

in pericardium; no adhesions. Heart, $10\frac{1}{2}$ oz.; muscle, dark red in color; left ventricle slightly hypertrophied; coronaries show commencing atheroma; a.m. and p.m. clot in left ventricle; slight atheroma of mitral valve; other valves normal. Lungs—Left, $17\frac{1}{2}$ oz.; right, $15\frac{1}{2}$ oz. The bronchi contain considerable muco-pus; in both lungs also some slight emphysema and collapse; edema of lower lobes. Spleen, 3 oz., dark colored, fairly firm. Kidneys—left, $5\frac{1}{2}$ oz.; right, 5 oz.; capsules, non-adherent evidences of cloudy swelling. Bladder, very thin-walled and distended. Stomach, many sub-mucous hemorrhages (venous?). Large Intestine—appendix: end hanging free over brim of the pelvis; sub-cecal and ileo-cecic pouches well developed. Liver; fatty patches on surface—wedge-shaped—extending into liver substance; organ fatty throughout; patches of perihepatitis; weight, $54\frac{1}{2}$ oz. Brain and membranes: general basal meningitis; thick purulent exudate in subarachnoid space. About the pons and medulla it is very thick and pretty evenly distributed. It is thick along the sylvian fissures, and extends over the cerebral cortex in the sulci. The vessels injected, and some capillary hemorrhages. Ventricles: no fluid: choroid plexus congested: cortical grey matter degenerated in some parts where exudation is thickest. Spinal Cord—dura distended with thick purulent exudate. Exudate also general throughout subarachnoid space. Vessels injected, and there are numerous capillary hemorrhages.

(Reported by Mr. Tanner.)

Tumor of Spinal Cord.

Toronto General Hospital. Admitted November 7th, 1898. Died December 7th, 1898.

History.—R. D., aged 67. Negro. Mother died at 30—(tuberculosis?). Family history of rheumatism, no history of new growth. Plasterer and bricklayer by occupation. Hard worker. Smoked a great deal. Never drank to excess. Had gonorrhea, but no symptoms of syphilis. Rheumatism since he was quite young. Had many accidents, but said he never injured his back. For past two years had to use a catheter, and to remedy this had both testicles removed, but with no effect. Had pain in the back for two years. Towards the end of September, 1898, he complained of severe pain in the back and hips accompanied by weakness in the legs. This pain continued. About two weeks previous to admission to the hospital he complained of a girdle sensation at about the junction of the dorsal and lumbar regions. At this time there was complete loss of power in the lower extremities.

Entered the hospital, November 7th, 1898. Paraplegia. Sensation much impaired below Poupart's ligament. Distinction