

intestine and so leading to a certain degree of paresis and distension, and I have also no doubt that that organism, the *streptococcus albus*, which is always present in the peritoneal cavity, has also something to do with it in setting up a low grade of peritonitis.

A. LAPHORN SMITH, M.D. I am pleased to have heard these remarks of Dr. Chipman on these cases because it is the first time my attention has been called to the fact that we may have tubal pregnancy at a much earlier date than the pregnancy in the uterus. At the miscarriage I was surprised that we did not get a foetus, although there was quite a large placental mass, but evidently it was because the uterine pregnancy was much younger than the tubal one. I have not come across this in my reading. Another interesting point was that in neither of these cases was irregular haemorrhage present, although in the majority of cases this has been present. Many cases have been curetted on the supposition that they were miscarriages. Dr. Coe, one of the most experienced gynaecological surgeons of New York, recently reported a case of one of these cases at a private house, when the patient collapsing on the table it occurred to him, that it might be a tubal pregnancy. The ambulance was called and she was removed to a near-by hospital and an abdominal section revealed this to be the case, the abdomen being full of blood. This was one of the leaking cases.

#### CARDIAC THROMBI.

R. C. PATTERSON, M.D. Dr. Paterson showed specimens of three cases of cardiac thrombi which had come to post mortem at the Montreal General Hospital within the last two or three months. The first was an obliterating thrombus of the left auricle, the second a ball thrombus in the left auricle, and the third a pedunculated thrombus in the left auricle.

#### IRREGULAR HEART ACTION.

W. S. MORROW, M.D., read a paper upon Differentiation and Treatment of Irregular Heart Action.

Dr. Morrow began by discussing the cause of the normal heart rhythm, whether it is to be sought for in nervous or muscular structures. On the whole he inclined to the latter view. He referred briefly to the various properties and peculiarities of the heart muscle and pointed out the various kinds of modifying impulses reaching the heart by the nerves. The common forms of Arrhythmia were then considered under the following heads: Respiratory, Diastolic, Auricular and Ventricular Extra-Systolic, Heart Block, Disturbances of Contracti-