

grams, and some very interesting photographs of Santa Barbara.

Dr. Carson asked if there was any place in America which would be an equivalent of Davos Platz and San Moritz. He had heard Colorado extolled.

Dr. Aikins wished to know what class of cases would be benefited by a residence in high altitudes.

Dr. Nevitt said that Dr. Reed, of Colorado, had written upon the subject of high altitudes in the treatment of phthisis, and advocated Colorado Springs for certain cases. Dr. Theodore Williams had found those cases benefited most by the high altitude whose disease was limited, the subjects of hæmorrhage, but not those subject to pyrexia. The chest measurements were generally increased and the area of dulness diminished, emphysema was usually developed, possibly by the greater respiratory exertion induced by the rarefied air.

Dr. Smith, in the absence of Dr. Spencer, presented a patient. He was a young man from the lumbering districts—no specific history obtained. He had numerous and deep mucous patches in the mouth; the tongue was fissured; there was glandular enlargement; there had been no rash; the hair had been falling out. He had been in the habit of smoking the pipes of his indiscriminate companions.

Dr. Ross presented the stomach of Mrs. D., with the following history:—Mrs. D., æt. 66. Father died suddenly, æt. 77; mother died of paralysis, æt. 86. Two of her sisters are dead, one æt. 7 and one at birth; one sister and four brothers alive and well. Married young; husband died seven months afterwards; had one miscarriage at five months; three years ago had typhoid fever. Until three years ago was apparently well. Twelve months ago was ill with so-called remittent fever. In July, 1883, had a severe chill, pain in bowels, diarrhoea and tympanites, vomiting, anorexia, emaciation; skin became yellowish in colour. Never noticed any abdominal lump until lately. The tongue is red; appetite poor; takes beef tea and oysters without pain or discomfort; no vomiting for several days; some diarrhoea present, passing mucous shreds. Pulse 116; right foot swollen; left foot never swelled; respiration 36; no cough. The *post mortem* disclosed a cancerous enlargement of the lower and posterior

portion of the stomach adherent in part to the pancreas; the right kidney was cystic.

Dr. Cameron exhibited a placenta illustrating fatty degeneration, and giving rise to premature delivery:—Mrs. G., æt. 28; Irish; nine months married; menstruated last on June 5th; a show in July after a long walk, and again in August; was sent for on February 5th. The night previous she had been taken with pains in the back and stomach, which had since continued, and she thought she was about to be delivered of her first child. She had not expected to be ill for another month. On examination *per vaginam*, a large, broad, hard swelling was felt bulging the uterine wall behind the bladder; the cervix was high up posteriorly, dangling loosely in the vagina and sufficiently patent to admit the index finger, and within a flaccid bag of waters was palpable. The presentation could not be ascertained. By external manipulation it was made out to be transverse, the breech in the right iliac fossa, the head in the left, the back towards the mother's abdomen. The foetal heart beats could not be detected, and the fœtus was small. Attempts at rectification by external manipulation were made, and the case left. Three hours later the pains had continued vigorously, os well dilated, head presenting, the bones of the skull being exceedingly mobile. The anterior lip was resistant, and between the pains it was slipped up over the occiput. Delivery was accomplished within an hour of a dead fœtus, the skin universally macerated and desquamating. The nails were pretty well formed. Pressure was at once made upon the fundus, and on detachment of the child so little cord was present that it occurred to me that it must be coiled up in the uterus, and its descent perhaps prevented by the engagement of the edge of the placenta in the cervix. Accordingly slight traction was made, it was felt to slip, and gentle traction being again made the cord came away entire. It proved to be fourteen inches long. Two fingers were passed up into the uterus and grasped the edge of the placenta, which after some pretty strong pains and firm pressure, came away. It was very small and presented here and there numerous patches, yellow in colour, hard and resistant to touch, and varying in size from a pea to an almond in the shell. There had been no history of syphilis. Microscopical examination showed