

the direction of the force of the blow, which was from below upwards. The distribution of the fractures was so similar that he had no doubt that a shot fired from the deceased's gun at a distance of two and a half or three feet was quite capable of producing such an injury without inflicting other signs of violence. The grains of shot had been much scattered through the brain, extending over an area of eight square inches, but non penetrated the bone.

Microscopical Sections.—DR. MCCONNELL exhibited sections of sarcoma of the skin removed from the forehead of a man aged 65. The tumor had been growing for some years, and was not painful; there had been no change in color, but vessels were seen coursing over it. It was so very soft that Dr. McConnell thought at first that it was a lipoma, but on microscopic examination it proved to be a round-celled sarcoma. There was little or no connective tissue between the cells, and very little pigmentation.

Dr. McConnell also exhibited a section from a tumor of the breast removed by Dr. Reddy, and which showed all the microscopic characters of schirrus. The patient was 30 years old. The whole breast was involved, but the nipple was not retracted. He also exhibited a very typical section of epithelioma removed from the hand of a patient aged 40. A wart had appeared on the back of the hand about ten years ago, and an attempt was made to destroy it; three years ago it took on rapid growth, which had spread all over the back of the hand, it having a fungoid appearance with an indurated base and everted edges. Dr. Armstrong had removed the hand.

DR. SHEPHERD thought that the first specimen was not a true sarcoma of the skin, but a sarcoma secondarily involving the skin. In cancer of the breast, retraction of the nipple is not now looked upon as such a constant feature as it was formerly, for surgeons operate earlier before the breast becomes so seriously involved as to produce this appearance.

Nephrectomy.—DR. SHEPHERD exhibited the kidney from the patient from whom he had previously removed a large branched calculus.* He, at the time, thought that he had removed all the calculus, and the patient did well for some time, but in about six weeks she began to have elevated evening temperatures, and pus began to run from the wound. No blood or pus was ever found in the urine, which led him to think that the ureter was occluded and that the kidney would shrivel up. The patient gradually got worse, and he decided to remove the kidney. At the operation he found a tremendous amount of inflammatory tissue, which was due to the previous operation, the hilum was imbedded in tissue two inches thick, and several supernumerary vessels had to be tied. The kidney consisted of a number of sacs,

only a small amount of kidney substance remaining, and several small calculi were found.

The ureter was distended to the size of the thumb, and a probe could pass down but two inches. This cavity was thoroughly scraped and packed with iodoform gauze. In his other cases of removal of the kidney Dr. Shepherd had found that at the time of the operation the other abdominal contents immediately filled up the space from which the kidney had been removed; but in this case, owing to the amount of cicatricial tissue, this did not occur. In the first report of the case Dr. Shepherd said that he had been led to prefer removing the stone and free drainage to complete removal of the kidney, but he now doubted his conversion, and still adhered to his old opinion, that a very much disorganized calculous kidney should be removed.

Arterio-Sclerosis.—DR. FINLEY exhibited a fibroid heart, and DR. G. T. ROSS read a paper on Arterio-Sclerosis, based upon the case from which the specimen had been taken. (See Record page 481.)

Discussion.—DR. F. W. CAMPBELL had been greatly interested in the paper. Arterio-sclerosis has claimed more attention within the last few years than ever before. It is unfortunate that there are so few indications of the presence of this serious disease of the blood-vessels. He was especially struck with the remark that though the superficial vessels may show indications of the disease, yet the interior vessels may be healthy, and *vice versa*; this is a most important point in connection with life insurance. A few years ago he had placed a very large sum of money on the lives of four men, and during that summer one of the four was stricken with apoplexy. A most careful examination had been made of all the superficial vessels, and they were all in a perfectly healthy condition, yet some deep vessels in the brain must have been diseased.

DR. FINLEY said that the case before the Society fully bore out Dr. Campbell's statement. No one could have rejected the man for life insurance; his peripheral vessels were quite sound, the changes seemed to have picked out the coronary arteries only in a peculiar way.

DR. G. T. ROSS said that he had not mentioned tobacco as a cause of this change, by raising the arterial tension. This patient was in the habit of smoking many strong cigars in the day.

DR. F. W. CAMPBELL thought that if tobacco was a cause, it must be in persons in whom exist the peculiar type of tissue that predisposes to the disease.

DR. JOHNSTON said that bleeding was very beneficial, and seemingly fatal attacks may be averted by it. Dr. Lafleur had recently published some cases on this subject. He (Dr.