poisonous. Some such poisonous salt may have been present in this case.

Dr. HINGSTON remarked that the carbonate, which is a poisonous salt, may be formed from the decomposition of the acetate.

Dr. F. W. CAMPBELL suggested that the fatal result might have been due to decomposition of the tomatoes, and referred to two cases, that had recently come under his care, of severe poisoning from eating canned salmon. He pointed out that many years ago Dr. Joseph Workman recommended drachm doses of the acetate of lead for post partum hæmorrhage, and he recalled a case which appeared to be acute lead poisoning following this treatment.

Intestinal Anastomosis with the Murphy Button.—Dr. LAPTHORN SMITH demonstrated the method of using this instrument for rapidly and effectually securing union between two portions of the intestinal canal, while leaving a lumen for the passage of the contents. The instrument consists of two metal discs, each having a central orifice about 1.50 c.m. in diameter. Each is attached to a portion of the bowel by having the free edges of the bowel drawn inward over it by a purse-string suture. The discs are then approximated and held in position by means of a spring which keeps up a continuous pressure upon the serous surfaces until union takes place, after which the compressed tissues slough away and the button is passed with the fæces. The advantages of this device are the rapidity and ease with which the operation is performed, the certainty of union, a large opening for the passage of the bowel contents while the union is taking place, and the little or no tendency to subsequent constriction.

Amœbic Abscess of the Liver.—Drs. FINLEY and ADAMI exhibited the specimens and gave the history of the case as follows :

The patient, a negro, æt. 37, was admitted to hospital upon January 31st, 1894, complaining of pain in the right side and weakness. The chief facts relating to his medical history were that he had lived for eleven years in Texas, and he had acted as cook on a vessel trading between Quebec and South America, and that he had also spent some time in Australia. He had never suffered from diarrhœa for more than a day or two at a time, and had never had dysentery. He had, however, two febrile illnesses, each lasting about three months, some years previously.

The present illness began a month previous to admission, with febrile symptoms and diarrhœa. Some pain in the right side and weakness, together with nausea and vomiting, were also present, but he had not taken to bed before his admission to hospital.

On examination the temperature was $101\frac{4}{5}°$, the tongue was coated ; there was no jaundice. The intercostal spaces over the liver were full, and there was marked tenderness in the right epigastric region. Hepatic dullness began at the 5th rib, extending down for about 6 inches. Posteriorly there was dullness from the angle of the scapula downwards. Friction could be detected over the right infra-mammary region. The abdomen was otherwise normal. The urine was of a deep sherry color, 42 ozs. in 24 hours ; it contained no bile, albumen or sugar.

During the ten days that the patient was under observation the temperature remained almost constantly at 102, and there were no chills or sweats. The hepatic dullness during this period rose to the 3rd rib, and pus was withdrawn by the aspirator. Upon February 12th, Dr. Bell, after preliminary aspiration, opened the abscess posteriorly in the 9th space, and resected the rib, allowing about 50 oz. of pus to escape. The patient did fairly well for some days, but sank rather rapidly, and died upon February 18th, six days after the operation. Numerous actively moving amœbæ were found in the pus, together with much debris and a few leucocytes and red blood corpuscles.

The stools were examined for amœbæ during life, with a negative result.

It is unnecessary to give all the details of the autopsy, which was performed upon the day of death. Suffice to say that upon external examination there could be seen a wound in the ninth interspace and posterior axillary line in the right side ; this led through the region of the resected ninth rib to the liver, and from it could be expressed whitish necrosed tissue together with some pus.

Upon opening the thorax, the right lung was found firmly adherent over all its surface, and greatly contracted and diminished in size. The adhesions were firm and close. It was found that the incision into the right lobe of the liver had passed through the diaphragm ; but in consequence of the firm nature of the adhesions between diaphragm and costal wall, the pleural cavity presented no signs of acute recent disease, and had apparently been in no wise disturbed by the passage across of the contents of the hepatic abscess. The liver, which weighed 2650 grm., was greatly enlarged, both upwards and downwards. It extended three finger breadths below the costal margin, was of a fawn color, and presented here and there upon the upper surface of the lobes frequent small white patches—necroses or abscesses—averaging 2 mm. in diameter. The falciform ligament was well to the left of the ensiform cartilage, the right lobe being especially enlarged. In the substance of the right portion of the right lobe was a large abscess, with thick necrosed walls and irregular and shreddy internal surface. This extended from the