

rain which was found by chance at autopsy in a case which was found later to have had a history of epilepsy; and a case of mucous degeneration of the appendix.

J. M. ELDER, M.D.—The appendix specimen looked exactly the shape and appearance of a fish's bladder, one of these cases which have been described in articles on the appendix as a cystic appendix. The man gave a history of recurrent attacks of catarrhal appendicitis, and he was sent into hospital to be operated on for this condition.

With regard to the humerus, this was a rather interesting case, and I reported it at the Toronto meeting. I have another one in the hospital now with a metastasis in the tibia associated with recurrent carcinoma. The woman from which this specimen was obtained came into hospital two years ago to have her breast operated upon; it was decided, however, by the surgeons that it was inadvisable to do anything. She then went to another hospital, and some attempt was made to remove the growth. The reason of her going into hospital at this time was that she had slipped on the floor, and we could make out that the thigh had given way, and she had a subtrochanteric fracture of the femur. Upon examining her we found that the left arm was one of these enormous brawny lymph arms which often follows recurrence of these carcinomas, and upon examining this arm we found that apparently there was a fracture of the humerus. It gave her no pain and was well splinted with the huge brawny arm, and she did not know it was fractured at all. The question arises, is there any hope of union of bone in these cases? I tried to put on some extension on the femur in this case, but on account of the empyema she could not have the foot of the bed raised, and we could not get the extension to work at all satisfactorily. However, there was good union, though malposition. We therefore came to the conclusion that when one gets spontaneous and accidental fracture in these cases that one may expect to get union. She died in hospital with a diagnosis made by myself of recurrence in the mediastinum, and at autopsy a large empyema was found. On looking up the literature I find that a great many of these cases go that way, and that most of the so-diagnosed conditions of mediastinal recurrence are really pleural empyemas.

PANCREATITIS, ACUTE, SUB-ACUTE, AND CHRONIC RECURRING FORMS OF THE DISEASE.

E. W. ARCHIBALD, M.D., read the paper of the evening.

J. M. ELDER, M.D.—I wish to congratulate Dr. Archibald and the Society upon the presentation of this most interesting paper. He has presented the case very thoroughly and very scientifically, and I am quite at one with him when he says that many cases that have been put