

a man who was intensely anæmic, with a subicteroid hue. The number of red and white corpuscles were found to be normal, but the hæmaglobin was reduced one third. The case was one of pure chlorosis, which is quite a rare condition in a man. The man had been ailing for a year and a half, and had suffered severely from hæmorrhoids. After using ten Bland's pills daily for a week, the hæmaglobin rose from 30 to 55 per cent., and at the end of the second week it was over 70 per cent., when he was lost sight of. He was a day laborer, and his occupation offered no clue as to the cause of the chlorosis.

A Case of Imposture.—DR. WILKINS said that three weeks ago a man had been brought into the General Hospital suffering from tetanic spasms of the head and neck. A history of having cut his foot with broken glass, two or three weeks before, was given. On examination there was found a good deal of stiffness of the neck and a spasmodic action of the muscles of the face, and slightly of those of the arm. A scar was found on the foot which he stated had been cut. Though the appearance was peculiar, the condition was thought to be tetanus, and carbolic acid $m\frac{1}{4}$ every two hours was ordered, and under this treatment the spasms seemed to improve. Next day a consultation of surgeons was held, when it was suggested that if the spasms were not relieved a part of the foot should be amputated. This produced a marked improvement. Becoming dissatisfied with the hospital, he was removed to a private hospital, where the spasms were of a different character. He was later on removed to his boarding-house, where he behaved in a peculiar manner. Dr. Finley saw him, and asked for Dr. Shepherd in consultation, who thought that it was a case of imposture. Next day the man disappeared, and has not been heard of since.

Stated Meeting, June 24th, 1892

F. Buller, M.D., President, in the chair.

Interscapular Thoracic Amputation for Enchondroma.—DR. FINLEY exhibited this specimen for Dr. Shepherd. The growth was a large globular tumor, about 5 inches in diameter, and was attached to the inner side of the surgical neck of the humerus, lying beneath the muscles passing from the scapula to the humerus. For the most part it was of cartilaginous consistence, but to the inner side there were a few cysts containing a colloid material. The tumor had encroached slightly on the scapula, causing some thickening of the dorsal axillary border of that bone. Microscopically, the greater part of the tumor was made up of cartilage, many of the cells being small and irregular, others large with two nuclei, and a few showing two or three cells in each

capsule. The cystic portion of the growth showed a portion to be made up of structureless material, with here and there infiltration of small round cells.

DR. SHEPHERD said the patient was a woman, aged about 32, who said she had first noticed the growth four years before. It gradually increased in size, and for the last year the arm had been very painful and was so fixed that it was useless. Dr. Shepherd at first thought the disease originated in the scapula, and that the affection in the humerus was secondary, but on examination after removal it was found that the disease was primary in the head of the humerus, and that the scapula was only slightly involved, the chief disease being in the muscles. The growth in the axilla pushed out the scapula, giving it the appearance of being extremely diseased. The arm and scapula were removed at one operation. The clavicle, being free from disease, was not removed, and this gave the shoulder a much better appearance in consequence. Dr. Shepherd remarked that the operation, which is more formidable than dangerous, is usually performed in two stages—first amputation at the shoulder joint, then excision of the scapula. The mortality is 20 to 30 per cent. The operation was first performed in 1838 by McClellan of Philadelphia, and afterwards by Syme and Ferguson. The patient whose history has just been narrated recovered rapidly, and was going about on the fourth day after operation.

Nephrectomy.—DR. SHEPHERD exhibited a kidney which he had removed on May 26th. The patient, who had been under the care of Dr. Fenwick, had suffered from symptoms of renal calculus for about 20 years. Last August Dr. Fenwick removed a large branched calculus from the kidney; the wound healed up well, and the patient went about all winter. After a time, however, pus began to appear in the urine, and within a few weeks a tumor developed over the region of the kidney, the patient suffered great pain and began to fail in health. Dr. Shepherd, at Dr. Fenwick's request, took charge of the case, and decided to operate after much hesitation on account of the amount of cicatricial tissue that would be present. The kidney could only be removed in pieces, the central portion with the vessels being imbedded in a large mass of cicatricial tissue. Whilst looking for the vessels and dissecting out the hilus a free hemorrhage occurred, which could not be easily arrested, the tissue allowing of no ligature; so a forceps was left on and the wound packed with iodoform gauze. The forceps were removed at the end of forty-eight hours. She suffered much from shock after the operation, but recovered fairly well. After a week's time there was a sudden severe hemorrhage. Dr. Bell happened to be present, and