

high specific gravity, and he was therefore given nitro-glycerine to relax the arterial tension, and magnes. sulph. to move the bowels freely. This had but little effect; the hæmoptysis continued for some days in small quantities, occasionally being quite profuse.

This would seem to indicate a local cause in addition to the general condition, so that this is not a true case of non-cardiac and non-pulmonary hemorrhage, as described by Sir Andrew Clark.

Dr. Price Brown remarked in regard to the first case that post-mortem examination frequently revealed the fact that there had been unrecognized tubercle in the lungs at some time, and that it had been cured.

Dr. Spencer spoke of the value of colchicum in arthritic hæmoptysis.

Dr. McPhedran said that the cavity in his case was most likely due to a previous broncho-pneumonia. Previously existing tubercle was usually denoted by cicatrices in the apex.

Dr. J. F. W. Ross presented a specimen of

PRIMARY CARCINOMA OF CORPUS UTERI.

The bladder was free, whilst the rectum was just commencing to be involved. When the case was first seen the disease was limited to the uterus, but the extreme age and debility of the patient, in his opinion, contra-indicated operation. Microscope showed the specimen to be a malignant adenoma, or carcinoma of the gland type.

EPITHELIOMA OF LABIUM,

removed by the knife from a patient of 84. The growth involved the clitoris, and there had been great pain. After the operation, the patient did well.

Dr. Geo. Acheson considered the first specimen very interesting, from a pathological standpoint, as being a primary carcinoma of the body of the uterus, a condition which was regarded as rare. There was no reason, however, why carcinoma should not originate there, for the uterus was provided with glands lined with epithelium, and a carcinoma was only a malignant adenoma.

Dr. Spencer asked whether it would not have been advisable to remove the uterus when the case was first seen. Dr. Ross said that the statistics of hysterectomy did not justify it.

DOUBLE UTERUS.

Dr. Spencer presented, for Dr. Bingham, a complete double uterus for a woman of 24, who had died of pneumonia.

Dr. J. F. W. Ross had seen a case of double uterus and double vagina. The patient refused operation, became pregnant, and bore several children without any difficulty.

OVARIAN TUMOR.

Dr. Cameron presented a dermoid cyst of the ovary, containing sebaceous matter, hair, and a single tooth—a cystic ovarian tumor, and a solid ovarian tumor, which had been associated with peritoneal effusion. There had been great difficulty in diagnosing whether this case was one of ascites, or of an ovarian tumor.

Hospital Reports.

OBSTRUCTIVE LARYNGITIS—TRACHEOTOMY—CONTINUANCE OF THE USE OF THE TRACHEOTOMY TUBE A NECESSITY—INTUBATION—RECOVERY.*

UNDER THE CARE OF G. R. M'DONAGH, M.D.,
L.R.C.P., LONDON, IN THE HOSPITAL FOR
SICK CHILDREN, TORONTO.

W. M., æt. 2, male; admitted March 10, 1890. The child had la grippe during the last week of January, and a cough troubled him for some time after; he had never been subject to croup, although his brother (3½ years old) frequently had such attacks. The boy's cough caused his parents some anxiety, and he was carefully watched in order that he might not catch more cold; when allowed out of the house at all he was well wrapped up. As time went on, however, these precautions were not so strictly adhered to, and on February 1st, a day when a cold, raw, high wind was blowing, the boy was in his father's shop, and every now and then slipped out for five minutes or so, bare-headed and thinly clad. The father remarked at the time that he fully expected the boy to have an attack of croup in consequence of his indiscretion. During the evening he was coughing somewhat; at seven o'clock he was eating some raisins when he suddenly choked, and breathing at once became difficult; a doctor was summoned, who passed a probang down the

*Reported by A. Primrose, M.B., Edin., Surgical Registrar to the Hospital.