

Dr. George Ross spoke of the rarity of this disease in this city and America as compared with other countries; he had only seen one case in the Hospital in ten years, but has seen others in private practice, whereas several cases of the rarer Hodgkins' disease had come under his care in the Hospital.

Dr. Osler said the late Dr. John Bell was the first to report a case in Canada.

The points of special interest in the case just reported were the enormously distended heart and venous system.

As there were no adhesions it might have been a good case for removal of the spleen. A successful operation was recently performed in Italy.

Dr. Smith mentioned a case of leucocythemia under his care which had been considerably relieved by treatment in which iron and arsenic were employed, together with generous diet and inunctions of mercury.

Dr. George Ross said the remarkable temporary improvement seen in blood diseases could not be always due to treatment. Sometimes in pernicious anæmia such an improvement may be noticed as to make one think that an error in diagnosis had been made till they relapse and terminate fatally. He had lately such a case in the Hospital. Under arsenic and iron, the patient got well enough to resume work, but returned to the Hospital and died. He has also noticed this temporary improvement in Hodgkins' disease.

Dr. Roddick exhibited a photograph of a child shewing recurrence of lymph adenomatous glands after removal by him.

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## *Correspondence.*

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*To the Editor CANADA MEDICAL RECORD.*

DEAR SIR,—In order to complete the history of the case of "Interstitial Fœtation" published in your edition of November last may I ask you to find room for the enclosed remarks by Mr. Alban Doran, which were made before the Obstetrical Society of London on the 1st November, 1882.

Yours truly,

CARR HOLSTOK ROBERTS,

I.R.C.P.L., M.R.C.S.E., S.S.A., M.B., M.A.

Coningsby House,

Herries street, Harrow Road, London, Eng.

Feb. 25th, 1883.

Extra pressure on my time during the last three months must be my apology for not having sent them before :

### INTERSTITIAL OR TUBO-UTERINE GESTATION.

Mr. Alban Doran exhibited a specimen of this condition. The clinical history of the case, under Mr. C. H. Robert's care, was reported in our pages in October. The gestation-cyst was situated at the right side of the fundus uteri. At the anterior and outer aspect of the cyst the round ligament sprang from it, and the Fallopian tube passed into it, expanding as it did so into a funnel-shaped orifice. The lower part of the cyst bulged into the uterine cavity, and a bristle could be passed from the uterus through the tube into the cyst. The tube was here also dilated into a funnel-shape at its entrance into the cyst. The tubal origin of the cyst was thus proved. It had burst at the second month. There was a corpus luteum in the right ovary. Mr. Doran had examined the five other cases of the kind that are to be seen in the London museums, and gave an account of them. He remarked on the rarity of the condition and the tendency to early rupture. Had the abdomen been opened, amputation of the uterus would have been the only practicable treatment. He thought that many cases in which development in a supposed hernial pouch of the uterus was suspected were probably tubo-uterine.

*To the Editor of the MEDICAL RECORD.*

SIR,—A few days ago I received through the post office a circular signed by the Secretary on behalf of the Committee of the McGill Graduates Society, anent the difficulties in the Materia Medica Department of the University. The circular details the unsatisfactory state of matters during the past session, as well as for many sessions previously, and asks that the question on an enclosed slip be signed and returned. The question is, "Would the removal of the present Professor of Materia Medica be conducive to the best interests of the University?" I would like to ask was this step taken without authorization by the members of the Graduates Society. If so, it seems to me a high-handed proceeding. It does not look well to have outside men, non-professional men, mix up in a disturbance which does not actually concern them. Surely there is no need of having matters pushed to the extremity in which this circular would place them. Is the Medical Faculty of McGill, the oldest Faculty in the Dominion, not able to regulate its internal affairs, without "every graduate since 1860" coming to its aid? I think it should be. I