

are present. The correct belief here is that thrombi are due to infection with degeneration of the intima of the veins. In the case under consideration there were several agents which might have been accountable for a mild infection, primarily the mode of dilatation of the cervix, and the delivery. It is interesting to note that the embolism did not take place in the morning at the examination, but rather when the patient attempted to get out of bed. This form of embolism would appear to be singularly rare. In looking over the literature I have been unable to find an identical case.

OSKAR KLOTZ, M.D. There was a thrombus extending outwards from the uterine veins, towards the internal iliacs. Neither of the thrombi in the internal iliacs reached as far as the bifurcation. This however does not exclude the possibility that the thrombus originally reached the common iliac. On the right side we did not find a jagged end to the clot but the thrombus was covered with post mortem clot, and tearing that away one could not tell definitely whether the end had been broken or not. The thrombus in the pelvis was existent only in the two internal, not the common iliacs.

MILIARY TUBERCULOSIS OF THE CHOROID.

G. H. MATHEWSON, M.D., read the report of two cases, which appear at page 117.

F. G. FINLEY, M.D. Dr. Mathewson is to be congratulated on obtaining these two cases. I have never seen any, and I do not think it has been recognized very often. It certainly was the means of diagnosing the general condition present in one case.

THREE CASES OF PURULENT CONJUNCTIVITIS WITH DIFFERENT ETIOLOGICAL FACTORS.

HANFORD MCKEE, M.D., read this report which appears on page 125.

GEO. H. MATHEWSON, M.D. The cases brought forward by Dr. McKee are very instructive in that they show that the clinical appearances in cases of conjunctivitis by no means enable one to diagnose what microorganism was the cause the disease in any particular case. This fact does not seem to be generally recognized by the general practitioner. In the past few months we have had many cases bearing on this point, notably a case with very slight local symptoms, where gonococci were found in great numbers, and a case of membranous conjunctivitis due to a small coccus. It is well known too that one can have diphtheritic conjunctivitis without the formation of a membrane. Where at all possible, then it is well to make at least a smear for immediate microscopic examination in all cases of conjunctivitis; for an infection which is pursuing a mild course in one patient may cause fulminating symptoms if conveyed to a second patient.