the tricuspid valve in the hypertrophoid right ventricle. The present case, however, certainly negatives such a view as the tricuspid valves are rigid, and yet the first sound was as sharp, snapping and loud as in cases of uncomplicated mitral stenosis.

Dr. MARTIN had examined the lungs, and found a rather curious condition resembling somewhat broncho-pneumonia, but sections proved the condition to be only hæmorrhagic infarction, with slight desquamation of the epithelium.

Dr. LAFLEUR remarked that the specimen was of interest, as all records show tricuspid stenosis to be a rare lesion. With reference to Dr. Finley's suggestion as to the possibility of there being regurgitation through the tricuspid valve—if such had been the case, there must have been pulsation of the veins; he asked if such a condition had been noticed. With regard to the situation of a systolic murmur as indicating tricuspid disease, it is not of diagnostic value.

Dr. FINLEY replied that there was very slight pulsation of the veins which seemed to come from below, but certainly was not a very marked condition—but as there are so many forms of pulsation of the vessels of neck, he did not lay much stress upon this condition.

*Wound of the heart*—Dr. SHEPHERD reported the case as follows:—In the summer of 1892 he was summoned to a case where it was said the patient, who had alcoholic mania, had pushed two needles into his heart. The patient when seen was lying on the floor, and seemed in great distress, but calmly told the doctor that he had tried to kill himself by pushing needles into his heart. On examining the region of the heart with every beat the skin over the apex seemed to be pushed up by something beneath; this felt like a needle. An inch out from this another needle could be felt deep down in the intercostal space. The patient said that he had pushed both needles out of sight beneath the skin with a sharp end of a file. Dr. Shepherd made an incision over the needle in the apex of heart, and by pressing in a needle holder caught the end of the needle and pulled it out. The second needle was extracted with greater difficulty on account of its depth, both layers of intercostal muscle having to be cut before the needle was reached.

The patient during the operation gave no evidence of pain. The needles were small darning needles, measuring a little over two inches in length. The patient never suffered any trouble from the injury, and was as well next day as ever. The wounds both healed by first intention.

Dr. MILLS spoke of the condition known as delirium cordis set up by wounding certain points in the heart, and referred to the suggestion made by a writer in the *Medical News* some years ago, to make use of this procedure to restore the heart's action after chloroform syncope, but he thought that this step would be of doubtful value, as the heart may or may not recover from this condition of delirium.

Dr. LAFLEUR recalled the specimen of a bullock's heart, exhibited by him four years ago, in which a large wire had forced its way from the stomach into the heart, penetrating the ventricle and auricle. There was evidence that this process had existed for some time, as the wire had worn a regular groove for itself in the ventricular muscle. Septic infection has been set up from the communication with the stomach.

Dr. SHEPHERD referred to a paper read by Dr. Praeger, before the Canada Medical Association, in which he mentions a case of chloroform syncope which was restored by sticking a needle into the heart.

*Congenital Defects of the Anterior Pillars of Fauces.*—Dr. H. D. HAMILTON read the report as follows:—I have been furnished, through the courtesy of Dr. George W. Major, with this report of a somewhat rare malformation, which it is proposed should here be put on record. It is interesting as a curiosity and also because of the practical importance of diagnosing it from other affections.

J. C., member of the civic police, 25 years of age, a subject of laryngeal phthisis, was referred by Dr. Molson for local treatment on 8th Dec., 1890, to the Department for Diseases of Nose and Throat, Montreal General Hospital.

On examination, the anterior pillars of the fauces presented two longitudinal slits or fissures, the left being slightly the larger, and measuring half an inch in length by about 3-16 of an inch in width at the widest part. These openings were of a somewhat oval form extending down to the base of the tongue, and as the tonsils were deficient, the condition was very easy of observation. There was no evidence of cicatricial tissue anywhere, the edges of the opening being smooth, and presenting the natural appearance of the surrounding parts.

In the *Archives of Otology* for January, 1892, Max Tœplitz, of New York, reports a case, and states that the literature on the subject contains but six similar observations up to that date.

The cases so far recorded have been: (1) by Walters in 1859.

(2) J. Solis Cohen, in the *Medical Record* of 1878, and also in the 2nd edition of his work on Diseases of the Throat, where the condition is explained as a separate investment of the fibres of the palato-glossus muscle.

(3) Lefferts reports a case in the *Philadelphia Medical News* for 1882, besides communicating privately with Tœplitz regarding two unpublished cases in 1890.