months. Opening and drainage was done but he grew worse. Three was a deposit in each lung. The diseased foot and ankle became so bad, amputation was done two inches above the ankle. The wound healed kindly and the general health improved for a time, but latterly has been growing worse.

Dr. Wilson and Dr. MacMahon briefly discussed the case.

Dr. B. E. McKenzie presented a boy with congenital absence of a portion of third, fourth and fifth ribs, the absent part being that part lying between the mid-axillary line and the sternum on the left side. The fourth and fifth fingers of the left hand were webbed with two phalanges instead of three. The index finger has two phalanges and the middle one. This was the second case of the sort Dr. McKenzie had seen. In the others the deficiency was in the posterior ends of the ribs.

Dr. Primrose, Dr. Carveth, Dr. Peters and Dr. Cameron discussed the case. Dr. Cameron thought the atrophy had probably resulted from pressure of the left hand against that portion of the chest *in utero*.

The Radical Cure of Ingrowing Toe-nail.—This was the title of a paper read by Dr. G. A. Peters.

This disease is more common in young adult life, because with advancing years wisdom gains the ascendency over pride, the tight, narrow-toed boots being cast aside for the broad foot-gear. Sweating of the feet favored the occurrence of the disease. The pressure causes the skin at the side of the toe to overlap the edge of the nail, ulceration follows, with thickening of the skin and the formation of large, unhealthy granulations. The pus which exudes and the decaying epithelium give rise to a fœtid odor, and there is pain and often disability. The condition is often aggravated by the patient's painful attempt to grub out the edge of the offending nail. By wearing proper boots, and by trimming the nail squarely across and leaving it long enough to allow the edges to override the tougher skin at the pulp, much may be done to prevent or alleviate the condition. The essayist then described his method of operating in these cases. He keeps the toe in an antiseptic dressing for several days previous to the operation. He uses a small tourniquet and anæsthetizes with cocaine by introducing a fine hypodermic needle just below where it is proposed to cut through the nail, and a drop injected; then he shoves it in three-eighths of an inch, withdraws it one-eighth of an inch and forces another drop out, and so on while the needle is being withdrawn, a few drops being directed toward the lateral aspect of the toe. This will enable the surgeon to do a painless operation.

Dr. Peters places the heel of the blade on the free margin of the