

ation, the main part of the tumor consists of epithelial elements, which do not appear to be growing, are gelatinous-looking, and are obviously seminal tubes, whose epithelial cells are degenerated on account of (?) the growth of a large amount of fibrous connective tissue, which has in places undergone a similar degeneration to that of the epithelium, and the amount of which varies in different places. Without knowing the history of the case, I thought from the specimen that it was a tumor growing out of an old orchitis. Should call it quite benign, with the single reservation that tumors arising out of inflammatory product have a tendency to recur. At all events, it has none of the distinctive microscopical appearances of a malignant growth. (Of course this statement only refers to the bits given me to examine, but I supposed the rest was of the same nature.)"

The name which I gave to this tumor, fibro-cystic disease, is, in my opinion, a good one for clinical purposes, although I am aware it is seldom employed now-a-days by pathologists. We have the pure fibroma (often an atrophied condition) and the cystoma described, but in my experience we get the fibrous element predominating to such an extent in some cases that we are justified in retaining the old name. I think that the greater the cystic formation, the more likely is the tumor to have malignant tendencies, and fibro-cystic tumors doubtless often degenerate in this way. Will this tumor? Dr. Johnston thinks it may. Unfortunately, the condition of the cord, while of some service in making a prognosis, is not always reliable.

Dr. RODDICK then exhibited photographs of the patient before and after the operation.

Dr. FENWICK spoke of the difficulty in prognosis after removal of such tumors. Even with the microscope it was not always possible to say whether it would return in the stump. He agreed with Dr. Roddick, except that he thought the two classes of tumors he described could look as like as two peas, and cited cases to prove it.

Dr. HINGSTON urged the propriety of always giving a favorable prognosis in all cases of tumor of testicle where cord was not involved. As to detail in the operation, he thought Dr. Roddick's special procedure was the general rule. It was not necessary to attach the cord to the skin.

Dr. RODDICK, in reply, stated that he had formed his opinion after referring to at least five leading authors, including Bryant. Had himself seen Bryant's signature *en masse*.

*Sayre's Hammock.*—Dr. RODDICK also gave a demonstration of modification of Sayre's hammock, to avoid the danger of the jacket in applying plaster-of-paris jacket.

*Stated Meeting, June 19th, 1887.*

J. C. CAMERON, M.D., PRESIDENT, IN THE CHAIR.

Dr. R. L. MACDONNELL read the history of two interesting cases which had recently come under his notice:

1. *Malignant Disease of the Lung.*—A boy, aged 3 years, had appeared for some weeks to be suffering from shortness of breath, without any other symptom. At the first visit, the whole right chest was found to be flat on percussion, and to present the physical signs of pleurisy with effusion. Aspiration yielded a negative result, nothing but a few drops of blood entering the instrument. These being examined by Dr. Wyatt Johnston were found to contain no pus, but an unusual number of leucocytes. Several further attempts at aspiration yielded scarcely better results. At one time about two ounces of pure blood were withdrawn. Dyspnea became very urgent, and pressure signs, distension of thoracic veins, and oedema of the right side of the face set in. The child died after an illness of six weeks. An autopsy showed that the right lung was the seat of an extensive growth of a lympho-sarcomatous nature. No other organs were found involved.

*Discussion.*—Dr. JOHNSTON stated that the tumor was a lympho-sarcoma. It was like a small, round-celled sarcoma, but with a number of lymph elements. The specimens showed the anomaly that, though sarcomatous, the cells were arranged in alveoli.

Dr. HINGSTON said the symptoms seemed to point to empyema, cancer is so rare in children. He also quoted a case of empyema that occurred about the same time, in which the first aspiration produced fluid; but the second gave none, the pus having become consolidated.

2. *Cerebral Syphilis.*—The second case was that of a married woman, aged 20, who entered hospital on account of "fits," which had occurred off and on during the last nine months. These attacks, one of which occurred in the hospital, consisted of clonic spasms affecting the left side of the face and left arm, and were preceded by a distinct aura. There was subsequent hemiplegia of these parts, with dragging of the left leg on