

of food per mouth, and the administration of food per rectum tided the woman to term, when recovery followed. Case II. resisted all the classical treatment. Nutrient enemata were tried for five weeks, but despite all treatment premature labor came on and the patient died from exhaustion. Case III. occurred in a young woman during her first pregnancy; had suffered six weeks; a miscarriage relieved the condition. In Case IV. improvement followed the administration of mercury, although 10 per cent. silver nitrate locally and dilatation of the cervix had been previously tried with little effect. In the fifth patient, who had suffered from dyspepsia, there was no improvement from any of the above mentioned methods of treatment. Hypodermics of morphia daily gave relief. In the last case, a marked one, Dr. Powell had tried several full dilatations of the cervix, with benefit following each dilatation.

Gall-stones.—Dr. Ross presented several small gall-stones about the size of a pea, which he had recently removed. He outlined the history of the case, all the typical symptoms being present.

of the Aorta.—Dr. POWELL presented a *post-mortem* specimen of a ruptured aneurism of the ascending portion of the arch of the aorta from a young man aged 30, who had suffered from pulmonary tuberculosis. The tubercular condition had been arrested. The lungs were shown which confirmed this diagnosis. The pericardium contained about a pint of clot.

Dr. CAMERON reported a case of a man, aged 55, in whom death occurred from rupture into the œsophagus.

Dr. BRITTON reported a case in which death took place from the same cause, in a patient with tuberculosis of the lungs.

Dr. WILLIAMS asked the opinion of the members for an explanation of the statement that aneurismal dilatation of the aorta relieved pulmonary tuberculosis.

Cerebellar Abscess.—Dr. MACMAHON read the history of a case in which the patient had died from cerebellar abscess. The patient was a gardener, aged 43. Illness began in October, with pain in the head and right ear, lasting with a greater or less degree of intensity for three months. A specialist saw him at Christmas. Result, negative. The patient vomited once on December 1st, two nights preceding the date on which the essayist saw him. Delirium and incontinence of feces and urine were also features of the case for a short time. There was no evidence of paralysis or loss of sensation. If not supported he would fall backward. Temperature, subnormal. Knee-jerk was exaggerated on both sides, and there was marked ankle-clonus. He was sent to the Toronto General Hospital. Albumen