

P.S.—About March 20th a cavity was diagnosed in left apex.

*Post mortem*.—April 20th, Dr. Caven: Nutrition poor; p.m., staining well marked, rigor mortis fair; muscle pale and very scanty.

Heart: Weight,  $\bar{3}10$ ; pulmonary valves fenestrated.

Lungs, left: Large cavity in apex, accompanied by dense pleuritic adhesions.

Right: Lung solid, greenish white, densely infiltrated; a few small cavities near apex. The pleuræ were so glued that it was impossible to separate them without dissection. At the base was a circumscribed pleurisy, the sac containing two ounces of fluid (serous).

Spleen: Weight,  $\bar{3}6\frac{1}{2}$ ; contained a few small tubercles.

Kidneys: Right, weight,  $4\frac{1}{2}\bar{3}$ ; small miliary tubercles. Left, weight,  $5\frac{1}{2}\bar{3}$ ; also contained tubercles.

Stomach: Revealed a state of chronic inflammation.

The small intestines: Contained numerous small ulcers running in the short axis of the bowels, the bases and margins of these being indurated; tubercular. When knuckles of intestines met, small miliary tubercles were found.

Some of the mesenteric glands were three-quarter inches in diameter.

Liver: Weighed  $3\frac{1}{2}$  pounds; showed fatty degeneration, and contained miliary tubercles.

*Post mortem diagnosis*.—Pulmonary phthisis, accompanied by acute miliary tuberculosis.

## Pathology.

### THE EXAMINATION OF THE BLOOD FOR LAVERAN'S MALARIAL GERM.

Laveran's directions for examining the blood of malarious patients are as follows: The blood should be taken at the height of a fever attack, and from a patient who has had no quinine for some time. The blood should be taken from a finger tip after a thorough cleansing of the skin to be pierced. The cleansing should be such as to prevent all chance of contamination of the blood as it oozes out. The drop so obtained is to be taken up on a clean cover glass, and a second cover placed upon it, so that a thin layer of blood may be obtained between two cover

glasses. This fresh preparation is then to be examined by daylight and with a dry lens of high power. In this way one will oftenest be able to see the flagella on the periphery of the round pigmented free corpuscles. If a dry preparation be desired, then the cover glasses must be separated from one another and the blood dried by passing the cover glass three times through a flame. The specimen can then be examined either unstained or stained. Laveran stains with a concentrated watery solution of methyl blue, before using which, he washes the cover in a mixture of equal parts of alcohol and ether. By this method the nuclei of the white blood corpuscles are stained dark blue, the free round bodies, or those attached to the red blood corpuscles, a pale blue, while the still growing corpuscles stain hardly at all. For specimens so prepared, Laveran recommends dry lenses also.

J. C.

## Pamphlets Received.

*A Dermatological Bibliography*. Compiled by George Thomas Jackson, M.D., New York.

*Lovell's Historic Report of Census of Montreal*. Taken in January, 1891.

*Plain Talks on Medical Electricity and Batteries*. By Horatio R. Bigelow, M.D.

*Modern Antipyretics—their action in health and disease*. By Isaac Ott, M.D., Ex-Fellow in Biology, Johns Hopkins University. E. D. Vogel, publisher, Easton, Pa.

## Personal.

It is announced that Dr. Sloan, of Blyth, is about to remove to Toronto. On May 4th he was presented with a gold-headed cane and an easy chair by a number of his friends in Blyth.

DR. H. SCOTT, of St. Thomas, has removed to Ingersoll, where he will practice in future.

DR. STEPHEN LETT, of Guelph, attended the meeting of the American Medical Association at Washington, and read a paper on "The Opium Habit."