

ded. The layers of the broad ligament were separated by a layer of blood-clot half an inch thick. The appearances were just such as we would expect to find in a case of extra-uterine foetation which had ruptured, at the twelfth week, into the broad ligament, some of the blood escaping into the peritoneal cavity through the fimbriated extremity. Against this view, however, we have the report of Dr. Bruère, who, after a careful examination, states that no chorionic villi or decidua cells had been found. Unless we are willing to admit that these tissues can undergo fatty degeneration and be absorbed in about a month, we must fall back upon the opinion which Dr. Bruère holds, that this is a case of hæmatosalpinx; in other words, that the mucous membrane lining the tube became so congested that it began to pour out venous blood faster than it could escape into the uterus, and that the rest of the blood ran into the peritoneal cavity, where it produced just enough local peritonitis to throw out a wall or limiting membrane of exudation.

DR. WM. GARDNER said that in a large proportion of cases such as the second, we would expect to find chorionic villi if not a foetus, but we cannot gainsay the pathologist's report. He had met with a somewhat similar case. A French woman, mother of seven children, had lost blood for thirty-eight days, and during the last two weeks had three violent paroxysms of pain. A mass was discovered on one side of the uterus. On opening the abdomen a quart of blood was found in the cavity, and had evidently recently escaped; the left fallopian tube was removed. The outer extremity was very much more trumpet-shaped than normal, being large enough to admit the thumb; on opening it, it was full of recent clot. Though very weak, she rallied and left the hospital in three weeks. He emphasized the fact that a patient should not be allowed to go on to an exsanguine condition before operative interference. He had removed a number of polypi, some so large as to completely fill the pelvis, and had to be removed in wedge-shaped pieces. He had never been troubled with hemorrhage after their removal. He had lost one case of enormous polypus; inversion took place during its removal, the uterus was returned, but the patient never recovered.

*Small Ovarian Cyst with Papillomata.*—DR. WM. GARDNER exhibited the specimen, which he had removed from a woman whose only symptom had been severe vesical irritation some two months ago; this irritation suddenly ceased and a lump was detected. He thought that while the tumor rested in the pelvis it kept up an irritation of the bladder, but on slipping up out of the pelvis the symptoms ceased. It was an unilocular cyst filled with papillomata, and presented no difficulty in removal. This condition furnished an argument for early oper-

ation while the cyst remains whole and has a convenient pedicle, for if it should burst and the papillomata become scattered about and grow into masses all over the peritoneum, the prognosis is of the worst. He had removed a number of similar papillomatous cysts without any recurrence.

*Bacillus of Diphtheria.*—DR. MCCONNELL exhibited two tube cultures on solidified hydrocele fluid of Löffler's bacillus. They grow in from 18 to 24 hours, and as no other bacillus will form a layer so rapidly, we have a means by which we are able to make an absolute diagnosis. The first culture had been taken from a patch on the throat of a child who had suffered with patches on its throat time and again, but which were lightly regarded; the tube was inoculated, and within 18 hours a copious growth could be seen. He thought that many of these transient cases in which there was headache and sore throat with membranous formations were really diphtheria, caused by an attenuated form of the bacillus, which is exceedingly variable in its degree of virulence. The second tube was made from a culture nine months old. To test the activity of these old bacilli he inoculated a tube, and found that they grew even more rapidly than in the culture from the child's throat. This is a practical point, for it shows that the disease may linger about a house for a long time, especially if the bacilli become attached to organic matter, and suggests thorough disinfection. The great rapidity of the growth of these organisms suggests that the application of some antiseptic to the throat should be made very frequently. It is his rule to order the throat to be sprayed every forty minutes, and to give the iron mixture, with sulphurous and boric acids and half glycerine, between each application, in small doses so as not to irritate the stomach. He thought that the usual iron mixture owes its beneficial effects almost entirely to its local antiseptic action. Only when the secretions from the throat fall upon carpets or bedding and the like and become dry can the poison be distributed about in the air. Once the bacilli start to grow in sewers, the heat and moisture greatly favor their propagation, and he thought that it would be impossible to get rid of them.

DR. DECOW thought that it was well to treat all cases of sore throat in children as diphtheria, for we know that the sooner we commence treatment the better.

THE PRESIDENT asked where the patches were located in the child, and if it was not peculiar to have repeated attacks of diphtheria within so short a time.

DR. F. W. CAMPBELL cited the case of a family in which three members were attacked simultaneously by diphtheria, and the evidence pointed out conclusively that the infection