causes and 58 from some form of paralysis. There were 335 cases of paralysis altogether. From all I can read, and from my own limited experience in the Alexandra Hospital, I think that paralysis very rarely follows purely laryngeal diphtheria; I have never yet seen a case. Dr. Hutchison's cases were interesting and would suggest a certain amount of susceptibility to the toxine in the family.

The tenth regular meeting of the Society was held Friday evening, February 19th, 1909, Dr. J. Alex. Hutchison, President, in the chair.

The meeting was addressed by Dr. Henry Christian, Dean of the Faculty of Medicine of Harvard University, Boston. Dr. Christian took as his subject: "Modern methods of investigation in Medicine as illustrated by recent work on nephritis."

The eleventh regular meeting of the Society was held Friday evening, March 5th, 1909, Dr. W. Grant Stewart, Vice-President, in the Chair.

PATHOLOGICAL SPECIMENS:—1. INFECTIVE THROMBOSIS; 2. MUCOUS COLITIS.

OSKAR KLOTZ, M.D. The first specimen I wish to show you is one obtained from a woman, thirty-two years of age, who had been confined at full term on the 30th of January, without medical attendance. The patient had some temperature several days after confinement, and on February 6th had a severe chill with a temperature of 106°. On February 7th she was brought to the Hospital in a very low state, and blood cultures which were obtained gave streptococci. She died on February 17th.

At autopsy the uterus was fairly well contracted, but the cavity was lined by a necrotic slough, although there was no free pus within it. The placental site was on the posterior wall to the right side. The veins passing from the placental site were thrombosed, and they could be traced into the broad ligaments. Here and there the thrombi in the vessels had broken down into a purulent fluid. On the right side the thromboses passed from the veins in the right broad ligament into the ovarian vein on this side. The right ovarian vein was occluded from the broad ligament to its termination in the inferior vena cava. Save for a small thrombus at the mouth of the ovarian vein and projecting into the inferior vena cava this latter vessel was free, while the ovarian vein on the left side was also free from thrombosis. Curiously enough, there was also a thrombus in the left renal vein close to its exit from the kidney. The appearance of this plug in the left renal vein, with its rounded edges,