

that the part containing the foreign bodies rested upon the flat surface of the transferring blade. It was an easy matter then to remove the particles with a fine cutting needle, and without the slightest chance of their being pushed into the anterior chamber, a mishap which would have led to disastrous consequences if it had been permitted to occur. The eye, once freed from the source of irritation, made a rapid and satisfactory recovery.

Dr. JOHNSON exhibited the following specimens :—

*Succulated Kidney from Renal Calculus*, removed from a patient who died of heart disease, with thrombosis of right middle cerebral artery. Symptoms of blood and pus in urine observed before death. Right kidney enlarged to double usual size, distended by fluid, renal tissue destroyed, and organ converted into series of cysts containing foetid ammoniacal fluid, tissue debris and uric acid granules. At inferior, extremely small parts of renal substance remaining; in calices, several small uric acid calculi. This portion of kidney alone communicated with ureter.

*Fatty Degeneration of Heart—Aneurism of left ventricle perforating into Pericardium—Aneurism of Abdominal Aorta.*—Patient was 75 years old. At autopsy, pericardium contained eight ounces of fluid. A small amount of firm clot adherent to anterior surface of heart on dissection. Valves healthy; substance showed extensive fatty degeneration. In left ventricle, a pouched sac size of walnut found in wall of septum, bulging towards left ventricle. This communicated directly through a small opening 2 mm. in diameter, with lacerated external opening of large size in septum, the orifice situated to right side of anterior coronary artery. Sinus about orifice infiltrated with extravasated blood; and in same patient, extensive atheroma of aorta, and in abdominal aorta, just above bifurcation, a fusiform succulated aneurism rising from right side of vessel; extensive fatty change of intima at this point, with formation of cholesterine. The sac contains a soft dark-clot, non-adherent.

Dr. GEO. ROSS said this patient had been suffering from cellulitis of the arm, and alarming symptoms coming on, he was asked to see her. She had become suddenly pallid. On examination, he found her almost pulseless and extremely feeble. A systolic murmur was to be heard over the lower sternal region, also over the tricuspid area. The

murmur could be heard over the apex, but not at the base. The House Physician said she had had no murmurs before. Dr. ROSS said that it was remarkable the time she lived after the grave symptoms set in—from 2 a.m. till 9 p.m. It was no doubt due to the small amount being poured into the pericardium. He believed the bruit to be caused by the current in the aneurismal sac containing clot.

Dr. WILKINS said it might be due to the blood poured out with each systole through the rent.

Dr. ROWELL exhibited the *Lumbar Vertebrae* of a patient, the immediate cause of whose death was *Miliary Tuberculosis*.—The following is the history of the case: Mrs. A., aged 46, married, admitted to the Western Hospital under the care of Dr. Armstrong, complaining of intense pelvic and lumbar pain. The patient was comparatively easy if quiet, but the pain was much exaggerated on walking. On examination, found fixation of the lumbar vertebrae, which would remain curved strongly forwards (lordosis) in any position in which she was placed. A plaster-of-paris jacket was applied, which gave her perfect relief for some weeks, when she began to complain of chilly sensations, accompanied by a high temperature, going up to 104° and 105°, without, however, any distinct rigors or profuse sweating. Moist sounds were heard over both lungs, back and front. She now became hectic, suffering from anorexia, with rapid emaciation, and finally died about three months after admission into hospital. At the post mortem, found both lungs completely filled with miliary tubercles throughout their entire extent. The spleen and kidneys also contained a large number of miliary tubercles, especially the spleen, which was completely studded with them. The heart and liver were fatty. The 2nd, 3rd and 4th lumbar vertebrae were removed, and found softened by an inflammatory process in their cancellous tissue, where there were small pus cavities. The cancellous tissue of the 3rd lumbar vertebra was broken down to a considerable extent, and there was pus found between the dura mater of the cord and the bone in the spinal canal of that vertebra. It was noted that the intervertebral substances were healthy, the disease being confined to the cancellous tissue of the bodies of the vertebrae.

Drs. PERRIGO and TRENHOLME, under whose care this patient had been at different times, also made some remarks.