fifth of a reduction of red blood corpuscles, one colorless to 150 red. Left arm is œdematous from pressure of mass in axilla. One gland over left clavicle necrosed. Has continuous pyrexia, very little pain, slight cough. Has had an itchy papular eruption for past year. This known to be sometimes present in this disease, Dr. Osler said it was a typical case, and was the third he had seen this spring. Is giving him arsenic; has seen glands lessen with this remedy in two cases.

Dr. Osler shewed specimens of *Hydatids* under the microscope. They were from a patient of Dr. MacLaren's, of Paisley, who had been passing them for some time in his urine. Dr. Osler had tabulated sixty-three cases, in none of which were they found in the kidney. It is possible these may have come from peritoneum and into bladder.

Dr. Osler showed a *tympho-sarcomatous growth of bronchial glands* in a patient under Dr. Wilkin's care. It involved portions of both lungs and pleuræ. Secondary growths were also found in pancreas and on membranes of spinal cord. The latter was the cause of death, its rapid growth and pressure on cord producing acute myelitis.

Dr. WILKINS stated that patient had been brought into hospital about eight or ten days previous to his death, in a completely paraplegic state; he had been so for ten days. For about five or six weeks previous to the setting in of the paraplegia, he had been complaining of "rheumatic" pains in his shoulders, and also in his legs, but had been quite well up to that time. The paraplegia with bladder trouble set in within twenty-four hours of his first noticing any loss of power in limbs. On entering hospital there was complete anæsthesia and paraplegia extending up to level of sixth costal cartilage. He had typical bullæ on internal surfaces of both knees where they had been in contact, on buttocks and on one external malleolus, points to early irritative lesion of posterior roots on cornua. Muscles responded to a strong faradic current when he entered hospital; but this faradic excitability had quite disappeared the day previous to death. The only objective symptom pointing to a lung lesion, was the presence of bronchial râles.

Dr. Osler exhibited a *large amyloid liver* from a patient who died of phthisis under Dr. Wilkins' care.

Dr. WILKINS stated that the case had been one of several years' standing, during all of which time patient had more or less profuse expectoration; lower margin of liver extended to crest of ilium, and about one inch below umbilicus. No unusual symptom was associated with the case, until about a fortnight previous to his death, when jaundice made its appearance, the color gradually becoming very deep. Dr. Wilkins had considered the occurrence of jaundice with amyloid liver as of very rare occurrence, and in this case had supposed it to be due to the pressure of enlarged lymphatics on bile ducts, the cause usually assigned for this condition. At *post mortem* glands were found to be only slightly enlarged, and ducts previous, and as he had not yet made a microscopical examination, he could not give any positive reasons for the jaundice.

Dr. Wilkins exhibited a number of microscopical sections made from different regions of spinal cord of a patient who died of myelitis, in which the microscopic as well as the physical signs shewed the posterior cornua to have been less affected than the anterior. There had been complete loss of power of both legs, with paresis of muscles of arms, hyperæsthesia; a bed-sore making its appearance only after the sixth week of illness. Under the microscope, some of the motor ganglion cells could be seen swollen to more than twice the normal size; others with one or more large vacuoles, which gave the appearance of the ganglion being filled with fat cells, but their reaction with prussic acid shewed they were not fat; other motor ganglion cells existed only in a shrunken condition, some with these processes quite disappeared. In all the sections leucocytes could be plainly seen scattered through the field. The sections were all double stained—some with sulph-indigotate of soda and carmine; others with picrocarmine and logwood.

Uterine Fibroid.—Dr. Gardner exhibited fragments of a uterine fibroid removed by him assisted by Dr. Ross, whose patient she was. Patient had been blanched with hæmorrhages; on examination uterus was found enlarged. Dilatation by means of tents revealed a sub-mucous fibroid, size of an egg. Repeated applications of strong solution of iodine did not stop the hæmorrhages. Again dilated and separated the tumor by Thomas' scoop and a pair of scissors. The operation was very difficult as the tumor was sessile. Iodoform was used as a dressing, it kept everything sweet. No hæmorrhage since removal, now three weeks.

Dr. Ross said that fourteen months ago she began to have excessive flowing, gradually grew