

DR. LAPHORN SMITH, M.D., showed two pathological specimens of Ruptured Tubal Pregnancy. Both operations were successful. In the first case there were at least two quarts of blood in the abdomen. Another specimen was that of a fibro-cystic tumour of the uterus all on one side of the uterus and filling the left broad ligament. Another specimen was that of a hydrosalpinx resembling an ovarian cyst. Another was an appendix full of concretions. The patient had been sent in for removal of the right ovary and tube but as it is the generally accepted opinion that in patients suffering from long continued pain requiring the removal of the right ovary and tube that the appendix should also be removed it was looked for with the above result. Operators have frequently had to do a second operation a year later for removal of the appendix when this has not been done at the first operation so that it is better when the patients condition at the operation for removal of tubes and ovaries permits to remove the appendix and remove it if adhered at the same time.

The eighteenth regular meeting of the Society was held Friday, June 21st, Dr. F. G. Finley, President, in the Chair.

PERICHONDRITIS OF THE LARYNX FOLLOWING TYPHOID FEVER.

H. S. BIRKETT, M.D. AND H. F. MUCKLESON, M.D., exhibited this case a report of which appears on page 547 of this number of the *Journal*.

J. G. ADAMI, M.D.—In seeking for a cause of these typhoid lesions at a distance it must be recalled that we are now recognizing more and more clearly that typhoid is not a local disease, with local and restricted growth, that is, of the specific microbes, but is a bacteraemia with the bacteria becoming widely distributed through the agency of the blood. In a recent paper, Pratt quoting Drigalski (if I remember aright) called attention to the fact that cultures from the tongue in typhoid patients repeatedly give typhoid bacilli. If this be so what is remarkable is, not the occurrence, but the infrequency of typhoid lesions in the upper respiratory tract. Only recently at an autopsy at the Royal Victoria Hospital superficial laryngeal ulcers were encountered in a typhoid case.

P. G. WHITE, M.D.—A case of typhoid fever: death before ulceration.

PATHOLOGICAL SPECIMENS—TUBERCULOSIS IN INFANTS.

OSKAR KLOTZ, M.D.—The pathological specimens, which I wish to present this evening, are from three cases of tuberculosis in infants.

Case I. was an infant nine days old which died at the Maternity Hospital. The lesions found at autopsy, and which I will show you here, are marked "Hyperplasia of the Peyer's patches of the small intes-