

health, she survived, and has been remarkably well since. He did not think interference was called for in this case.

Dr. WILKINS agreed with Dr. Armstrong that the absence of blood may have been more apparent than real. In a case of acute pernicious anæmia, when there were only 1,050,000 red cells, the blood was but a very pale pink. If such a liquid were mixed with amniotic fluid, it would be very difficult to identify as blood.

Dr. JOHNSTON called attention to the close similarity in the condition of the mother's blood and that found in the placenta sinuses, and asked if the advisability of removing the spleen had been considered.

Dr. BULLER referred to the serious consequences to the infant which followed from nursing by the mother, and asked if the mother's milk had been examined.

Dr. CAMERON, in reply, said that the mother's milk was thin and acrid, and in a day or two dried up, so no thorough examination was made. Splenotomy was not considered advisable in the case as it is chronic. With regard to the question of inducing premature labor, he thought that nature would probably settle the question. The woman is again pregnant, but it is doubtful if it will go beyond the seventh or eighth month. If the alarming epistaxis were again to appear, he would be inclined to bring on an abortion to save the mother's life. The absence of blood at the birth was real, it was not apparent only, as the birth was almost a dry one; the placenta was glistening and the child quite dry, no fluid of any kind accompanied it. This case is alone in illustrating the effect of heredity; no mention is made of it in the literature of leukæmia.

*Peculiar Cause of Blindness.*—Dr. BULLER related a case occurring in his practice two years ago. A little girl had a squint eye quite blind; on examination, the optic nerve, or the place for it, showed a white patch with pigmented margin. He learned that when the child was born the labor was difficult and severe; instrumental aid was necessary. After birth it is said this eye was found out of the orbit, on the cheek, and was put back by the physician. Dr. Buller asked if any one knew of similar effects from the use of forceps.

Dr. CAMERON said he had seen the eye protruded almost beyond the lids from severe use of forceps not properly applied to the head.

*Annual Meeting, October 14th, 1887.*

J. C. CAMERON, M. D., PRESIDENT, IN THE CHAIR.

Drs. A. W. Campbell and J. H. B. Allen were elected members of the Society.

The Treasurer's report was held over to the next meeting.

The report of the Secretary showed that there were 18 meetings held during the year, at which 21 papers were read, besides reports of cases and exhibition of pathological specimens. The average attendance for the year was over 19.

*Pathological Specimens.*—Dr. JOHNSTON exhibited specimens from two cases of ainhum, sent by Dr. C. E. Gooding of Barbadoes. In each case a constricting band of fibrous tissue had formed about the proximal phalanx. The bones were extremely small and thin, and seemed atrophied. He also exhibited for Dr. Geo. Ross specimens from a case of chronic Bright's disease. The patient during life had shown marked dyspnoea. The pharynx, soft palate and epiglottis were enormously swollen through œdema, but from the absence of stridor it had been inferred that the chink of the larynx itself was not involved. At the autopsy the œdema was found not to actually involve the glottis, the rima being of normal dimensions, and both vocal cords and ventricular bands were free from œdema.

Dr. C. E. Gooding of Barbadoes was elected a corresponding member of the Society.

*Periosteal Sarcoma.*—Dr. JAMES BELL exhibited the thigh of a patient amputated at the upper third, and related the following history of the case: The patient whose leg was shown was a young man aged 18 years, a native of Montreal, and of Irish extraction. The growth began in April last as a small moveable nodule on the front of the femur, just above the knee. It grew rapidly and extended around the lower end of the femur. It was painless until recently, when he began to suffer from pains of a neuralgic character, chiefly in the foot (doubtless due to pressure on the nerves). As late as the 4th of June he walked to the Hotel Dieu Hospital, where he remained five weeks, and has never been able to walk since. He was admitted to the General Hospital about the middle of August, where Dr. Bell saw him for the first time. The whole lower end of the femur was then uniformly enlarged. It was clearly a periosteal sarcoma, and amputation was suggested. He took fright at the suggestion and went away;