

not have been successfully performed, owing to mechanical difficulties.

Dr. R. J. B. HOWARD suggested that perhaps in a similar case simple ligature of the cystic duct, by preventing the passage of bile from the liver to the gall-bladder, would change the discharge of acrid bile into the peritoneal cavity to one of a little harmless mucus.

Dr. WILKINS asked when the perforation probably took place.

Dr. HOWARD, in reply, said the perforation probably occurred early. There was nothing in the history of the case to indicate sudden rupture.

Bile entered peritoneum gradually.

Dr. A. F. SCHMIDT showed a case of *cancer of stomach*, apparently the whole stomach was transformed into cancerous tissue. There was also an extensive diffuse cancer of the head of the pancreas. The tissues in the neighborhood were extensively infiltrated. The liver contained numerous soft secondary nodules. Bile duct slightly obstructed. Secondary cancer of lungs.

Dr. JOHNSTON thought it difficult to say whether the disease originated primarily in stomach or in pancreas. No definite ulcer nodule, looking like a starting-place, could be discovered. The surrounding infiltration might afford some clue, as this infiltration was much more directly continuous with the growth in the pancreas than with that in the stomach.

*Cancer of Œsophagus*.—Dr. Ross showed an œsophagus the seat of malignant disease. The symptoms during life were marked and gradually increasing difficulty in deglutition. The stricture admitted a No. 3 bougie. There was no marked emaciation. The patient had died suddenly and unexpectedly, death being due to the bursting of a cerebral abscess. There were no symptoms of brain disease.

*Autopsy by Dr. Johnson*.—Epithelioma of œsophagus, forming ulcerated surface five inches long. Calibre of gullet not much narrowed. In brain, an abscess was found just above the roof of right lateral ventricle, at its anterior and external part, anterior to the motor area. This had burst into the lateral ventricle. Abscess appeared chronic in nature; did not appear to be connected with the cancer.

*Stated Meeting, December 3rd, 1886.*

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

*Case of Leukæmia*.—Dr. Stewart showed a man-

aged 32 years, who is suffering from enlargement of the cervical, axillary and inguinal glands. The patient, who is a farmer, first noticed a swelling under his left lower jaw nine months ago. The glands along the sterno-mastoids and above the clavicles are very much enlarged. The swelling is painless, and in some parts has a semi-fluctuating character. Several glands in both axillary regions are the size of hen's eggs. The groin glands are much enlarged also. The patient also complains of weakness, palpitation and breathlessness on exertion. He is decidedly anæmic. He never had any previous illness. Has lost three sisters from pulmonary consumption. There is no evidence of enlargement of the bronchial or mediastinal glands. His breathlessness can be accounted for by his anæmia, and the pressure exerted by the enlarged cervical glands on the trachea. There is no enlargement of the thyroid glands or tonsils. No pain, tenderness or swelling over any of the bones. *Blood*.—Dr. Wyatt Johnston kindly undertook the examination of the blood. It is as follows: "Red corpuscles are well formed, uniform in size, and nummulate normally. White are considerably increased in number. There are numerous small colorless cells (blood plaques?). On staining the blood (Ehrich's hæmatoxylin eosin method), the leucocytes are seen to be mostly small and with mono-morphic nuclei. A very few eosinophile cells and one or two nucleated red corpuscles noticed, but both these elements are very infrequent. By Gowers' hæmocytometer, red cells 3,570,000 per c.m. (71 per cent. of normal); white cells, 200,000 per c. m. Proportion of white to red; 1 to 20 (an increase absolutely of 13 times and relatively of 15 times the normal). Hæmoglobin index 58 per cent." *Spleen*.—There is a considerable increase in the size of the spleen, its vertical dullness extending from the upper border of the ninth rib downwards, a distance of five inches. Its surface is smooth. *Liver* is also somewhat enlarged, its vertical dullness (in the line of the nipple) reaching from the fifth rib to two inches below the ribs, a distance of six inches. During the last two or three weeks he has been complaining of a dull, aching pain over the lower part of his back. There is no pain or œdema of the lower limbs. Nothing abnormal to be detected in the abdominal cavity.

*Remarks*.—The case presents some difficulty in diagnosis. Its marked clinical features are the hyperplasia of the superficial lymphatic glands