

ankle had been excised for tubercular disease, a few months later he had returned to the hospital with a re-appearance of the disease in the bones of the foot when a modified Syme's operation was done. He was now suffering from caries of the vertebræ.

The next was a peculiar case in which a diagnosis had not been made. The patient aged 47, had come to the hospital complaining of a swelling in the submaxillary region, which Dr. Bell considered to be secondary to a primary cancer somewhere else. The swelling became less prominent but extended downwards into the cellular tissues in front of the vertebral column. This induced spasmodic asphyxia, probably from pressure on the recurrent laryngeal nerve. Tracheotomy had to be performed and the patient then gained ten pounds. Quite recently dysphagia had set in and brachial neuralgia.

The next patient was a boy who had suffered from multiple osteomyelitis. The diaphysis of one tibia was removed, but new bone had formed.

Next was shown a patient who had epithelioma of the right tonsil involving the right side of the tongue and jaw. A preliminary tracheotomy was done, and at a subsequent operation the diseased portions were removed.

Next was a little girl, 10 years of age, in whom he performed excision of the ankle and removed three or four inches of the tibia and fibula. The foot was a little unsteady, but he thought it was more useful than a stump.

Dr. JAMES STEWART presented six patients, three males and three females, suffering from intra-thoracic aneurism, giving a history of each. He also showed two cases of multiple neuritis and one of symmetrical gangrene.

The afternoon session was opened by a paper by Dr. J. E. Graham of Toronto, on

#### THE INFLUENCE OF MITRAL LESIONS ON THE EXISTENCE OF PULMONARY CONSUMPTION.

This paper appears on page 191.

In the discussion which followed Dr. Osler drew attention to the occasional presence of acute endocarditis with pulmonary tubercle and related a case in which a diagnosis of heart lesion had been made but which at the autopsy proved to be acute tuberculosis.

Dr. BLACKADER stated that while he was a resident in the Brompton Hospital for Diseases of the Chest, Dr. Powell had pointed out to him the fact that pulmonary phthisis seldom developed in cases of mitral disease.