Stated Meeting, May 27th, 1887.

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

PATHOLOGICAL SPECIMENS.

Ulcerative Endocarditis.—Dr. ROWELL exhibited specimens from a case of ulcerative endocarditis.

Bright's Disease.—Dr. R. L. MACDONNELL exhibited the heart and kidneys from a case of Bright's Disease.

Albuminuric Retinitis.—Dr. BULLER shewed one of the retinæ from the above case. The patient had first applied to the ophthalmic clinic on account of loss of sight, about two weeks before her death; could then count fingers at a distance of a few feet. Pupils were dilated; ophthalmoscope shewed extensive outbreak of patches of infiltration near macula. Recommended patient to enter hospital for her renal disease. At the autopsy, besides the infiltration of retina, several small hemorrhages and some accumulations of pigment were detected. It was a good example of albuminuric retinitis in a late stage.

Cancerous Angioma.—Dr. FENWICK shewed a small tumor removed from the neck of a girl aged 21. When first noticed two years before was about the size of a pea. Local applications had no effect. On removal, was the size of an egg, encapsulated, situated just behind angle of jaw, and apparently very vascular. Patient had an attack of cynanche four months before the tissue growth was first noticed.

Dr. JOHNSTON stated that the growth was a cancerous angioma, and exhibited a microscopic section. He thought this was of interest, because in this region remnants of the brochæ would exist.

Dr. HINGSTON considered the attack of tonsillitis as merely a coincidence.

Depressed Fracture of the Skull.—Dr. FENWICK shewed a specimen of depressed fracture of skull. Patient, aged 25, was admitted into hospital April 3rd, 1887, in an unconscious state, supposed to have been injured by putting his head through a window of railway car and striking abutment of bridge. Scalp wound over three inches in left parietal region; beneath this a depressed comminuted fracture was noticed. Ecchymosis of left eyelid and conjunctiva. A little bloody serum oozing from left ear. Wound dressed with iodoform, and patient given bromide of potash.

April 15th.—Some small pieces of loose bone removed from wound, leaving an opening in skull 2½ by 1 inch. Dura mater slit up for about an inch, evacuating a quantity of fœtid pus from an abscess in cerebral cortex. Discharge from ear has become purulent. Drainage-tube inserted and wound closed.

April 18th.—Temperature rising for several days: to-day 108.5°. Died at 8 p.m.

Head examined by Dr. Johnston 75 hours after death.—The wound above described was found bathed in pus. On removing stitches where the depressed internal table of parietal bone is exposed diploe has a granulating surface. The incision in dura mater had not united. Line of fracture extends downwards through petrous bone, which is splintered into many little pieces, thence across the lesser sphenoid wing and in front of the anterior clinoid process to the right orbital plate. In the left temporal fossa were two drachms of pus between dura and bone; a good deal of blood extravasated in this neighborhood. Pia mater, in this region and at the base, normal. In the cerebral cortex an abscess the size of a hazel-nut was found just beneath the supra-marginal convolution, which presented a small superficial slough. The abscess did not extend quite as deep as the roof of the left lateral ventricle. On sawing open tympanum, the cavity was found full of pus. The mastoid cells contained a little pus.

Dr. FENWICK stated that he had put a stitch in the incised dura; would not do so again in a similar case.

Dr. BULLER had seen a case some years ago; patient had been run over by a cart-wheel, by which petrous bone was fractured and several ounces of brain matter escaped through the ear. The patient recovered. Drum membrana was defective in upper and anterior part, and there was a marked deformity in meatus.

Dr. FENWICK, in reply to a question by Dr. Buller, did not consider ecchymosis of conjunctiva pathognomonic of fracture of ethmoid bone. Thought tearing of small vessel in sphenoidal fissure might cause it in absence of any fracture of ethmoid, and cited cases where the ethmoid was fractured this sign was absent.

Dr. RODDICK asked (1) if he would have opened the skull below the temporal fossa if he had known the state of damage? (No.) (2) If he would have operated in the same manner again?

Dr. FENWICK said that he would, citing Bank's case where skull was drained and sinus had dried up.