

Case (b). Young American lady at school in this city was suddenly attacked with violent hæmatemesis, which rapidly proved fatal. She had been in apparently good health, was well nourished, and neither she nor her parents suspected any disease. At the autopsy the spleen was found enlarged and firm, and the blood in the portal vein was markedly leukæmic. A peculiar malformation was met with in this case, the portal vein presenting a double trunk.

*Discussion on Paper.*—Dr. Buller asked for information as to the supposed possible cause of hæmorrhage in these cases, if mechanical or due to condition of blood.

Dr. Osler replied that in some cases it would seem to be due perhaps to a feeble condition of the vessels as in leucocythemia and pernicious anæmia.

In the cases under notice it might be explained by mechanical causes, considering that three fourths of the blood from the stomach is discharged into the splenic vein, and in engorgement of the latter a sweating or diapedesis might be conceived as occurring from the vessels of the stomach.

Dr. Ross spoke of the obscurity connected with such accidents occurring under such peculiar circumstances, and the exact conditions giving rise to them. In the early stages of cirrhosis we also have profuse hæmorrhages, and possibly the cases are of a parallel nature; probably other conditions have something to do with it. The great depression in mind spoken of in connection with one of the cases might have influenced the nerve supply of the blood vessels, allowing more or less dilatation of the splenic vein and damming back the blood into the gastric veins.

In reply to a question by the President, Dr. Osler said that he had used injections of ergotine, but could not say with much benefit.

Dr. Stephen remarked that in a recent number of the *Lancet* injections into the substance of the spleen had been condemned as being dangerous and inadvisable.

Dr. F. W. Campbell thought that something would be required to act more quickly than ergotine, and suggested that the application of the ice-bag to the pit of the stomach would be specially good.

*Stated Meeting, November 3, 1882.*

THE PRESIDENT, DR. R. A. KENNEDY, IN THE CHAIR.

Dr. Major then read a paper on papillomatous growths of the larynx, reporting two cases of simple papilloma, one of warty growth, in a case of rapid tuberculosis, and one of warty growths of the velus valati.

Dr. Major considered that papillomata did not present themselves so commonly on this continent as in Europe, if he might judge from the number of cases that had occurred in his private and hospital practice. In expressing this opinion he did not include the fringe-like growths so often observed in laryngeal phthisis.

During the past five years in his clinic at the Montreal General Hospital, where he had extended opportunities for investigating laryngeal disease, come six (6) only had been met with.

Few cases of vocal disability either in the wards or out-patient department were left unexamined, and he believed that if any morbid growths were present in those examined he would undoubtedly have discovered them. It was in private practice that we would naturally look for the more frequent occurrence of these growths, and for obvious reasons.

In private he had seen but three cases of simple papilloma; he suggested that possibly the dry atmosphere of the climate might account for their apparent rarity.

Two of the cases reported had occurred within a few weeks of each other, but it would not do to argue that because two had been seen within so short an interval, that, therefore, the condition was common.

In the Spring of 1881, E. M., aged 4 years, was referred to him for examination. The breathing was difficult, and the child presented a miserable appearance. The laryngoscope showed the existence of extensive sessile, warty growths, covering the surface of both vocal bands and entering the ventricles, and general hyperæmia of the surrounding parts. Two years previously the child was the subject of an attack of acute laryngitis, recovery was slow, hoarseness of varying intensity, ending in complete aphonia and accompanied with embarrassed respiration.

The usual nocturnal aggravations were observed, he performed tracheotomy, from which date more or less improvement, local and general, was obtained.