

dragged it down from its place, when it discharged into her forehead. No severe symptoms. Was chloroformed, when bullet was found to have fractured the skull and gone deeply in the brain substance, two inches from the surface. Forceps were carefully introduced, but it was impossible to grasp the bullet, so it was left alone. An X ray skiagraph was taken of the head and showed the bullet clearly. This picture was passed around.

Two cases of sutured patella were then shown, both contracted by indirect violence. Silk suture was used. Good recovery. In recent cases his practice was to use gut sutures.

The next case was where operation had been done for floating body, a piece of free cartilage, in the elbow joint. Good recovery.

The next was an operation on an elbow joint where ankylosis had followed a bad injury to the elbow. The joint was excised on the 9th of April, which left him a good arm.

Next case was also one of excision of the elbow for tuberculosis followed by paralysis of the muscles of the forearm, due, Dr. Bell thought, to using Esmarch's bandage too tightly applied. He reported a similar case in his practice four or five years ago. The lesson was to use a hollow rubber tube or a flat bandage.

Next patient shown was a woman aged 53, on whom he had done nephrectomy for pyo-nephrosis. This was followed, for subsequent trouble, by removal of the kidney by the abdominal incision. The patient was now suffering from occasional swelling of the other kidney.

Dr. Bell presented a number of other interesting cases.

Dr. James Stewart presented six patients,—three males and three females—suffering from intra-thoracic aneurism, giving a history of each. The 7th case was one of multiple neuritis. A second case of multiple neuritis was shown. The 9th case was a man who had suffered from symmetrical gangrene.

Dr. J. E. Graham, of Toronto, presented a paper on "The Influence of Mitral Lesions on the Existence of Pulmonary Tuberculosis."

After discussing the relations existing between tuberculosis and various heart lesions he said in part :

The question now arose, why should the lungs become a less favorable ground for the tubercle bacilli when mitral disease is present? Various reasons have been propounded.

(1) That, on account of the passive congestion, there is a greater transudation of serum, which causes foreign bodies to be more easily removed from the bronchial tube. (2) The transuded serum acts as a germicide, thus preventing the growth of the bacilli. (3) In passive congestion a great number of leucocytes are exuded, and these carry off the bacilli, while at the same time the lymphatic circulation is stimulated.