over front and back. There was no pus nor albumin in the urine.

Dr. McPhedran thought the abscess might have had its origin in a mesenteric gland, afterwards rupturing into the bowel; this is borne out by the fact that the enlargement occurred rapidly, more so than it would have done had it been in the liver, another possible source would have been the gland at the junction of the great and small gut, as sometimes occurs after typhoid fever; or it might have been a case of appendicitis.

Dr. Powell referred to a case of abscess formation occurring during pregnancy, and discharging by the vagina after delivery. Its origin was obscure.

May 28th.

The President, Dr. Spencer, in the chair.

Dr. N. A. Powell exhibited a specimen of

HORSE-SHOE KIDNEY.

The kidneys are united by their lower extremities by a thick fleshy band which appears to be kidney substance. The ureters lay in front.

Dr. A. A. Macdonald narrated a case of supposed

FAT EMBOLISM OCCURRING AFTER SIMPLE FRACTURE

Three weeks and two days ago a stong, active young man fractured the right thigh below the middle. Poroplastic splints were applied with extension. Four days ago, whilst using the bed-pan in the morning, he felt movement and grating at the seat of fracture. He was troubled with a slight cough, and whenever he coughed rubbing and grating was felt. He then felt faint and sent for Dr. Macdonald, who found him at mid-day very faint, pale, and somewhat blue; he seemed to get a little better, but in the afternoon, about three o'clock, he had a severe attack of dyspnœa. Dr. Baines saw him at this time, and found him very exhausted, pale, with a bluish tinge; respiration, 40; pulse, 130; extremities cold, pain across the chest. When Dr. Macdonald saw him at four o'clock he looked so bad that it was thought he was going to die. Nitrite of amyl caused flushing of the face and he vomited; stimulants were freely used. It was first thought that the attack might be hysterical, then it was considered that there must be some obstruction in the circulation. Dr. Primrose, who saw him at 9 p.m., suggested that the condition might be due to fat embolism, and in this diagnosis Dr. Macdonald was inclined to concur. The patient recovered gradually from the attack.

Dr. Primrose said that the clinical phenomena presented in this case suggested to him fat embolism affecting the pulmonary circulation as the cause. The patient was a strong young man, apparently in excellent health, before the accident. Symptoms of embarrassment in the breathing first manifested themselves at nine in the morning, and gradually increased, with some remissions of relief, until at 6 p.m. the dyspnœa was intense. He was seen by Dr. Primrose first at 9 p.m., twelve hours after the onset of symptoms; he had then improved somewhat, but at that time the pulse was 132; temperature, 97.6; respiration, 34. His respirations were shallow and hurried, his lips weredark, and his face had a slightly cyanotic aspect. An attendant was constantly fanning him. The least exertion tired him exceedingly. During the two hours Dr. Primrose was with him there was some improvement in his condition; this was very gradual, but he breathed more easily at 11 o'clock than he had done at 9.

The diagnosis seems to lie between fat embolism and pulmonary strombosis. The only point which militates against the idea of fat embolism is that the condition occurred late, namely, three weeks after the accident. Fat embolism usually manifests itself either immediately after fracture or within the first three or four days, and is due to the laceration of tissue and the setting free of fat, more particularly from the medulla of bone; this is absorbed by the veins or lymphatics, and is carried as a large number of minute oil globules to the right side of the heart and pumped on into the pulmonary circulation, where it impedes the blood stream so greatly that intense dyspnœa is the result. The fact that this occurred three weeks after a fracture seemed to throw doubt on the possibility of its being fat embolism, unless there had been some cause for the setting free and absorption of fat. It was noted, however, that there was a cause present in this case; there had been pretty extensive movement at the seat of fracture, the patient experiencing a grating sensation at the point of contact of the fragments. It seems,