The liver and spleen showed signs of enlargement, and there were evidences of congestion of both pulmonary bases.

Gonorrhœal (?) Endocarditis.—Dr. Johnston showed the heart of a man, aged 34, a stonemason, who had died in Dr. Molson's wards. There had been a history of repeated attacks of gonorrhœa, the last commencing two weeks before admission. At the autopsy the lungs showed extensive chronic bronchitis, with slight bronchiectasis; and multiple small fibrous nodules scattered throughout the lung substance, each being surrounded by a zone of black pigment. The heart was dilated and the muscle wall of both chambers somewhat thick. A large rough, ragged, fibrinous vegetation was found at the base of the middle segment of the aortic valve; this was traced directly through the region of the membranous septum between the ventricles, and extended to the adjacent part of the tricuspid valve, upon which a similar vegetation existed; the intervening tissue was softened and necrotic. The remaining portion of the aortic and tricuspid valves seemed perfectly healthy. The other valves looked normal. The heart muscle showed no change beyond slight fatty degeneration of some of the papillary muscles. No infarcts or abscesses were found anywhere in the body. The urethra showed some thickening near the meatus and about the bulb, but was free from all appearance of acute inflammation. The right ankle and both knee-joints were examined and found normal.

Dr. Johnston was surprised to find, on making cover-glass preparations from the vegetations on the valves, that on staining with watery fuchsin a number of small dipplococci were found, having a strong resemblance to gonococci in size and shape. They further resembled gonococci in not staining by Gram's method, others differing from all cocci which Dr. Johnston had found in previous cases of endocarditis. They were not obtained in cultures in pure agar-agar. On the other hand, while they sometimes occurred in small groups, of which each pair of cocci was slightly separated from the neighborings ones, they did not lie in the substance of the cells when these were present. They also stained less intensely than gonococci in alcoholic methylene blue solution. Scrapings from different parts of the urethral mucosa did not show any gonococci or organism at all resembling them. None of the other tissues were examined for bacteria. Dr. Johnston did not believe these organisms were proved to be gonococci, as possibly the peculiar staining might be due to degenerative changes in some other diplococcus. Still, as a case had been reported where gonococci had been described as occurring in the vegetation, the similarity, if not identity, of these organisms to them was of importance. He had not had any sterilized human serum on hand at the time of making this autopsy, and had not hoped for positive results from the cultures in any case.

Dr. MacDonnell, who reported the case, remarked that the patient had been admitted to Dr. Molson's wards in the Montreal General Hospital, on December 12th, 1890, complaining of cough, dyspnœa, and sleeplessness. There was a history of intemperance; no history of syphilis, but he had on several occasions contracted gonorrhœa, and had twice been under the care of Dr. Molson for gonorrhœal rheumatism. Six months ago the patient contracted a fresh gonorrhœa, which was followed by a fresh attack of rheumatism, the ankles, knees and wrists being affected. Apart from his affection he had not been in good health for some two months. He had lost weight, had shortness of breath, and pain in the left side of the chest, and a distressing cough with free expectoration. He recovered from the attack of gonorrhœal rheumatism, exposed himself afresh to contagion, two weeks before admission, and the discharge had returned with increased vigor. There is no history of rheumatism or scarlet fever. Parents were both alive. One sister died at nine months of convulsions, one at 14 years of an acute illness lasting but two days, and a brother died at 30 of inflammation of the lungs. The present illness began two weeks ago with cough and dypnœa. On admission at noon, Dec. 12th, 1890, the temperature was 102½°, pulse 120 (weak), and respirations 48 (labored); cough distressing; deficient expansion of right side, with dulness on percussion and weak breathing over a considerrble area at the back of both lungs from the angle of the scapulæ downwards, and mucous râles were heard over the whole back. Owing to the noisy breathing the heart-sounds could not be distinguished. Nothing was noted beyond accentuation of the second sound. Patient died suddenly at 3 a. m. next day (13th).

Dr. Bell asked if the gonococci had been recognized outside of the genito-urinary tract.

Dr. Jas. Stewart inquired if the joints had been examined in the present case for gonococci.

Dr. Johnston, in answer to Dr. Bell, stated that gonococci had been met with in cases of salpingitis and in gonorrhœal arthritis. To Dr. Stewart's question, he had not examined the joints for gonococci, as they appeared perfectly normal.

Case of Rhinoplasty.—Dr. Jas. Bell brought the patient before the Society and gave the following history: Five years ago, A. S., aged 25 years, lost the cartilaginous and soft parts of the nose, with the exception of a portion of the alæ at each side, from a destructive ulcerative disease said to have been lupus. An attempt was made in the London Hospital, England, to restore the nose by the Tagliacotian operation, the left forearm being used for this purpose, but resulted in a complete failure. On admission, portions only