

the Medico-Chirurgical Society of Montreal, in session this evening, cannot allow the opportunity to pass of expressing to you the pleasure your visit to this city has been to them. They feel that to you the medical societies of Canada owe much, your zeal and ability having always been liberally expended in promoting their welfare; and desire to express the hope that you may still be spared for many years to give them the benefit of your wisdom and counsel."

*Subject of Paper.*—Dr. F. W. Campbell then read to the Society the paper by Dr. A. H. David (who from severe illness was prevented from being present), entitled "Reminiscences connected with the Medical History of Montreal during the last fifty years." Dr. David's paper was published in the October number.

*Stated Meeting October 20th, 1882.*

DR. R. A. KENNEDY, THE PRESIDENT, IN THE CHAIR.

*Pathological Specimens.*—Dr. Osler exhibited the following specimens:

(a) A specimen from a case of fatty diarrhoea, sent by Dr. Wolverton, of Hamilton. A woman *æt.* 30 had suffered for some weeks with gastro-intestinal disturbance, and for the past two weeks the dejections contained a remarkable amount of fat. Dr. Wolverton has promised a full report of the case.

(b) A portion of the paunch of a cow presenting numerous examples of "Amphistoma Conicum," a fluke not uncommon in this region in "Ruminants." It would appear to be particularly abundant in the animals in Pictou County, N.S.

(c) Specimens of obliterated superior vena cava from a patient of Dr. Wilkins, who had been in the hospital some twelve weeks with symptoms of venous obstruction in the thorax, lividity and swelling of face and upper extremities, with attacks of intense dyspnoea. Constantly accumulating effusions occurred into the left plural cavity, necessitating frequent tapplings. The superior cava was obliterated in its entire length and converted into a firm fibrous cord, about the thickness of the thumb. The internal jugulars and innominate contained fine thrombi undergoing fibroid transformation. Between the ascending aorta and the right lung there was a good deal of cicatricial tissue covering over and surrounding the ob-

literated vein. No heart disease or other lesion found.

(d) Specimen of a case of pneumonia terminating in abscess of the lung. The patient was under care of Dr. Molson in the hospital, a very intemperate woman aged 35, brought to hospital on the 4th day from onset of a severe pneumonia of the left lung, following a heavy drinking bout. On the 10th day she spat up large quantities of stinking purulent matter, and at the same time the temperature, which had remained about 104°, fell to 99°. She died on the following day.

Dr. Osler then exhibited some eighteen ounces of bile, obtained by aspirating the gall bladder of a patient, having the following history:

C. M. S., *æt.* 58, farmer, of fairly good health, with phthisical history on mother's side. In the month of April last first felt pain in back and shoulders and across the kidneys, did his spring work and did not consult any doctor. Early in June he noticed his water was dark, and his face became jaundiced and deeper than at present. Never had any paroxysmal pain, but pain was of a dull heavy character; no vomiting, lost much flesh in last two months, clay-colored stools, great itchiness, sleepless, appetite good. Present condition: Well-preserved man, not very grey, skin jaundiced, walks bent because of pain, conjunctivæ stained, tongue clean, breath not bad, abdomen flat, a little prominent in right hypochondriac region; liver dullness greatly increased, and a rounded mass is felt on right side of abdomen, corresponding to upper half of area of increased dullness, movable, elastic and evidently connected with the liver; surface of liver below costal border not roughened, a little tender below xiphoid cartilage. The distended gall bladder was aspirated, and about 18 oz. bile removed, but without much benefit; nature of obstruction not quite clear; no history of gall stone.

Dr. Bell exhibited a bladder in a state of phlegmonous inflammation from a patient who died in the hospital from the effects of fracture of the spine.

Dr. Shepherd exhibited two femurs which belonged to an old woman *æt.* between 80 and 90 years, the subject of general "Fragilitas Osium," or senile atrophy of bones. The left femur had the characteristic deformity of osteoarthritis, the neck being shortened and the head enlarged; the acetabulum of that side was much enlarged also. In this femur there was an old