

Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

Feb. 4th, 1903. Meeting held in the Pathological Laboratory of the Halifax Medical College.

Dr. G. M. Campbell first reported a case of pyæmia in a boy of eight that had ended fatally. The kidneys, spleen and liver, which were exhibited, showed multiple abscesses. The mitral valve showed ulcerative endocarditis. Attached to the valve was a septic clot—the cause of the condition. Two areas of degeneration were seen in the brain, the one on the left side being near the posterior cerebral artery, and the one on the right being in the region of the middle cerebral artery. The patient had complained of no special symptoms beyond headache.

The next case referred to was a rapidly recurring ascites. The patient had been tapped a score of times, but always filled up in a few days. The patient was finally operated on and the omentum attached to the parietal peritoneum. The operation was performed on Oct. 25th, and on Nov. 5th it was found necessary to tap her again. The trochar wound became septic and she soon died from septic peritonitis. The autopsy revealed the following conditions: Abdomen attached to parietal peritoneum. The intestines were matted together by adhesions, which were becoming fibrous. Liver friable, adherent above to diaphragm and below to intestines. Through the mass of intestines were pockets of pus. The abdominal cavity was filled with ascitic fluid. Spleen very large, one and three-quarter pounds. Liver small, capsule thickened. The vena cava was widened and baggy, more especially at the entrance of the renal veins. Both pleural cavities and pericardium were filled with ascitic fluid. Left lung collapsed, right emphysematous.

Dr. Campbell then made some interesting remarks on the conditions known as serositis and multiple serositis, and referred to an article on the subject lately published in the *American Journal of the Medical Sciences*.