

history during the life of the patient to prove this case as one due to the gonococcus. To compare, I have this heart of another case of malignant aortic endocarditis from a man of about 25 years with mitral stenosis. It is simply a routine specimen and also shows two rather good infarcts in the spleen.

The next specimen is in some respects one of great rarity. A very extensive prolapse of the rectum, apparently a more recent prolapse upon a chronic prolapse. The cause of death was rupture of the sigmoid flexure. The abdomen was found filled with hardened and molded feces at the autopsy.

The last preparation is one about which there is some slight doubt as to the ultimate pathological diagnosis. It is a case of jaundice of comparatively short duration in a subject with alcoholic and syphilitic history. Post mortem revealed a liver weighing 905 grammes of very lax consistency and which on section showed mottling with red and yellow portions predominating. The gross appearance is that of acute yellow atrophy. A crude section showed very extensive destruction of liver tissue. I am not yet able to state positively that it is a case of acute yellow atrophy: at least it is one of a very acute destruction of the liver substance. The aorta shows a thickening and wrinkling of the arch and thoracic portion which is probably syphilitic in origin.

F. G. FINLEY, M.D. With reference to this case, the man was admitted to the hospital in a condition of delirium, with a deep jaundice, a normal temperature and a liver which I just felt on the first day. Later it was very greatly decreased. He passed into a condition of coma and died. During life, we thought the condition might be one of cirrhosis although the absence of splenic enlargement was against this. He had had syphilis, and it is possible that the acute yellow atrophy was due to this cause. A second case was recently in the hospital with heart disease in which the liver was enlarged, and which developed delirium and jaundice late in the disease, and Dr. Wolbach reported very marked atrophy of the liver. In this patient there was also evidence of syphilis, post mortem, in the aorta.

E. W. ARCHIBALD, M.D. I had the privilege and pleasure of assisting Dr. von Eberts in a number of his experiments, and I must congratulate him very heartily upon the very excellent piece of research work he has done, which I hope is still only in its beginnings. There remain a very large number of questions of interest to the surgeon and to the pathologist alike in experimental lung work, and I hope that here, in Montreal, the solution of a number of these problems will be accomplished. Coming particularly to questions of detail, one might say a great deal upon various aspects of the subject, but time will permit of