in ground where there has not been organic matter. One reason it produces so few cases, though so widespread, is that oxygen is inimical to its growth. Punctured wounds are favorable to its production. He believed there were certain poisons manufactured in the system whose effects were similar to tetanus, and were probably improperly called idiopathic tetanus. The speaker gave the history of a case in the Children's Hospital, under the care of Dr. Machell. It ran a course of eight weeks, characterized by spasms and high fever, but recovery followed. Bromide and chloral were administered.

Sarcoma of the Jaw.—Dr. STRANGE presented a specimen of sarcoma of the jaw, taken from a girl aged fourteen. She had suffered from a dull aching pain in the growth; its growth was slow. It showed the deposit of new bone and the work of the periosteum in the formation of new bone. The speaker detailed the steps in the operation. The periosteum had been left with the hope that bony union would take place. He had been disappointed in this, for the union was almost entirely fibrous. The operation was done about three years ago. There is little deformity, and there is no return of the disease.

Tubal Pregnancy.—Dr. ATHERTON presented a specimen obtained in an operation for tubal pregnancy. (See page 38.)

Dr. BAINES moved, seconded by Dr. FOTHERINGHAM, that the Fellows of the Toronto Clinical Society respectfully beg the Ontario Board of Health to notice the success of the use of antitoxine in tetanus; and, therefore, request the Board to procure the same, so that it can be procured immediately when such a case may arise, and that through the journals of medicine the profession may have cognizance of the same.

(JANUARY MEETING.)

President, DR. RYERSON, in the chair.

Dislocation Upward of the Acromial End of the Clavicle.—Dr. LESLIE presented a patient who had suffered from a dislocation upward of the acromial end of the clavicle. The patient had made an excellent recovery, which was attributed to his remaining in bed a longer time than is ordinarily done. Being an hostler, his work necessitated much use of the arms above the head. To maintain its position at rest strapping was first used, but owing to the thinness of the patient it cut through his flesh. The ordinary bandage was then used. In some cases there was loss of power in upward movements.

Dr. GRASETT said the upward movements were limited only in the bad cases. Perfect movement in every direction would follow good treatment.