

a few days the reflux water during irrigation contained enormous quantities of fibrinous, flaky material. Soon, however, her condition again declined. Temperature ran high; sweats were profuse. The discharge always somewhat foetid, became more so. Soon after the operation the patient suddenly developed a cough with expectoration, which soon became purulent, and was at times bloody. Three weeks after the operation a large rubber drainage-tube was passed through the Douglas pouch and out by the vagina, being carried a few inches beyond the vulva. This did no good. She gradually sank, and died exhausted six weeks after the operation. Two days before death she complained of sore throat, and on examination the fauces, tonsils and posterior wall of the pharynx were found to be covered with a diphtheritic membrane. Until the autopsy, I adhered to the original diagnosis of suppurating, universally adherent, ovarian cyst. Dr. R. J. B. Howard, acting pathologist to the Hospital, made the autopsy. I append his report:—"On opening abdomen a large globular mass presents, of the size of a man's head, occupying false pelvis; this and the parietes are everywhere covered by a grey, rough membrane about one-eighth of an inch thick. The transverse colon is firmly adherent to the upper surface, and is also bound tightly down to the liver. A collection of pus is found below and by the side of the spleen, and another smaller under left lobe of liver in middle line. The anterior peritoneal cavity is thus converted into a suppurating cyst, extending from liver down into true pelvis, nearly filled by the mass, which is found to consist of all the intestines, except the transverse colon, closely matted together by recent slight adhesions, which are studded with miliary tubercles. The cyst wall is apparently much older than the inter-intestinal adhesions, and looks like an unhealthy granulating membrane. The walls and viscera of true pelvis are covered by the same membrane. The great omentum has quite disappeared; but no doubt has been spread out over the intestines, and formed part of the membrane covering them. All the abdominal viscera adherent to one another and to parietes. Liver fatty; contains a few gray granulations. Kidneys contain a few gray granulations. Lungs universally adherent; abundantly studded with gray granulations. Tonsils and pharynx—surface gray and sloughy-looking. No loss of substance; same

appearance involves oesophagus opposite cricoid cartilage, and about four inches lower down."

Dr. MIGNAULT, read a paper on a case of Partial Epilepsy which appeared in the June Number of the Record.

In the discussion which followed, Dr. Henry Howard took exception to the name of the paper, and said that it should be called a mild form of epilepsy. Another form was the marked epilepsy. He knew of a gentleman who has had attacks of this nature for ten years, but is not aware of the fact. He has a momentary loss of consciousness, with slight quivering of the muscles of the face. Another, a lady, has attacks which are not more severe than the aura of an ordinary epilepsy. She suddenly feels a something run up from the foot to the heart, and in a few minutes is perfectly well again. The Italians have been writing much on epilepsy. They show that cortical epilepsy, when the lesion is in the motor area, always is accompanied with convulsions, which begin in the side of the face opposite to the brain lesion. The arm is next affected, then the leg, and last the trunk. When the lesion is in the peripheral or lower centres, then there are no general convulsions. In a pure case of cortical epilepsy, there must be biting of the tongue and relaxation of the sphincters.

Dr. CAMPBELL, who has on several occasions spoken of the great benefit of nitro-glycerine in epilepsy, again mentioned his continued success with it, and related one or two cases where a wonderful change for the better has followed its administration.

*Stated Meeting, May 15th, 1885.*

T. J. ALLOWAY, M.D., 1st Vice-President, in the Chair.

*Atmospheric Materies Morbi.*—Dr. HENRY HOWARD read a paper on this subject which appeared in June number of RECORD.

*Stated Meeting, May 29th, 1885.*

T. J. ALLOWAY, M. D., 1st Vice-President, in the Chair.

Dr. R. J. B. HOWARD exhibited the following pathological specimens:

*Atheroma of Aorta—Infarct in Spleen—Granular Kidneys.*—The heart showed a moderate degree of calcification of the aortic valves, normal in other respects. Aorta showed very advanced atheroma, there being all degrees from slight yellowish sub-intimal deposit to extensive