

Dr. WILLIAMS said that the woman must have had a great deal of vitality, for at that age, with such a fracture and the necessity of keeping the recumbent position so long, there was a danger of her dying before union took place.

A Pedunculated Tumor was presented by Dr. POWELL, which he had removed from the gluteal region of a woman aged 65. It was superficial, pedunculated, and appeared like a fungating sarcomatous mass before removal, but on gross examination it appeared more of a fibrous character. He would present microscopic specimens at a later meeting, when the nature of the growth could more positively be ascertained.

Mitral Stenosis.—Dr. GARRATT presented a heart showing mitral stenosis. He related briefly the history of the case. The woman suffered extremely from pre-cardial pain and dyspnœa, despite everything he administered to relieve her. He had aspirated the peritoneum and the cedematous legs, withdrawing a large quantity of fluid. There was no history of rheumatism in the case.

Dr. CARVETH said he had seen it stated that these cases do not die after exertion, as is commonly supposed, but after lying quietly in bed.

Dr. ADAMS said that, after following the history of a number of these cases, he had come to the conclusion that it was a wise thing to warn patients with heart disease to be careful as regards exercise; that their lives would be prolonged by so doing. He outlined the history of two or three cases he had observed.

Dr. GARRATT said that he considered exercise a very necessary element in the treatment of such cases. The fresh air was very helpful to the respiratory functions.

Dr. DWYER presented a heart showing a condition of mitral stenosis, with dilated and hypertrophied left auricle. Unlike Dr. Garratt's case, it caused absolutely no symptoms. The woman died from nephritis of the chronic interstitial variety, from which she had been suffering for eight years. He also showed the kidneys, which were large and red in color. The capsule was adherent. He outlined the symptoms. Another kidney was shown by Dr. Dwyer, showing the condition of parenchymatous nephritis. He also related the clinical history of this case.

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President, DR. PETERS, in the chair.

Fracture of the Ulna.—Dr. WINNETT presented a patient who while sparring had fallen forward on the palm of his hand, fracturing the ulna at the junction of its upper and middle thirds and dislocating