ing conditions: Pericardium moderately distended by blood, on opening, blood and clot to amount of 10 oz. found within the sac, the clot forming a complete mould about the heart. A small laceration, half an inch long, situated in anterior wall of left ventricle, one inch to left of septum, surrounded by an area of ecchymosis. On opening ventricles, left nearly empty. Endocardium appears normal, but at spot of rupture, on separating trabeculæ, an area of softening can be seen, and bristle readily passed through the laceration. On transverse incision above laceration, a thrombosed vessel seen surrounded by soft yellow area of necrotic muscle. Subpericardial fat in excess, but heart muscle not fatty. On microscopic examination, no extreme atheroma of coronary or systemic arteries.

Dr. MacDonnell thought that the thrombosis of the vessels in the wall of the ventricle caused the symptoms which preceded death, but that the rupture itself occurred later.

Mucous Polypi.—Dr. Johnston exhibited some microscopic specimens of mucous polypi from the nose. In eight or nine cases the condition was seen in its early stage to be strictly an adenoma of the nasal mucous glands. In later stages in the epithelial cells cause a disappearance more or less complete of the cell outlines, leaving only areolar tissue infiltrated with mucous fluid. This secondary change probably the reason why these growths are commonly but wrongly called myxomata of the nose and confused with true myxomata, which are tumors of quite a different nature, originating in connective tissue.

Dr. J. J. Gardner exhibited a horizontal section of an absolutely normal human eye through the mucula lutea. Specimen was hardened in Müller's fluid, cut under alcohol imbedded in celluloidin and stained, first with hæmatoxylon and after with eosin. Under the microscope the yellow spot shows well the thinning of all the layers of the retina, with entire absence of the rods, leaving the cones very distinctly seen.

Sub-diaphragmatic Abscess.—Dr. Shepherd reported a case which had come under his observation some months ago:

John R., aged 60, carter, was admitted into the Montreal General Hospital, under Dr. Wilkins, on the 14th of April, 1887, complaining of a painful swelling in his right side. More than a year ago he had, after exposure, become thoroughly chilled, and had suffered from very acute pain in the region of the stomach; he was able to be about again in a day or two, but never felt quite well. The severe pain returned in a couple of weeks in the right hypochondriac region, and was increased by inspiration and movement of the body. At this time he became jaundiced. He remained in bed for a week; after this the pain left him, and he got up and went about, but was unable to do any work. In the middle of April, 1886, he had another severe attack of pain in the right hypochondrium, and this time he remained in bed till July, 1886. He now first noticed a swelling in his right side, immediately below the margin of the costal cartilages. Since July, 1886, although he was never confined to bed, he always suffered from pain, and the swelling in his right side gradually increased. At the beginning of April, 1887, the swelling became more painful and rapidly increased in size; he entered the General Hospital. During the whole period of his illness he never had any rigors nor any marked shortness of breath.

When examined on entrance into hospital, April 14, 1887, the following note was made by Dr. Wilkins: "Well developed man, not emaciated or anæmic; skin cool and moist; no hectic flush; no jaundice; temperature 98.5°, respirations and pulse normal; appetite good, sleep well, and always lies on his right side. In the right hypochondriac region is a large, smooth, globular, fluctuating swelling extending below the costal margin to within half an inch of the umbilicus, and laterally to near the median line; lower border of the swelling is convex and yields to pressure; right side of chest from third rib downwards is expanded, the intercostal spaces widened and bulging, and a dull note on percussion in front and in the axillary from the third rib downwards and from the middle of scapula behind. Breathing sounds are completely absent over this area. In upper part of right lung breathing is feeble and somewhat tubular in character. Left lung and heart normal. Urine normal. It is impossible to make out the liver dulness or to feel the lower border of that organ."

On the 18th of April Dr. Wilkins aspirated the fluctuating swelling in its most convex portion below the ribs, and drew off 25 ounces of creamy sweet-smelling pus. This was examined microscopically for hooklets of echinococci, but without result. Nothing but blood, pus and neurotic tissue was found. After the aspiration, patient