Dr. Ruttan thought that the urine of the patients suffering from coma should be examined for acetone, as well as for sugar and albumen.

Stated Meeting, January 23rd, 1891.

F. J. SHEPHERD, M. D., PRESIDENT, IN THE CHAIR.

Epithelioma of the Mouth.—Dr. Johnston exhibited this specimen for Dr. Bell. The tumor, the size of a walnut, was situated behind the symphysis of the lower jaw. The surface was ulcerating. The growth infiltrated the submucous and muscular tissue in its neighborhood and had extended into the periosteum. Microscopic examination showed the growth to be an epithelioma. At the autopsy, performed four days after the operation, the wound was granulating. No thrombi were found in the vessels of the neck or the pulmonary arteries. The lungs showed a patch of acute pneumonia, as large as an orange, in the upper lobe of the left lung. At the right apex was an extensive fibroid area, evidently of tuberculous origin, in the centre of which was a small cavity the size of a cherry, with smooth walls, communicating directly with a bronchiole. There were no signs of food in the air passages.

Dr. Bell briefly related the history of the case. The patient was 59 years of age, an old soldier and a smoker. His trouble dated back to May last, but it was only in August that his mouth became sore. The patient's condition was rather poor. There were signs of old tubercular disease at the upper lobe of the left lung. The patient died on the morning of the third day after the operation, somewhat suddenly, from an apparent syncopal attack.

Dr. Johnston believed the cause of death to have been septic pneumonia, without any mechanical cause.

Hæmatocele of the Testis.—Dr. Bell, who showed this specimen, remarked that it had come on suddenly, in one night, whilst the patient was ill in bed. The tumor had been tapped at the hospital, and a cellulitis of the scrotum had followed. Dr. Bell made an incision into the scrotum and found the visceral layer of the tunic dilated with blood-clot. On section, the testicle was found considerably injured by pressure. Dr. B. remarked that it was unusual to find hæmatocele without any history of traumatism.

Dr. Roddick agreed with Dr. Bell as to the rarity of cases of hæmatocele without traumatism. When this case had been tapped, a grumous and bloody serum escaped which led Dr. R. to believe that a cyst had been punctured, particularly as the testicle could not be felt.

Multilocular Cyst of the Ovary.—Dr. Lapthorn Smith showed this specimen, which weighed 45 lbs., which he removed from a woman aged 31. There were a great many adhesions. Hemorrhage had been very profuse during the operation, and the abdomen had to be reopened the following day owing to a recurrence of the hemorrhage, due to a small fissure between two segments of the pedicle. The patient was very weak from the loss of blood, and died three and a half days after the operation.

Dilated Tubes.—Dr. Smith also exhibited this specimen, on which he would report at a later date.

Bone-marrow and Liver; Pernicious Anæmia.—Dr. Johnston showed the femur of a man, aged 50, who had died in Dr. Molson's wards from pernicious anæmia. The medullary canal was filled with red lymphoid marrow, except in the lower third, where traces of the fatty marrow still existed. The liver, from the same case, showed a large amount of yellow brown pigment in the peripheral zone of the lobules. This pigment gave a marked iron reaction on treating the sections with ferro-cyanide of potassium and hydrochloric acid. The skin and subcutaneous tissues were stained a lemon-yellow tint. Numerous nucleated red blood corpuscles were found in the blood.

Plastic Operation for Extrophy of the Bladder.—Dr. Shepherd exhibited a case of extrophy of the bladder in a boy aged 12, on whom he had operated, and restored the anterior wall by Maury's operation. A large oval flap was first taken from the perineum and fixed beneath a short flap dissected from above. After union had taken place, the sides of the flap, which were unattached, were further dissected down and fixed beneath short lateral flaps. In the first operation, a hole had been made in the centre of the perineal flap for the rudimentary penis. The parts all united well except at the upper part, where a small portion sloughed and allowed urine to exude, and so prevented skin-grafting being to any large extent successful. This fistulous opening had, however, been closed by a recent operation, and now the bladder was completely covered and the parts had all skinned over. The boy was able to retain a couple of ounces of urine, and the double hernia which had previously existed as the parts contracted was completely cured.

Dr. Roddick considered the operation admirable. He had operated on a young woman some years ago for extrophy of the bladder, and had selected Ayer's method. A large square flap had been dissected from the abdomen above the bladder and turned down with the cuticular surface innermost. The raw surface was subsequently covered over by lateral flaps. The operation thus far had proved very successful. The patient left the hospital with the intention of returning in a few weeks to have the operation completed. She failed to do so. It was learned that she had got married.