

malignant? 2nd. Supposing it to be malignant, would it be advisable to attempt to remove it? The President suggested the result of treatment as an aid to the diagnosis, and Dr. Covernton mentioned some reports of cases of excision of rectum.

Dr. White reported a case. Mr. A., aged 40, a grain dealer, in jumping off a train felt a sudden severe pain in right groin. The pain partially passed off, and he went about for three days, when the pain again became severe, and on examination the Doctor found a small swelling in the right inguinal canal, and the patient had all the symptoms of strangulated hernia. All attempts to reduce it by taxis failed. After a consultation with surgeons it was decided to operate. On opening the inguinal canal, a tumour was discovered about $1\frac{1}{2}$ inches. There was doubt as to its nature, and a fourth man (a "brilliant" surgeon) was called in. The majority decided that it was better to remove it (Dr. White alone dissenting) and it was cut off. It was then discovered to be a portion of the appendix vermiformis. The patient died in three days from peritonitis.

Dr. Nevitt presented an encephaloid liver. T. M., aged 52. Had been a soldier. Enjoyed good health until August, 1879, when he began to be troubled with dyspeptic symptoms. About November he noticed a smooth, firm tumour in the middle line of abdomen, and shooting pains extending from tumour to spine. Appetite became poor. Lost flesh, no vomiting; pains increased. A week before death became slightly jaundiced. Died January 14th, 1880.

P.M. twenty-six hours after death. Body exceedingly emaciated. Abdomen opened. Liver enlarged, adherent to the peritoneum, stomach, pancreas, diaphragm and other parts surrounding. In front, the adhesions were recent and easily broken down; behind they were very firm, requiring considerable force for their separation. The posterior portion of right lobe was softened—the left firmer. The entire surface was spotted by yellowish-white patches in size varying from a speck to a small orange, more or less roundish in form, radiated in appearance, and with a slight cup-shaped depression in the centre. Some of these spots broke down and showed a soft mass of encephaloid matter. The

pancreas was implicated. Large indurated glands could be felt along side of the vertebral column on each side. The cardiac end of the stomach was occupied by a villous growth of some magnitude, the spleen was normal in appearance, though small. The left kidney was pale and rather large, weighing eight ounces.

At a meeting, January 29th, the 2nd Vice-President, Dr. Riddell, in the Chair.

Dr. Graham reported a case of death from progressive muscular atrophy. Mrs. M., aged 56. Was ill $1\frac{1}{2}$ years ago. Had darting pains throughout the body, and some swelling of joints, supposed to be rheumatism. Two months before death her friends noticed that she was unable to hold her head up properly. She grew worse rapidly. Four weeks after this she began to have difficulty in swallowing. When he (Dr. Graham) saw her a few days before death, she appeared very ill, was emaciated; pulse, 110; breathing, 40 shallow; unable to swallow solids; the trapezius especially, and also other muscles of neck, right shoulder, and thorax were atrophied. No stricture of œsophagus; no loss of sensation. The fifth and sixth cervical vertebræ were very prominent. Previous to her illness she had received two injuries, one from falling down stairs, another from a blow on the head.

Also a case in practice showing the importance of the sphygmograph as an aid to diagnosis. Mr. M., two years ago had acute rheumatism lasting 8—10 weeks. Never got very strong after this. Became ill in July last. When seen in September he was anæmic, quite yellow, had palpitation of heart, and a blowing systolic murmur heard at base, liver slightly enlarged, spleen normal, had hæmorrhoids. Diagnosis, serious disease of aortic valves. A few days after this the sphygmograph was used and showed a normal pulse tracing. The prognosis became therefore more favourable, and in the supposition that the disease was to a large extent anæmia. Tr. ferri was prescribed, and he has taken this constantly since (over three months). When seen again by the Doctor a few days ago he was very much improved. There was still a slight but indistinct murmur.

Dr. Winstanley reported a case. Mr. A., said to have had a fit a week before death.