Dr. O. F. Mercier closed the meeting by reading the clinical observation of a case of Empyema having spontaneously opened exteriorly and in the stomach. A wide opening of the external fistula was practised and resection of a rib was made. Through this opening draining tubes were introduced—and food taken by the mouth was noticed to flow out from the tubes. It was first thought there was a communication with the œsophagus, but a chemical examination of the secretion demonstrated the presence of gastric juice.

Dr. Lacavalier in discussing the case thought it was more likely a case of pneumococci infection rather than a case of empyema. The same opinion was shared by several other members. A few abstained from making any remarks as the history of the case was too obscure.

Meeting December 15th, 1903.

The President, Dr. Valin, in the Chair.

Dr. William James Derome read a paper on "Perforations visicrales traumatiques et spontanées" containing five observations, three of which concerned perforations of the intestines and the stomach, the latter a traumatic perforation, not operated upon and followed by death, and two pathological perforations of the duodeum and the common biliary duct, both operated upon and recovered.

The last case he thought unique in medical literature — that of a spontaneous rupture into the abdomen of the common biliary duct, caused by gall-stones, and flowing of the abdominal cavity with gall. In all the cases a diagnosis of rupture or perforation was made previous to the operation or the post mortem examination.

Dr. Derome was called in consultation to see this patient and diagnosed gall-stones rupture of the biliary ducts and perhaps appendicitis. This patient not being able to pay for a private ward, Dr. Derome had her enter the public wards of the Notre Dame Hospital where she was seen and operated upon by Dr. O. F. Mercier.

Dr. O. F. Mercier admitted having a difference of opinion with Dr. Derome, and operated for apendicitis; appendix upon inspection seemed sound, but bile flowed freely from the cavity. A second incision was made higher up and a rupture of the common duct was immediately seen buried in a thick fibrinous exudate. The gall-bladder was stitched to the abdominal walls and opened and a glass tube inserted close to the site of the perforation to insure drainage. Since operation 39 gall-stones have been passed and the patient made an uninterrupted recovery.

Dr Frs. de Martigny congratulated Dr. Derome upon his diagnosis and urging the patient to enter the hospital. This, he thought, was indeed a very rare case, perhaps unique. Dr. de Martigny then recalled