

arose from the sewers. He agreed that once the poison got into the sewers it would be impossible to get it out, and he thought that it could be conveyed through the air.

DR. MCCONNELL said, in reply, that the danger of conveyance of the poison by air would be reduced to a minimum so long as it was kept moist. All rags used for cleansing the mouth and nose should be immediately burnt. The germs are easily destroyed by a temperature below the boiling point of water.

*The late Dr. J. J. Dugdale.*—The following resolution of regret was proposed by Dr. F. W. Campbell, seconded by Dr. McConnell, and carried: "That this Society wishes to express its deep regret at the death of Dr. J. J. Dugdale, one of its members, and begs to convey to his relatives deep and heartfelt sympathy."

*Stated Meeting, March 18th, 1892.*

F. BULLER, M.D., PRESIDENT, IN THE CHAIR.

*General Tuberculosis in a Child Seven Months Old.*—DR. LAFLEUR exhibited the organs of a child who had died suddenly. A caseous mass was found at the bifurcation of the trachea; the lungs were hyperæmic, over-distended with air, and contained a few scattered miliary tubercles, especially at the roots. A caseous tubercular nodule situated in the left lung was the only one observed in the lungs. The spleen contained miliary tubercles, some beginning to caseate; the same condition was present in the cortex of the kidneys. In the ileum, just above the fold of the ileo-cæcal valve, there was a ragged ulcer with thickened edges; it was probably tubercular, though no tubercles were found about its edges or base. The lesions are typical and originated in the tubercular focus in the bronchial glands. The case was of interest on account of the age of the child. It has been asserted by some that tuberculosis is unknown in infants under one year, but Landouzy and other French pathologists have shown that it may be present in sucklings, while in America Emmet Holt has demonstrated the same fact. In this case the lesions hardly appeared sufficient to cause death, but the trachea and bronchi were filled with a material identical with that found in the stomach, so that the child had probably been choked by drawing regurgitated food into the trachea. The family history was unknown.

*Cancer of the Ovary and Peritoneum.*—DR. LAFLEUR exhibited sections of this condition under the microscope. At the autopsy the abdomen was found distended; on section the walls were thin and the cavity contained three gallons of dirty brown, turbid fluid. The peritoneum was much thickened generally, and cancerous deposits were found on both the

visceral and parietal layers. The omentum showed the usual changes; it was drawn up like a cord about the transverse colon and quite unlike omental structure. There was no metastatic deposits in the liver, kidneys or spleen. Histologically the growth consists of fibrous stroma and alveoli containing small round and oval cells with nuclei about one-half the size of the cell and which stain deeply. The chronicity of the case was shown by the amount of fibrous tissue, all the pelvic viscera being bound together so that they had to be removed as a whole, forming a conical cast of the pelvis. In the right ovary there were areas of fatty degeneration and liquifaction, many of the cysts being filled with a grumous fluid.

DR. FINLEY gave the following history of the case: A woman, aged 55, a total abstainer. Towards the end of 1890 she began to feel unfit for much active exertion and was easily tired. He first saw her on July 22nd, 1891, when she complained greatly of eructations of gas and swelling of the abdomen; she had lost some flesh and was somewhat pale and thin. On August 18th there was a large amount of fluid in the abdomen with very distinct fluctuation and dullness in front and in the flanks, with a tympanitic note in the epigastrium as if fluid was beneath the great omentum. At this time there was also a good deal of vomiting, and the temperature ranged from 100° to 102°. Early in September the cancerous cachexia became very distinct, and the face showed the peculiar drawn expression so characteristic of severe abdominal disease. In December the distension of the abdomen was extreme; the superficial veins were much distended; pigmentation of the skin and œdema of the legs. Some thirteen quarts of fluid of a port-wine color were drawn off, sp. gr. 1020, and containing large numbers of red blood corpuscles and clumps of cells of a large size, probably cancerous. After tapping, the great omentum could be felt as a distinct bar across the upper part of the abdomen. During the last eight weeks of her life she took absolutely no food, and only small quantities of ice and water, which she would regurgitate. A few small subcutaneous hemorrhages developed before death, and occasional coffee-ground vomiting. There was no jaundice, and the only pain felt was in the back, and was never severe. The emaciation was most profound, due to the eight weeks fast. The mind remained clear to the last. It was at first doubtful whether the disease was cancerous or tubercular peritonitis. The patient's mother and sister died of tuberculosis, but as soon as the cachexia developed the diagnosis became certain. No pelvic examination had been made, as there were no symptoms pointing to disease of the pelvic viscera. The duration was probably about fifteen months, and the onset very insidious.