

sorbing surface, but in doing pneumonectomies upon rabbits, very little anaesthetic is required after the thorax is opened. With regard to the application of the combined method of Meyer, I think the development of intra-thoracic surgery depends primarily upon the invention of some cheap and simple apparatus. The ordinary negative pressure chamber requires an outlay of \$1,000 and an expert to look after it. Meyer's combined method is even a more costly affair and requires the care of a special assistant.

With regard to the prospects of developing a satisfactory technique for oesophageal suture, I think that once a safe approach is established a method of establishing a rapid and safe anastomosis in cases of stricture of the lower end of the oesophagus will be developed in time; that, however, is one of the least favourable propositions.

The specimens I have here will show the effect of aspiration. The first specimen is of a rabbit with right lung removed. On examination you will see that the cavity has been completely obliterated; the heart and pericardium occupy the upper zone of the thorax. The diaphragm has risen to obliterate that portion of the pleural cavity which is occupied by the wedge of the lung posteriorly; between the two is the displaced and enlarged butterfly lobe; on the other side is the normal left lung. In the other specimen (frozen sections) one can trace the eviscerated cavity.

#### PATHOLOGICAL SPECIMENS.

S. B. WOLBACH, M.D. The first specimen is a branched Meckel's diverticulum, the intestine has been inflated; the next is a specimen from Dr. Armstrong's service from a patient with general peritonitis, and is an enterolith in an inflamed and perforated Meckel's diverticulum. No. 3 illustrates the effect of injection after delivery in the 7th or 8th month of pregnancy. The uterus shows the placental site deeply ulcerated, a necrotic cervix; and an abscess of the corpus luteum which is not common. Here is a lung from an elderly person who had chronic myocarditis and chronic nephritis. The lung is interesting, because it shows marked emphysema and emphysematous bullae of unusual size. The next preparation is from Dr. Finley's service, a case of malignant endocarditis with a mycotic aneurysm of the ascending aorta. At autopsy, there was found also a purulent pericarditis, and in the smears from that preparation there were Gram-negative diplococci which were intracellular and identical in appearance with the gonococcus. We did not obtain cultures from this case, not having on hand a large enough quantity of the medium. The patient had been treated one month before admission for gonorrhoea. Unfortunately, we did not have sufficient