

appeared over the body and limbs. Urine passed is found to be almost pure blood; slight epistaxis; no fever; pulse weak. Dr. R. P. Howard saw the case in consultation with me during the day, but in spite of the most strenuous efforts on our part, the patient rapidly sank, and died within twenty hours of the time I was first summoned. An autopsy could not be obtained.

CASE II.—Mrs. —, a widow in fair circumstances, aged 45, mother of six children, the youngest 10 years of age, consulted me for the first time on Feb. 26th, of this year, for a troublesome nose-bleeding. She had always enjoyed good health; menses regular; bowels in good order, but considerable flatulency and other dyspeptic symptoms. She stated that her teeth had been bad for some months, and on that account she seldom ate meat or other food that required much mastication. Ordered her suitable tonic treatment, and recommended an astringent douche for the epistaxis. She returned in about a fortnight, not much improved in general health, although the epistaxis was better. She now stated that she was spitting blood. On examination of the mouth, noticed a remarkably spongy condition of the gums, which bled on the slightest pressure. Suspecting the nature of the case, had the body examined, and found three or four ecchymotic spots, of the size of a sixpenny piece, on various parts. Ordered ice for the gums, and a strong solution of tannin, with gallic acid and ergot in large doses, internally; the food to be of the most nourishing and concentrated kind.

March 15th–18th.—Patient weak and blanched; the bleeding from the gums continues; requested Mr. McGowan, dentist, to see the case, with a view to having some pressure applied to the gums. At my suggestion, two loose teeth in the lower jaw were removed, and the bleeding from around them, which was excessive at times, was subsequently kept under control. Perchloride of iron was applied freely, and a cast of the gums was taken and adjusted so as to exert pressure. Vomiting and abdominal pain became now troublesome symptoms, and demanded special treatment. The spots of extravasation increased in size and number, appearing especially on the lips, eyelids, chest, buttocks, thighs, and upper arms. Up to this time there had been no blood in the urine; the stools were noticed to be black, but that may have been from the iron employed locally.

Turpentine was subsequently administered in ten minim doses. As the vomiting persisted, the food was introduced *per rectum*.

March 21st.—The patient died this evening, no change for the better having occurred at any time during the past two days. Drs. Fenwick and Howard saw the patient with me, and each gave a most unfavorable prognosis. During the last few hours of life, the urine, which was very scanty, contained a trace of blood. The patient died of asthenia.

Empyema, Discharging Through Lung, Recovery.—Dr. Osler related the following particulars of this case: Man admitted into hospital under his care with typhoid fever. During convalescence found dullness at base of right lung, which a week later reached to spine of scapula. Effusion well marked; with hypodermic syringe drew off about 20 minims of pus. Waited for a week before treating with canula, and when about to do so found him spitting pus in large quantities—as much as 10 to 15 ozs. in the day. Physical signs became less marked, dullness diminished, moist sounds over that base; resonance not yet natural. Pus not fetid. Diagnosed erosion of pleura and soakage of pus through lung tissue in the bronchi. There was no pneumothorax. Dr. Osler said that the late Dr. R. L. MacDonnell of this city was, he believed, after Hippocrates, the first to notice the occurrence of perforation into the lung in empyema, and recorded seven or eight cases. Traube in 1871–72 claimed to be the first, but was mistaken. Traube was fortunate in having a post mortem on one of his cases where the pus was seen soaking through the lung tissue.

Dr. Ross mentioned three cases of complete cure of empyema by erosion of pleura and soakage which had come under his care.

Dr. Wilkins believed in operating early in cases of empyema, had had good results from excising about two inches of a rib.

Drs. Molson and Gardner had each seen a case similar to Dr. Osler's.

Pyometra.—Dr. Gardner gave the following particulars: Patient, aged 60, complained of pain in hypogastrium; was losing blood and an ichorous fluid from the uterus; had good health till year previous. Uterus was large; probe entered through ragged tissue into uterus $3\frac{1}{2}$ to 4 inches. Nothing but blood coming away; put in a tent. Was inclined to think the case one of malignant disease. On removing tent next day, a teacupful