

were irregular, the inner one being more defined, the outer one indicating considerable distension before rupture of the outer coat.

The entire left pleural cavity, with the exception of the part occupied by the compressed lung, was filled with blood which had escaped through the ruptured aneurism. The blood was liquid, or partially clotted; but the posterior chest wall was covered with firm fibrinous deposit, adherent to the pleura, and there were also some ante-mortem clots adhering to other parts of the walls of the cavity.

The aorta was atheromatous throughout, and at its bifurcation several plates, forming almost a complete ring of calcific deposit, were found in the walls of the vessel.

Brain and spinal column not examined; other organs normal.

Combining the post-mortem appearances with the symptoms during life, which were noted, but not fully accounted for, there is reason to suppose that the aneurism had existed for some little time, that its outer coat may have been ruptured soon after the patient came into the hospital, or even before; and that the entire left pleural cavity virtually corresponded to the aneurismal cavity, on the walls of which fibrinous plates had soon begun to form.

This large mass of blood diverted from the general circulation would account for the very feeble pulse; while the indefiniteness of the sounds of the heart, which must have been obscured by the insufficiency of its valves and the aneurismal murmur combined, is readily understood.

The case was not under observation long enough for a more definite diagnosis, and only the prominent symptoms of the case received treatment.

The students of the Women's Medical College took seats in the operating theatre for the first time on the 21st of October. They were welcomed by Drs. George Wright and O'Reilly, and the following day by Drs. Barrett and Thorburn.

A Chinese physician has been permitted to register in New York to practice among his countrymen.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

THURSDAY, Sept. 25th.

The chair was taken by the President, Dr. Reeve.

Prof. Osler, of Montreal, was present, and, invited by the President, took a chair on the dais. This evening having been set apart for the exhibition of pathological specimens, Dr. Osler was first called upon to present one to the Society. It was an example of cysticercus in the brain of a pig, which he had obtained when last in Berlin. A discussion followed, in which Drs. Johnson, Duncan, and Bryce took part.

CEREBRAL TUMOUR.

Dr. Ross presented the brain of a child. The history of the case was read before this Society last April, and published in the June number of the *Practitioner*. The subsequent history is as follows:—On July 21st, in consultation with Dr. Rosebrugh, the optic discs were again examined and found choked; patient had very peculiar, staggering gait; intelligence unimpaired; head carried somewhat to the left side. She was again seen on the 25th at the office, having come unattended. On August 2nd, Dr. Ross was sent for in a hurry, and though he was at the patient's house in five minutes, she was dead. She had been walking around, and was suddenly seized with a convulsion; was lifted to a sofa, took a few long sighs and expired. The autopsy was made the following day. The meningeal vessels were found to be congested. There was evidence of chronic basic meningitis; a nodular deposit was found in the right lobe of the cerebellum.

MECKEL'S DIVERTICULUM.

Dr. Oldright then presented a specimen. He was called upon four-days ago to attend Mrs. — in confinement. He had attended her about sixteen months ago, when she had borne a male child which had hypospadias, and only lived a few weeks. Her only other son, had also had slight hypospadias, and there appears to be a hereditary tendency to that type of faulty development.

As soon as the child—which is the subject of the present history—was born, the doctor no-