There were present: Drs. Henry Howard, Ross, Kerry, Molson, Buller, Rodger, Trenholme, Baynes, Gardner, Osler, Oakley, Bell, Armstrong, Kennedy, Hingston, Proudfoot, Alloway, Perrigo, Ritchie, Roddick, and Edwards.

The minutes of last regular meeting were read and approved.

The following pathological specimens were presented:

Dr. OSLER exhibited a specimen of perihepatitis with cirrhosis, taken from a patient of Dr. F. W. Campbell's. The man had suffered for some years with obscure symptoms of disease of the liver. Death took place from hæmatemesis.

At the autopsy about half-a-pailful of fluid was removed from abdominal cavity, the entire peritoneum was thick and opaque, particularly in the pelvis and in the lateral parts. The intestines were not adherent, but the omentum, transverse colon and stomach were matted together. The liver presented a very remarkable appearance, being covered with an opaque white fibrous capsule, over a quarter of an inch in thickness, investing the whole organ except the attached posterior border. It could be easily removed, peeling off and exposing roughened nodular surface of the liver, which was in a state of advanced cirrhosis, diminished in size and excessively firm. The spleen was enlarged and its capsule thickened. Dr. Osler remarked that perihepatitis was a condition sometimes met with in topers, accompanying cirrhosis, and the question which was the primary affection in such a case was difficult to determine. There could be no doubt that the constricting influence of such a sheath of fibrous tissue was very considerable; the pitted appearance of the under surface, corresponding to the hob-nailed projections, showed how close it fitted to the substance. The chronic peritonitis in these cases is supposed to be an extension from the perihepatitis. In the experience of Guy's men in these cases, when tapping is resorted to a fatal issue not unfrequently follows from acute peritonitis.

The 3rd specimen was one of xanthelasma presented by Dr. Buller. Some sections of patches recently removed from the eyelids of a middle aged lady were placed under the microscope. Dr. Buller remarked that the disease was essentially benign in its nature, but no benefit can be derived from any treatment except excision of the affected portions of skin, and this need only be resorted to when the yellow discoloration causes notable disfigurement.

In this case the disfigurement was very considerable. The skin of the right upper eyelid near its inner extremity presented a distinctly elevated bright yellow patch, of more than half an inch in length and nearly an equal width. It had existed for five or six years. At a corresponding part of the lower lid of the same eye was a smaller patch of more recent origin but less conspicuous. The upper lid of the left eye presented a long, narrow, somewhat elevated and sharply defined yellow band, almost symmetrically placed with that of the other eye, and several small isolated rounded masses resembling miliaria excepting in size and color. Each growth was excised with forceps and scissors, and the edges of the gaping wounds stitched accurately together with fine silk. The result has been perfectly satisfactory.

This affection has often been found to occur in connection with disease of the liver, and it has been remarked that the subjects of it are apt to have suffered a good deal from sick-headache. In this case there was no such history.

If the cause of the affection is obscure it cannot on the other hand be said that its pathology has been satisfactorily determined. Different observers are much at variance in their accounts of the microscopical character of these little growths. Virchow and others find the morbid growths to consist in a hyperplasia of connective tissues with localized fatty deposits. More recently Geber and Simon have described the growth as containing nests of large yellow epithelium-like cells interspersed among the connective tissues of the corium, possessing the characters of the enchymatous cells of the sebaceous glands. They found some of these collections in close connection with the sebaceous glands, which latter were hypertrophied, and they infer from the specimens examined by them, that macular xanthoma consists essentially in a hyperplasia of sebaceous gland cells.

A glance at the specimens under the microscope would, in Dr. Buller's opinion, suffice to show that although there is a hyperplasia of connective tissue there are no deposits of fat. The yellow epithelial-like cells described by the last