

of malignant disease after operation was due to the operation. He would like to hear the new theory which Dr. Mills had referred to, even if only a partial statement could be given.

Dr. WESLEY MILLS considered it unsatisfactory to bring forward new views without having at hand sufficient evidence to support them. He might say, however, that he would explain the matter by *reflex*. He thought we explained too little; rather than too much, by this agency. For his part, he believed life itself to be a reflex phenomenon. In the question under discussion the reflex acted on the blood vessels, the cells, and in fact on the whole metabolism. He disagreed with the agnostic standpoint taken by Dr. Bell.

*Hæmorrhagic Typhoid.*—Dr. Adami brought forward the results of an autopsy, presenting a peculiarly rare condition, performed upon a patient æt. 19, who had been admitted to the General Hospital in November with empyema, under Dr. Molson, had been transferred to the surgical wards under Dr. Bell, and there had been operated upon, a silver drainage tube being inserted. The empyematous condition under daily drainage improved greatly, but the patient continued weak, with indications of pneumonic disturbance of the left lower lobe. A week before death symptoms of peritonitis supervened, with eventual diarrhoea, incontinence of feces and great distension of abdomen. The patient died eight weeks after admission. The continued emaciation aroused suspicions of tuberculosis, while the septic nature of the temperature chart seemed to render it not impossible that the empyema of the lower half of the right pleural cavity had led to a sub-diaphragmatic abscess with subsequent extension and peritonitis.

At the autopsy, neither of these conditions was found present; the empyema had healed with firm fibrous adhesion of the lowest lobe to the chest wall. But there were typical evidences of typhoid. The last twelve inches of the ileum contained five ulcers, three of which had undergone perforation, although two of the three perforations were covered externally by thick, inflammatory lymph. The typhoid was complicated with hæmorrhages. Petechial and ecchymotic hæmorrhages were found most widely distributed:—Subcutaneous (mostly on chest, neck, and upper extremities); along the course of the alimentary canal; gums, tongue, tonsils; œsophagus, stomach, small intestines and large intestines, being particularly numerous in the jejunum and ileum; and these both submucous and subserous; in the heart (both subendocardial and subpericardial); in the substance and on the surface of the liver and kidneys; in the right suprarenal (sub-capsular); in the retro-peritoneal lymph glands; in the bladder (both submucous and subserous), and again in the consolidated lowest lobe of the

right lung. There had been a more profuse hæmorrhage into the pelvis of the right kidney. Cultures from the organs gave a preponderance of the coli bacillus.

Dr. BELL said that on Jan. 10th there was great pain and distension of the abdomen, followed by collapse and subnormal temperature. Perforative peritonitis was diagnosed, but it was thought to be possibly due to the burrowing of pus from the empyema into the abdomen.

*Ruptured Tubal Pregnancy—Report on the ovum.*—Dr. ADAMI reported the result of the examination of the specimen, 5.5 mm. long, attached to the wall of the ruptured Fallopian tube exhibited by Dr. Armstrong at the last meeting. It showed very great evidences of degeneration, and all that could be said was that it more closely resembled an embryonic structure than any other object. There were no signs of fetal membranes surrounding it. Serial sections had been made, and showed that the object was bilaterally symmetrical and nourished by a vascular pedicle attached to the wall of the sac. There were no structures which could be distinctly recognized as fetal organs, although the cell structure as a whole was of distinctly embryonic type. In a normal embryo of this size, numerous organs would be recognizable. It was possible that degenerative changes and invasion by leucocytes accounted for the discrepancy. The object was certainly not a tumor or parasite. The inner surface of the sac in the neighborhood showed papillæ, though no typical chorionic villi were met with.

Dr. MILLS referred to some experiments in artificially changing the environment of ova. These had led to astonishing anomalies in the ova. He thought the object in the present case to be an ovum.

Dr. SMITH considered that the specimen was an ovum.

Dr. ARMSTRONG remarked that the history of the case was that of a ruptured tubal pregnancy.

*Leucæmia.*—Drs. FINLEY and ADAMI reported this case as follows:—

We venture to bring forward the present case, not because we feel absolutely convinced as to the correctness of the diagnosis (though at the same time it is difficult to see what other diagnosis satisfies all the details of the case), but because it seems to us that the uncommon clinical history and the appearances discovered at the autopsy are worthy of being placed upon record. For the very full report of the case we are indebted to Dr. Mackenzie, house physician of the Montreal General Hospital.

S. D., a deaf mute, but nevertheless a bright and intelligent-looking girl of eleven years of age, was born and lived till she was seven years old in California. The mother, who is a robust woman, has had four