

Dr. Cameron wished to know if œdema above and below the zygoma had been noticed in the first mentioned case.

Dr. Reeve pointed out that suppurative otitis may, in many instances, be prevented by free and early local depletion, irrigation, solution of atropin, and the use of Turkish and other baths.

Dr. Ryerson, in answer to Dr. Cameron, said that there was no œdema in this case—he had often noticed it in mastoid disease.

Dr. Sheard showed a peculiar cyst—it was in connection with both ovaries—these being in a state of suppuration. The question was, ovarian or parovarian? He inclined to the opinion that it was an ovarian cyst.

The President presented a specimen of pleuritis and endocarditis. At the autopsy, on cutting into the left pleural sac, what seemed almost to be a third pleural covering was seen. It was placed between the visceral and costal layers—being very slightly adherent to the latter.

After the paper for the next meeting had been announced, viz.: "Taking Cold," by Dr. Ryerson, the Society adjourned.

Regular meeting, June 28th, the President in the chair.

Dr. Cleland was unanimously elected to membership.

Dr. King sent an interesting specimen, with notes. ~~In his absence the notes were read by the Secretary.~~

Dr. King presents facts concerning a twin pregnancy of 7 months duration, the last three of which the patient carried a living and a dead fœtus. The latter together with the membranes and placenta and the placenta of the living fœtus were exhibited. Dr. King was called to see Mrs. P——, about four miles out of the city about one o'clock on Tuesday morning, the 26th inst., and on arrival learned that she was in veritable labour, though two months short of her full time, and that she had been in labour since 7 o'clock on the morning of

Monday. It was a case of multipara, one confinement producing twins. The pains were constant but not very strong and patient very much exhausted, and bore a most anxious look. Digital examination revealed os well dilated and some uncertain presentation which he could not at first define. Owing to the excitable condition of patient he administered chloroform, and passed the hand into vagina when the diagnosis became positive after rupturing the membranes. The presenting part was a dead fœtus of four months growth, lying transversely head to left side. By easy manipulation it was removed still enveloped in the membrane. The membrane which accompanies the specimen being removed, the dead fœtus was found to have the head flattened by the growth of the living fœtus as found by inspection of the specimen. An attempt to remove the placenta by gentle traction failed, and further digital examinations revealed the protruding bag of waters of a second fœtus which by pressure against head was found to be alive and presenting naturally. Pressure upwards permitted escape of aforementioned placenta. In a few minutes this child was delivered, subsequently both placentas came away with gentle traction. The placentas ~~are~~ included in the specimen presented. The funis of the dead fœtus was between 3 and 4 inches longer than that of the living one by actual measurement. About April 1st, the mother was called by telegram to a dying brother and received a shock, she however, left immediately on a long journey by rail, reaching the get-off station in the night. Not being met by friends, she undertook to walk to her destination a distance of two miles, and was so ill, that she had to sit down and tarry for some time by the way before completing her journey. Ever since she felt as if "something was not right," she was different from what she had been on previous occasions. The following points appear to be the chief ones:—

a. The living fœtus had undergone seven