

Lungs are dark-colored, full in volume, crepitate throughout; lower lobes are sodden and very heavy, and crepitate but slightly. On section cut surface shews much blood. Bronchi shew a dark mucous membrane covered with mucus.

Spleen enlarged, dark and soft intestines.

In the ilium in the upper part one or two small reddish spots a little elevated above the mucous surface. Only one ulcer of any size, this is about $1\frac{1}{2}$ feet from the valve. Several of the Peyer's patches are only injected, and present here and there an isolated swollen follicle. An enlarged patch is next the valve. There are a few solitary glands enlarged and capped with sloughs or presenting small ulcers.

III. *Fibroid Disease extending to the Lung from the Pleura. Cirrhosis of Lungs and Kidneys.*

A. D., æt. 33. In General Hospital under Dr. Ross. Signs of phthisis and dropsy, albumen, casts and pus in urine.

Autopsy.—Anasarca of legs. $1\frac{1}{2}$ pints of fluid in abdomen, turbid effusion in pleura, adhesions on both sides, unusually firm on the right. Heart—Organ is large, especially on the right side. Right ventricle somewhat dilated, walls firm and somewhat increased in thickness. Tricuspid orifice $4\frac{3}{4}$ in. in circumference. Aortic valves a little opaque and thick, as are also the mitral. Aorta presents a few small patches of fatty change but no atheroma.

Left lung crepitant throughout, lower lobe heavy and sodden; pleura of upper lobe covered with adhesions. About the middle of upper lobe a small cicatricial spot extending from the pleura into the substance. In this is the small cavity of a dilated bronchus.

Right lung small, especially at the lower part. It is very intimately adherent to the diaphragm, and the diaphragm at that part to the liver. The pleura covering the lower half of the lung is much thickened. In places nearly 1 c.m. thick, averaging about 5 m.m. The diaphragm, pleura and lung form one dense firm mass.

On section through the lung the upper lobe is crepitant and healthy looking. The lower lobe presents numerous fibrous bands passing into it from the thickened pleura, constricting the lung and greatly diminishing the volume of the lower lobe. Close to the pleura the tissue is quite fibroid and airless. In the deeper parts the tissue between the fibroid septa still contains air. The organ presents a beautiful example of fibroid disease extending to the lung from the pleura.

Spleen a little enlarged; pulp soft; kidneys small; capsule detaches without difficulty; surface irregular, and presents numerous coarse granules and several cysts. On section organs are firm. Cortex much reduced, in some places only 2 m.m. thick. It is pale, and presents a few opaque spots. The pelvis of the left kidney is in a state of inflammation extending into the calices. Liver closely adherent to diaphragm. Presents a small fibroid area at a spot corresponding to the fibroid disease of the lung. Substance pale and a little tough, but presents no marked alteration.

Nothing of note in other organs.

Dr. Alloway exhibited a specimen of a placenta, removed by the Uterine Curette, with the following history:

Patient aged 41, married 20 years; has had 10 children at full term, and 4 miscarriages (2, 3, 5 and 5 months respectively), 14 pregnancies in all. She is now in her 5th month of pregnancy; has had metrorrhagia for the last five weeks with occasional pain. On the 10th inst. Dr. Alloway was sent for. Found membranes protruding through the os, with the embryo contained within. The internal os was fairly well dilated, but could not introduce finger beyond it, notwithstanding the use of considerable pressure outside in an endeavor to force the uterus low down in the pelvis. The pain would have been intense without an anæsthetic. The embryo was removed. No protruding placenta could be reached with the finger, but concluded it must be firmly attached to the uterine wall. So firm and complete were the adhesions that considerable difficulty was experienced in endeavoring to find a part sufficiently detached to insert the curette. When this point was gained the whole was detached without any further difficulty. During the operation the patient was placed across the bed on her back, with her feet resting on Dr. A.'s knees. No pain whatever was experienced, and the operation occupied about twenty to thirty minutes. The patient was placed on M. x. Ext. Ergot. fld. three times a day. Recovery was complete in ten days. Dr. Alloway remarked that his chief object in exhibiting the specimen was to point out the complete form of the placenta removed and the fibrous condition of its tissues. That the embryo must have been dead seven or eight weeks judging from its size, and the utter impossibility of the uterus being relieved of its contents without the aid of the curette or an anæsthetic.