duct that a tumour such as above noted is developed. A full account of these is given in J. Bland Sutton's recent work on *Tumours*. So large a tumour of the kind projecting into the mouth is almost unknown.

A CASE OF CHARCOT'S JOINT DISEASE, WITH PERFORATING ULCER OF THE FOOT IN A TABETIC PATIENT.

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A QUARRYMAN, aged 48 single, was admitted to infirmary in the spring of 1894, and transferred to me by Mr. Greig Smith, under whom he was first admitted as a surgical case.

He was a thick-set, strong, healthy-looking man, with a good family history, and no record of ill health excepting that twenty-eight years ago he had two attacks of gonorrhoea. He had been in the habit of drinking a gallon of beer a day. Five years ago he met with an accident, in which his left heel was crushed between two stones; some dead bone was removed, and after this the wound healed up, leaving a

cavity, which shows in the photograph. Three months before admission he first noticed a swelling of the right knee, which was not painful till three weeks had elapsed, and then darting pains shot up and down for a few inches above and below the knee, and became so severe that he applied for admission. Two months before he noticed the swollen knee he had been working in water, having to lie upon the affected side for most of the day.

After resting these pains passed off, and he says the feeling is now more one of weakness than pain, with occasional shooting pain limited to the knee. The pain appears to have been controlled by phenazone upon one occasion. The right

knee-joint is full of fluid, and feels somewhat hotter than the other. The joint is movable in all directions, including lateral movements, and rather flail-like. He says the knee-joint "goes out" when he attempts to walk. The knee-jerk is absent on the affected limb, and difficult to get, even with Jendrassik's method, and then only slightly marked on the left.

In the early part of June a small black slough formed on the sole of the left foot (the patient had been in bed night and day for some weeks). The slough was removed by poulticing, leaving a small ulcer which shows no inclination to heal. The epidermis is thick on the soles of both feet.

The pupils are a little unequal, rather dilated; the right does not act to light at all, and the left only very slightly. They both act to accommodation. Neither pupil dilates on painful stimulation of the skin of the neck.

Upon one occasion since admission this patient was faint and giddy, and nauseated; and although he did not vomit, could not take any food for forty-eight hours. Buzzard has noticed that gastric crises are frequent when this articular lesion is present. He found them present 12 times in 26 cases.

When Charcot's disease of the knee-joint occurs in tabes.

it is nearly always an early accompaniment, and although in this case many of the symptoms are absent, I think those I have mentioned justify me in considering it a case of early tabes dorsalis.

[The patient was shown in the Section of Medicine at the annual meeting held at Bristol, August, 1894.]

ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—Miss Mary E. F. Piggott, at present Matron to the Victoria Hospital, Burnley, has been appointed Matron to the Royal Edinburgh Hospital for Sick Children, in the room of Miss Bird, who had resigned.