the testicle the disease was probably of very rapid growth.

Cancer of the Lower Jaw.—Dr. Hingston exhibited wo lower maxillæ which illustrated the two modes of invasion of the disease. In the first case the disease had begun in the bone itself, and in which the loss of substance was about the size of a finger, and had slightly involved the submaxillary gland. In the second case the disease had appeared on the outer surface of the bone as a result of extension from secondary disease of the submaxillary gland, a cancer of the lip having been removed a year before. When the disease begins in the bone itself the patient has a very much greater chance of recovery than when it is due to extension from the gland. He thought that he had better results after the operation for removal of the jaw for cancer in well chosen cases than he had after the removal of the breast. In one case he had removed the upper jaw and there was no return. In another case where he had removed the upper jaw the patient died of old age. It is necessary to make a clean sweep of all the diseased parts to have a satisfactory result.

Dislocation of the Astragalus.—Dr. Hingston exhibited a specicimen and related the history of a complete enucleation of the astragulus. The patient, a powerful young man, got his foot caught in a strap in close proximity to a circular saw, and on making a very violent effort to escape produced this peculiar condition. There was a large projection on the inner side of the foot, over which the skin was much torn, and by simply enlarging the incision and with the aid of the bone forceps the astragalus was removed. There was also rupture of the tendo-Achilles, but the malleoli and the other bones of the tarsus were uninjured.

Enlarged Spleen.—Dr. Hingston related the history of a woman from whom he had, two weeks previous, removed the spleen, which weighed 13 lbs. The organ extended down into the pelvis and in front beyond the middle line, and had been of slow growth. The operation had been performed at the urgent request of the patient, and Dr. Hingston did not think that it was an operation he would care to repeat. After separating the connections with the stomach and liver he came down on the pedicle, which was found to be very short, it being necessary to encroach on the substance of the spleen before a sufficient hold could be obtained on the vessels to cut them, the pedicle that was removed with the spleen being only three-quarters of an inch in length, consisting of the remains of the splenic artery one-quarter of an inch. The substance was very friable and was easily torn, consequently hemorrhage was very great. The patient died seven hours after the operation. The removal of the spleen when there is an impoverished condition of the blood, when the white corpuscles are in excess, is not a successful operation.

Dr. Shepherd did not think that primary cancer of the lower jaw was common. When a growth started about a tooth it was usually an epulis. He had removed many jaws, but had only one that did not recur, and asked if a microscopical examination had confirmed the diagnosis of cancer. He agreed with Dr. Hingston in regard to the bad prognosis in cases like the second. He had had three cases of removal of the astragalus for dislocation; in one case the man had a compound fracture of the opposite leg to the one in which the dislocation occurred, the result being an equal shortening of both legs The spleen uaually has a very long pedicle. He cited a case of removal of the spleen performed by Dr. Roddick in 1885 for severe laceration, part of the injured organ protruding through a wound. The patient died several hours after, when it was found that both the liver and kidneys were ruptured.

Dr. Hingston, in reply, said that a microscopic examination had confirmed the diagnosis of cancer. As a surgeon, he would rather trust to his sense of sight and touch, even if such an examination was not confirmatory.

Dr. Lafleur cited a case in which the tongue had been removed for supposed cancer, which on microscopic examination proved to be tuberculosis, and the patient died two weeks after the operation which acute miliary tuberculosis.

Nephro-Lithotomy.—Dr. Shepherd exhibited a large *branched kidney calculus* which he had removed a week before from a lady aged 50. She had suffered from symptoms of stone in the kidney for some thirteen years, and recently, after an attack of renal colic, a tumour developed in left loin and pus ceased to appear in the urine. The temperature ranged from 101° to to 105°, with rigors and sweatings. On cutting down in the left loin the kidney was found perfectly movable. When incised a large amount of pus escaped, and on introducing the finger a branched calculus was felt in the pelvis of the organ and with difficulty extracted, as some of the branches breaking off remained encysted and were very hard to enucleate. The kidney was very much disorganized, and was of large size. The patient, at the time the report was made, was doing very well and the temperature was perfectly normal. Dr. Shepherd remarked that he had previously removed the kidney for a similar condition, but now he preferred to remove all the stone, break open all pus pockets, and then drain freely. In this way what remains of the kidney substances continues to do its work, and the patient's chances are so much the better in the future in case the other kidney becomes similarly affected. In addition to this reason, he stated that nephro-lithotomy was a much less dangerons operation than nephrectomy. Dr. Shepherd related a case where he had