

rhage, which, strange to say, did not reduce his temperature. After five days he had a hemorrhage from the stomach, and died in an hour or so. The hæmatemesis was suggestive of something besides typhoid. At the autopsy there was found no evidence of typhoid fever in Peyer's patches, but there was marked cirrhosis of the liver.

Dr. John Caven reported further that the spleen on fresh section was typical of cirrhotic induration, and weighed 19 oz. There were no bacilli found. A small abscess was found in the mesentery, close to the cæcum, which was at first thought to be due to appendicitis, but the appendix was healthy, and further investigation showed the abscess to be due to a suppurating mesenteric gland. The gall bladder was of the size of an ordinary kidney, and contained pus. The fever in this case was probably the result of the suppurative process in the gall bladder.

Dr. McPhedran remarked that these profuse hemorrhages were often due to a varicose condition of the veins of the œsophagus.

Dr. Nevitt said that he had seen a specimen of the kind referred to by Dr. McPhedran. The exhibitor of the specimen stated that a blow-pipe was necessary to demonstrate the dilated veins *post mortem*.

Dr. Caven had not examined the veins of the œsophagus.

NECROSIS OF THE FEMUR.

Dr. Ferguson exhibited a specimen of necrosis of about two inches of the entire diameter of the shaft of the femur. The dead bone was removed, and perfect recovery took place without deformity.

SARCOMA OF THE ORBIT.

Dr. R. A. Reeve presented a specimen from a man, æt. 48, who had suffered from symptoms of blindness of the right eye for three months. Three months later there was detachment of the retina and intense pain. The eye was enucleated because he was sure of the existence of a tumor, and he thought the detachment of the retina was due to sarcoma of the choroid. The enucleation was as complete as possible, and the wound healed. The specimen was not kept, but was examined at the time, and a

melanotic tumor was found occupying one-third of the vitreous chamber.

In October, 1890, he saw the same patient, who had then a pigmented tumor of the orbit, the contents of which were eviscerated and zinc chloride applied. The case was of interest from the length of time between the appearance of the first and second tumors. He did not consider it a case of melanotic sarcoma. Melanotic sarcomas are the most malignant of tumors. Sometimes the tumor is encapsuled and can be removed in the early stage in its entirety. If in the first instance he had failed to remove all the growth, it would have recurred earlier. This, however, did not return for fifteen years, and therefore it was not a true case of recurrence. Possibly the elements of the disease lay quiescent in the deep part of the orbit, apart from the original tumor. He suggested that possibly the artificial eye that had been worn constantly for fifteen years had acted as an irritant and produced the second tumor.

Photographs were exhibited showing the different stages of the disease.

Dr. John Caven stated that the second tumor was a mixed, round, and spindle-cell sarcoma.

The meeting then adjourned.

Jan. 31st, 1891.

The Society met in the Biological Building, the President, Dr. J. E. Graham, in the chair.

Dr. Oldright presented

(1) PATENT DUCTUS ARTERIOSUS .

from a girl, æt. 20. Seen last September, was somewhat anæmic, with œdema of the feet, and albumin in the urine; no heart murmur. After four weeks in bed she had a right hemiplegic seizure; no facial paralysis. This passed off and she died the week after. Towards the end there were some purpuric spots on the face and hands. The autopsy showed a patent ductus arteriosus, with vegetations on the pulmonary side of the opening of the duct; also some atheroma of the pulmonary valves. The liver was slightly fatty, the spleen fully six times the normal size, and the vermiform appendix contained some hard fecal concretions.

Dr. McPhedran, who saw the case, had thought it was hysterical from the symptoms manifested. The heart was fairly normal as far