressure, but when these were removed, marked overriding of the fractured ends took place, and it then was a question if this might not be producing pressure; however, after a few days the distribution of the gangrene made it apparent that the tibial vessels were interfered with, the distribution of the anterior tibial showing the change a few days earlier than that of the posterior tibial. It will be interesting in the future to note whether the stump, with its limited blood supply, will stand the pressure of an artificial limb.

Epithelioma of Lip.

DR. J. ALEX. HUTCHINSON and DR. E. HAMILTON WHITE.

Patient C. W., aged 56, came to Montreal General Hospital, March 10th, with large fungating mass on lower lip.

Present Illness:—Patient stated that he had noticed a sore on his lip for twelve or fourteen years. This, up to the summer of 1901, was only of the nature of a fissure covered with a scab, which he used to pull off. At that time (Aug., 01) he noticed a small lump appearing at the site of the fissure, and consulted a surgeon. He was told that it was cancer, but would not undergo an operation. Growth much more rapid since September, 1902. He gives a history of smoking a short clay pipe, and shows a typical notch in the teeth to the left of the median line opposite the site of the original fissure. He has lost 10 lbs. weight since September, 1902.

Past and Social History:—No history of syphilis, no family history of cancer or tuberculosis.

Present Condition:—Patient fairly well nourished, skin and mucous membranes good color. There is a large fungating mass springing from the muco-cutaneous border of the lower lip.

The growth involves $\frac{2}{3}$ of the length of the lip, more to the right than the left of the median line,—it shows breaking down in spots, and has the characteristic offensive odour. The mass is $2\frac{1}{2}$ inches in length, roughly, cylindrical $1\frac{1}{2}$ inch in diameter. Further examination shows that it is pendulous, hanging over the chin, the skin of