and going back to the immediate suturing of the two openings in the intestine.

DR. MILLS asked what was the reason that a loop of intestine had been retained, and how was the digestion affected in these cases?

DR. BELL said that rings alone without layers of sutures are insufficient; the advantage in the use of rings is that it greatly shortens the operation. In answer to Dr. Mills he said that it would have been impossible to remove the affected tissue, and that the digestion must be more or less impaired.

Stated Meeting, April 15th, 1891.

F. BULLER, M.D., PRESIDENT, IN THE CHAIR.

Double Hydro Salpynx.—DR. FINLEY exhibited the specimen, and gave the following account of the autopsy: A woman, aged 40, a confirmed drunkard, with evidence of syphilis in the thickening of the skull-cap. The uterus was pushed to the left side by a large cyst on the right. The right tube passed into the cyst; the ligament of the ovary was seen, but the ovary itself was closely blended with the walls of the cyst; the cyst contained a clear yellow fluid. A smaller cyst was seen on the left side. The woman had evidently born children, as there were seen scars on the os uteri and lines on the abdominal wall.

Cerebral Hemorrhage.—DR. FINLEY gave the history of an autopsy performed on a patient who had died suddenly. A large hemorrhage was found on the right side of the brain, and which had ruptured into the ventricles. It was outside the optic thalamus, and was as large as a hen's egg. The kidneys showed granular degeneration, and the left ventricle of the heart was hypertrophied. The arteries of the brain showed plaques and much thickening of the intima. It was a case of granular kidney with sclerosis of the cerebral arteries, but no miliary aneurisms were found.

DR. ARMSTRONG related the clinical history of the case. The patient, who was a middle-aged woman, hardly 40, had first come under his care a year ago for dyspeptic symptoms. The urine was free from albumen and the specific gravity was normal. He did not see her again until a week before her death, when she consulted him for lowness of spirits, melancholy, loss of appetite, and general weakness. The urine was then found loaded with albumen, granular and hyaline casts; he had not detected any sclerosed condition of the arteries. The history of the attack, as given by her friends, was that she had been at church, and owing to the nature of the discourse had become very excited; while she was walking home her right leg gave way, and she took a few dragging steps, and within a few minutes lost consciousness. Dr. Armstrong had seen her just before death; respirations ceased first, the pulse remaining good.

DR. HUTCHINSON had seen the patient immediately after the seizure. She was in a convulsion like that due to uræmia, and he was in doubt whether the hemorrhage occurred in the first place or followed the convulsion. He had found her in a state of opisthotonos with rigidity of the muscles of the arms and legs.

Vesical Calculus.—DR. JAS. BELL exhibited a small calculus which he had removed from the bladder of a boy of 14, who had exceedingly slight symptoms for six months, there being only a little pain after micturition. No pus or blood was ever present in the urine, which only differed from normal by containing a somewhat larger quantity of suspended mucus.

Renal Calculi.—DR. BELL also exhibited six small calculi removed from the kidney of a woman. The patient is doing well.

Photographs of Lepers.—DR. WESLEY MILLS exhibited two photographs of Chinese, from the leper colony near Victoria, British Columbia. One showed the tubercular form with the anæsthetic areas distinguished by the light patches on the skin; it also showed well marked flattening of the side of the face. Dr. Mills remarked that leprosy is now generally admitted to be due to a bacillus, which is characterized by being present in greater numbers in the affected parts than any other micro-organism. The disease is characterized by great hypertrophy, nodules and anæsthetic areas of the skin, and the lengthened period of latency, which often extends over years. The onset is marked by great langor of both mind and body. Whether the flatness of the face seen in one of the photographs was due to paralysis or atrophy of the muscles it was impossible to say.

DR. JAS. BELL also exhibited a number of photographs of lepers in the colony of Honolulu. They had been presented to him by Dr. John Brody of Honolulu, and were duplicates of photographs presented by Dr. Brody to Prof. Arning of Hamburg, who had spent some years in the study of leprosy in the Sandwich Islands.

DR. SHEPHERD said that leprosy is on all hands admitted to be of bacillary origin. The different forms are but different stages of the disease. Inoculation has been performed with success on criminals in Honolulu. He had met with three cases in Montreal, all being from the West Indies.

DR. FOLEY said that it was essentially a germ disease, and not of nervous origin. Though the germs have been found in the tissues, they have not, as yet, been found in the blood.

DR. MCCONNELL said that lowered nervous vitality favored the production of all infectious diseases. The slow progress of the onset may account for it not being looked upon generally as infectious.

Discussion on Appendicitis.—DR. ARM-