

Dr. Molson stated that the patient, a woman 58 years of age, had been admitted to the hospital in June last, complaining of weakness and loss of appetite. Her illness had commenced four months previously, with vomiting and pain in the epigastrium. There was considerable emaciation and a somewhat cathectic appearance. The abdominal parietes were lax and shrunken. There was no tenderness nor distention of stomach, and no tumor could be felt. Patient became comatose, and died three and a half months from the date of her admission.

*Epithelioma of the Tongue.*—(From a case operated on by Dr. Bell.)—Dr. Johnston, who showed the specimen, said: The specimen shows the condition after complete amputation of the tongue. The stump is seen just in front of the epiglottis; it presents a number of small follicular ulcers, and a small sinus exists where a ligature has remained; but there is no return of the growth or deep ulceration. On the floor of the mouth another small ligature is seen. There is no appearance of secondary cancer in the neighboring parts. The inferior maxilla, which had been sawn through at the time of the operation, had not united, and each end was covered by granulations. There was gangrene of the lungs: a large cavity occupied nearly the entire left upper lobe posteriorly; it was lined with a firm, well-marked granulation membrane in most places. A smaller cavity, the size of an apple, was found in the same lobe. A number of small areas of pneumonia were found throughout both lungs, and in several of these the vessels were found thrombosed and the centres gangrenous. Nothing was found to explain this condition. The bronchial tubes were free from foreign bodies. No cancerous thrombi were found in the vessels.

From the same patient the heart was exhibited. This showed a decided dilatation and hypertrophy of the left auricle; marked thickening in one of the segments of the mitral valve apparently producing moderate stenosis when the valves were in position, though, after opening, the circumference of the orifice was normal. At the apex there was a large fibrous area in the heart-wall involving the papillary muscles. The larger coronary arteries were very atheromatous, their walls thickened and calcified. There was slight atheroma of the aorta. The wall of the left ventricle was thick; the muscle somewhat brown. The lungs were free from brown pigmentation or dilatation of the capillaries.

Dr. Jas. Bell narrated the history of this case. The patient was a man, aged 64, who presented very extensive infiltration and ulceration of the anterior half of the tongue and the floor of the mouth. History of two months standing, but from other and more reliable sources it was found that the trouble had existed

seven months, and that the patient had been treated with caustic applications. In the operation performed upon this patient, Dr. Bell had selected Syme's method of saving through the inferior maxilla at its symphysis. The tongue and floor of the mouth were removed, and, besides, some glands which were infiltrated. The opposite sides of the bone were then brought together with strong silk, and the incision in the lower lip sutured with catgut. The patient was fed by nutrient enemata for forty-eight hours following the operation, when milk was introduced into the stomach by the cesophageal tube. On the fifth day, beef tea and eggs were added; but owing to the patient's inability to swallow, the tube had to be used whenever food was administered. He had not a bad symptom, and did remarkably well for four weeks; he then began to grow weak and cough occasionally. Signs of disease in the lungs were now manifest at the apices, both in front and behind. The patient gradually got worst and died on the forty-eighth day after the operation. Dr. Bell thought that the origin of the gangrene of the lungs might be ascribed to the entrance of food into the air-passages, either from the ineffectual efforts to make the patient swallow or else when using the cesophageal tube which had been entrusted to the nurse.

Dr. Shepherd was present at the operation. He generally performed excision of the tongue after ligature of both linguals, but remarked that Syme's method, adopted by Dr. Bell in this case, proved very successful. By the division of the lower jaw the whole of the diseased part was removed with great facility. As to the cause of the gangrene of the lungs, he could not say whether it were due to the insufflation of food or not. A patient from whom he had excised the tongue developed gangrene of the lungs three weeks after the operation, but in this case there was erysipelas.

Dr. Mills, in referring to the probable cause of the gangrene of the lungs, remarked that after experimental operation in the lower animals, in which the vagi nerves had been cut, the animals died of pneumonia produced by insufflation of food. He suggested that the inflammation might be of purely nervous origin, and put forward the view of the possibility of its being produced by some degeneration of the fibres of the vagus.

*Suppurative Pyelo-Nephritis.*—Dr. Shepherd related the following case:—A man, aged 33, of intemperate habits, had gonorrhœa fourteen years ago, and shortly afterwards had difficulty in micturition, the stream gradually diminishing in size; he had suppression of urine in 1878, and had to be aspirated. He felt better for a year, when, owing to his intemperate habits, he again experienced difficulty in micturition, and from 1882 to 1884 he was unable to fully empty his bladder. External