

fatty degeneration with inflammatory infiltration and organization in parts.

Dr. Macdonald exhibited a placenta.—Mrs. A., æt. 22, primipara, menstruated last in September; morning sickness was very troublesome. In December choreic symptoms set in, affecting the right upper extremity especially; but extending to the right leg and foot. The chorea was treated with liq. arsenicalis and oxalate of cerium in two grain doses with some relief. About four weeks ago the foetal movements ceased to be felt, and afterwards the chorea disappeared. After a very rough drive pains set in, and there was a show, and one week after delivery took place. Six weeks before delivery she lessened in size. The placenta was small, hardened, and degenerated in spots. There was very little tissue left to carry on the foetal nutrition.

Dr. Cameron considered the spots to be hæmorrhagic.

Dr. Carson thought the oxalate of cerium in the doses given by Dr. Macdonald would possess little power ~~for good or ill~~. He had been in the habit of administering it in ten grain doses.

Dr. Graham communicated the history of M. H., æt. ten and a-half: Light hair and complexion. Two months ago noticed dizziness of the head; she then complained of being tired. About ten days ago the amount of urine passed was found to be increased and to have a peculiar odour. She has to rise at night to micturate; has been losing flesh. At school she was as bright as children usually are and her progress had been good. She has had no severe illness. The quantity of urine passed in twenty-four hours amounted to five pints.

*Family History.*—There are two children living, two dead; one æt. seven, died last autumn of diabetes. He had been failing for some weeks. Six weeks before death treatment was begun. He was in bed only four days before death.

The other child died of cholera infantum after twelve hours' illness.

Of the two children living one is the patient and the other a boy eighteen months of age.

There was as far as known no diabetes on either side of the family. Two of the father's brothers died from inflammation of the lungs, one from accident. One sister died of cancer, æt. 34; another of womb trouble, æt. 35-38; another of some affection of the liver.

The patient, appears dull and heavy; pale; bowels constipated; frequent thirst; appetite fair; temperature 99°; pulse 96°. The mouth frequently becomes dark red in colour.

It was not unusual that some members of a family should suffer without a family history of the disease. The father appeared to be of a nervous disposition.

Dr. Ross mentioned a case where two members of an otherwise healthy family suffered from diabetes. They were begotten while the father was drinking heavily.

Dr. Graham related the history of W. L., æt. 45: Hotel keeper for five years. Seven years ago he gave up hotel life and worked hard on his farm; never had ague; was very ill with measles at twenty years of age. Six years ago he had a severe illness. It began by his feeling sleepy, dull and weak. No appetite; nausea; took to his bed; jaundice set in and remained during his illness, a period of three months. He had a burning sensation in the soles of his feet. Before the jaundice set in he was very pale. He gradually recovered strength and remained fairly well until last March. He then began to feel the same train of symptoms: sleepiness, dullness, weakness, pallor; no jaundice. He took to bed on April 25th, and remained there until the latter part of August. He was unable to retain food, much emaciated, constipation very troublesome; at one time three weeks intervened without a passage from the bowels. His temperature was at or over 102° for weeks. During the latter part of his illness, he took a fancy for buttermilk which he retained on his stomach. Recovery slowly followed. He is now for the third time experiencing a recurrence of the same set of symptoms.

(A diagnosis of pernicious anæmia was suggested.)

Dr. Ross mentioned a case of a lady from Chatham whom he had lately seen with somewhat similar symptoms. She had had a rigor with high temperature, diarrhoea and vomiting; for weeks the only food retained was peptonized milk. The spleen was tender but not enlarged. She went home improved. He considered a relapse almost certain.

Dr. Cameron suggested the likelihood of malaria being the cause of her trouble, and a removal from the malarious Chatham district as likely to be of benefit to her.