theory advanced by Dr. Bell was the one he was most inclined to favor until he examined sections of various parts of the vessel. No cicatricial growth of any kind existed outside of the walls of the vessel pressing on the vessel causing its closure; but for a short part of its course, not quite half an inch, there was a very marked cicatricial thickening of the walls of the vessel itself; the cord-like feeling perceived at the autopsy was due to this and the firmly organized thrombus; the lesion was so very limited he did not think it could have resulted from the rupture of any vessel outside or in the vicinity of the origin of the superior vena cava. He did not see any reason why it might not have originated from rupture of some of the capillaries of the adventitia at the time of the patient's complaining of something giving way in his chest.

Dr. Henry Howard, in speaking of the great loss which the medical profession in general, and that of this city in particular, had sustained in the death of the late Dr. David, moved the following resolution, which was seconded by Dr. Hingston and carried. Resolved:—"That the Medico-Chirurgical Society of Montreal deeply regret the death of A. H. David, M.A., M.D., Dean of the Faculty of Medicine of Bishops College, and formerly a member of this Society. Always highly esteemed and respected by his brother practitioners for his many sterling qualities and honest bearing towards them, being especially kind and considerate to the younger members of the profession, his loss will be sorely felt, and his place can with difficulty be filled. That this Society tenders its sincere sympathy to the members of the bereaved family, and assures them that the profession sympathizes with them in their great affliction."

Stated Meeting Friday, December 1st, 1882.

DR. T. G. RODDICK, VICE-PRESIDENT, IN THE CHAIR.

PATHOLOGICAL SPECIMENS EXHIBITED.

Pericæcal Abscess.—Exhibited by Dr. George Ross. The following are the main clinical features of the case:

The first day there had been sudden acute pain in right iliac fossa, with great tenderness and high fever. Dr. Ross saw him soon after with Dr. Bell. They applied leeches freely, and gave opiates. Immediate relief followed, and the temperature fell. For some days condition quite satisfactory. Then slight fever and uneasy feelings in the belly. After the lapse of several days more a chill and increased fever. From this time the temperature fluctuated greatly, accompanied by irregular chills. It was believed that pyœmic absorption was taking place from localized suppuration—but still the most careful exploration of the affected region failed to determine any fulness, fluctuation, or other sign by which to localize the abscess. Dr. Ross had been strongly of opinion that a small abscess would be found behind the cæcum. The idea of operating with a view of finding the matter was earnestly discussed in consultation with Drs. Howard, Shepherd and Osler, but the difficulties in the way were believed to be insurmountable. The autopsy completely confirmed the diagnosis. A singular feature was the development of a very loud systolic murmur, so harsh that at first it was suspected to be of pericardial origin. No organic change was found in the heart.

Post mortem.—A recent peritonitis existed, with a moderate amount of exudation; the mesentery was swollen, particularly in the upper part; about the cœcum the parts looked pretty natural, except at the inner margin, just below the valve, where there was considerable pigmentation. On dissecting this point a small saccular abscess the size of an egg was found situated behind the cœcum, and the termination of the ileum, it was quite on the inner side of the cœcum, and did not extend to its outer border. It contained a creamy pus, and the walls were thick and dark. The cœcum itself was healthy. On slitting up the appendix the mucosa for half an inch looked healthy; the remainder of the tube was somewhat dilated, closely adherent to the sac of the abscess, and presented two perforations into the sac. The swelling of the mesentery proved to be an extensive abscess, involving a considerable portion of the membrane, particularly that attached to the jejunum; the mesenteric vessels in these parts were full of pus; the portal vein was distended with pus, the walls thickened, and when followed into the liver many of its branches were found dilated and in communication with saccular abscesses; there was no endocarditis.

Dr. Armstrong spoke of his having had two cases in his practice similar to the one described by Dr. Ross, and with his experience, if another such case presented he would be inclined to look for the matter, and let it out if possible. In the "Annals of Anatomy and Surgery" several cases are reported