

(c) MILKY FLUID FROM A CYST OVER THE OLECRANON.

Dr. Oldright removed this from a patient suffering from rheumatism. The nature of the fluid had not been determined. A precipitate is thrown down on heating, which is dissolved by adding nitric acid. Under the microscope, there were no pus cells found.

Dr. Atherton referred to the case of a man who received a kick on the abdomen, causing a rupture of the duodenum. He walked half a mile after the accident, and lived thirty-six hours.

Dr. Peters asked how it was that rupture could occur in the ileum as the result of a blow on the abdomen. There is no portion of the bowel more freely movable than the ileum, and its contents are usually of a fluid character. If the injury had been severe and great pressure had caused compression of the bowel against some resisting surface of bone, then the cause of rupture would be evident.

Dr. McPhedran narrated the history of a man who received a kick on the abdomen; there were no external marks of violence; he lived from thirty-six to forty-eight hours. Blood was found extravasated about the head of the pancreas, and a rent in the peritoneum at that locality permitted blood to be effused into the general peritoneal cavity. The intestines and stomach were bruised.

Dr. Oldright, in reply, suggested that the rupture of the intestine may have been due to a knuckle of bowel becoming constricted, on receiving the injury, the contents of the gut imprisoned, and the force continuing to act, would cause the wall of the intestine to give way.

Dr. Powell exhibited a patient affected with lupus who is at present under treatment in the Toronto General Hospital. Four injections have been given; there is evident softening of the cicatricial tissue.

Dr. A. A. Macdonald presented

A SPECIMEN OF FETUS

dead at the third month carried until the fifth month. Some years ago the woman came to him with a history of several miscarriages; she had a uterus large and flabby, and she suffered from menorrhagia. She improved under treatment, became pregnant, and carried a child to full term. About five months ago the menses

ceased and she thought herself pregnant, but she did not increase in size. Three months after she suffered from a slight discharge; this continued, and at the fifth month pain occurred and she sent for Dr. Macdonald, who, on examination, found the foetus lying in the vagina; there was no placenta; the cord was twisted twice around the neck of the foetus. In this case probably there was degeneration of the placenta and death of the foetus in consequence; the placenta probably came away in fragments. The patient made a good recovery.

FLESHY MOLES.

Dr. Macdonald also presented two specimens of blighted ova, one at the second month, the other of three months growth. These moles he looked upon as the changed product of conception. The patients were of poor, weakly constitutions, and the debilitated state of the individual is probably accountable for the condition.

Drs. Baines, Dame, Atherton and Spencer discussed the cases, and Dr. Macdonald replied.

Dr. Dame then showed specimens of

HORN GROWTHS ON THE PENIS.

These had occurred in a man who had been circumcised. A warty substance occurred six years ago, from which the two horns developed; he pared it regularly. Dr. Dame amputated a portion of the penis with the growths. The horns were situated on the under surface near the glans; the longer was two inches in length.

Dr. Primrose referred to a case of the kind which he had seen under the care of Mr. Pearce Gould. A warty growth had appeared on the margin of an ulcer which existed in the line of an old circumcision wound; a horn developed in front of this. The penis was amputated and several indurated glands in the groin were excised. The ulcer proved to be epitheliomatous in character. Jewitt reports a case in which a horn three inches in length existed. According to Gould, horns may grow (1) from the interior of sebaceous cysts; (2) from the matrix of the nail; (3) from warty growths.

Jan. 22.

The President, Dr. Spencer, in the chair.

Dr. J. D. Thorburn read a paper on

KOCH'S TREATMENT FOR TUBERCULOSIS.

He gave an account of his experience whilst observing the effects of treatment in the Berlin hospitals. He referred to the work which is at