ticed in the cardiac muscle fibres of children, and it is questionable whether it should be regarded as a pathological condition.

Beyond their pallor, the kidneys, which weighed each 90 grms., presented nothing calling for remark, either macro-or microscopically, nor was there anything noticeable in the other abdominal and pelvic organs with the exception of the intestines.

The stomach contained 8 ozs. of clotted blood. There was no ulceration or evidence of localized or general inflammation. Careful examination, both by the naked eye and by the microscope, failed to reveal any ruptured vessel or cause for the hæmorrhage, which would seem, therefore, to have been of capillary origin.

The jejunum showed blood-stained hæmorrhagic patches in its mucous membrane, which varied in length from two feet to seven or eight inches, and were separated from one another by areas of apparently normal intestine. The ileum was similarly affected, but to a less degree. In neither could any special hæmorrhagic point or ruptured vessel be discovered. The cæcum was normal, the appendix thickened, its mucous membrane reddened and apparently inflamed; the follicles were slightly enlarged. The large intestine and rectum were normal.

There was no noticeable enlargement of the mesenteric or other lymph glands. The marrow of the sternum was red, but not increased in extent. It had not the dirty reddish grey color characteristic of leuchæmia. It may be added that the brain was not examined.

Two conditions might possibly explain the clinical and other conditions of this case: cirrhosis of the liver and leuchæmia. But there is much that can be brought against the former possibility. While enlargement of the spleen is frequently associated with cirrhosis, that enlargement is only moderate, and does not approach to the extent discovered in this case. Again, cirrhosis fits in ill with the history of hæmatemesis, manifesting itself at irregular intervals over a period of seven years; and while the liver was undoubtedly cirrhotic, the fibroid change was not of either the ordinary or congenital syphilitic type.

On the other hand, much may be said in favor of leuchæmia. The spleen was distinctly of the leuchæmic type; its large size and fibroid condition are both characteristic of splenic leuchæmia. The injection of the capillaries in liver and heart are in favor of this diagnosis; the hæmorrhages from the stomach and intestines also support it. The absence of any marked swelling of the lymphatic glands or of greyish red softening of the sternal marrow is not against it. Still, there are difficulties in connection with this view of the case. Leuchæmia in children generally runs a rapid course, and if this be a case of the disease, we are almost bound to assume that it has had a duration of four, if not of seven years, the first hæmorrhage, of a type similar to the last, having occurred when the child was four years old. Again, while the proportions of white to red corpuscles, as determined by Dr. Finley, had become increased from the normal of 1 in 300 to 1 in 80, it cannot be said that this is a very great increase, especially when the facts are taken into account that correspondingly there was, through the antecedent great hæmorrhage, a diminution of the red corpuscles to less than half the normal number, and that one expects to find a post hæmorrhagic increase of the white corpuscles.

Nevertheless, in certain cases of leuchæmia, the number of leucocytes present in the blood is capable of great variation from time to time; and taking into account the very typical spleen and the condition of the liver, I am inclined to consider that this must be regarded as a case of chronic, or it may be termed intermittent, leuchæmia, in which it has happened that the observations upon the blood have been made at a time when there has been a relatively small increase in the number of white corpuscles. The state of the liver appears to me to sustain this view. Apart from the capillaries with their injection of leucocytes, the curious cirrhotic condition of this organ, with its isolated areas of fibroid change, some old and well developed, some comparatively recent, some external to the lobules, some within the lobules—all this is what might be expected to result from capillary emboli produced from time to time in the organ by masses of leucocytes.

Dr. LOCKHART had seen the case three days prior to admission; she was lying near a pool of blood which looked normal in appearance. Ice to the epigastrium and perfect quiet were ordered. Later on, repeated saline enemata were given with a wonderful improvement each time in the pulse, lasting for half to three-quarters of an hour. During the afternoon she had three more hæmorrhages aggregating nearly a quart.

Dr. LAFLEUR said the number of leucocytes varied greatly at different periods in the history of leuchæmic cases. He asked what were the conditions of the lymphatic glands throughout the body, and of the bone marrow.

Dr. ADAMI said that the spleen measured 20 x 8 x 3½ cm. There was nothing noticeably wrong with the lymphatic glands. The bone marrow showed nothing abnormal. The difficulty in adopting the theory of leuchæmia was that she must in that case have had the disease since infancy.

*Atresia of Vagina, Hæmatometra, Hysterectomy.*—Dr. WM. GARDNER exhibited the specimen, taken from a girl of sixteen, with a history of violent pain and vomiting occurring periodically at intervals of about three weeks. A firm tumor could be felt in the hypogastrium. No vaginal canal was present, though the labia were normal. As no evidences of a vagina could be obtained by rectal examination, abdominal hysterectomy was done by the method of tying off the broad ligaments. The uterus was found to be greatly hypertrophied and was full of blood, the right tube was