results of further examination of the organs of the body are as follows: Heart contains very little blood; organ anæmic but muscular; substance and valves normal; right lung partially consolidated at lower lobe behind; left lung crepitant throughout; pulmonary vessels free, no infarcts; spleen greatly enlarged, measures eight inches by four and a half; weight 520 grammes; organ very soft; the anterior shows several infarcts each with thrombosed vessels at its apex; splenic artery and vein free from clot; kidneys in a state of parenchymatous nephritis; brain itself shows nothing beyond a single small white firm spot of infiltration, the size of a bean, in right optic thalamus, half an inch posterior to its anterior extremity. The rest of the P.M. gave negative results.

Dr. Mills inquired whether there was any P.M. appearances to explain the heart murmurs heard during life?

Dr. Johnston replied negatively.

Dr. Mills thought that the explanation of murmurs in such cases, especially as they increased towards death, was dilatation, with possibly weakness of action. The dilatation was due probably to defective nutrition leading to loss of elasticity. He had noticed this tendency to dilatation in the hearts of dying animals on which he had experimented.

Dr. Bell mentioned an analogous case of septicæmia following perityphlitis, in which cardiac murmurs developed under observation, and became very marked before death. No valvular or other cardiac lesion being found on P. M. examination.

Dr. James Stewart saw the patient for 24 hours before death, and coincided with the view expressed by the physician in attendance that the case was one of ulcerative endocarditis. There was a loud systolic murmur at the base not propagated into the vessels of the neck. The heart's dulness was increased and the apex displaced downwards and outwards. All the signs pointed to dilatation of the heart. It appears to me highly probable that such dilatation can easily be accounted for by the fever and anæmia.

Dr. Buller said: I notice the aperture leading from the antrum into the cranial cavity is a pretty large one, and has probably been forced quite gradully, as the edges are smooth and rounded. I would like to know what was the nature of the contents of the tympanic antrum and [illegible]

dilated, from the fact that the beat was considerably displaced beyond the nipple line. The patient had never at any time complained of any symptom of ear disease.

Dr. Johnson replied that the heart, at the autopsy, was not dilated nor displaced to the left. The displacement of the apex beat might have been caused by pressure of the enlarged spleen, which might possibly also have influenced the murmurs. The cheesy material filling the tympanic cavity contained no epithelial cells nor cholesterine crystals. There was no doubt of the bone disease being chronic.

Dr. Alloway exhibited (1) a specimen of a large multilocular ovarian cystoma, weighing forty-five pounds, which he had removed some weeks ago from a patient forty-eight years old. The adhesions were extensive and the drainage tube used. Recovery was uninterrupted.

(2) Two cystic ovaries with their tubes. The case was one of recurrent pelvic inflammation. The chief symptoms caused by this condition were constant vomiting, headache and pelvic pain. All other methods of treatment had been tried unsuccessfully. It is now three months since the operation, and there has been no return of symptoms.

Dr. England gave a history and exhibited specimens of a case in practice. The history was as follows:—

Mrs. A. J. B., aged 26, is a healthy-looking and rather stout woman, who always enjoyed the best of health until five years ago, when she gave birth to a child. She had a long and severe labor, the medical man in attendance finding it necessary to deliver her with forceps (no anæsthetic was used). Both the perineum and cervix uteri were severely lacerated. Her recovery was slow, and ever since she has suffered a great deal from abdominal pelvic and reflex pains. She could walk no distance nor allow the least pressure on her abdomen so great was the hyperæsthesia of all the pelvic organs. Dysparennia and menorrhagia were also present, the flow recurring every two or three weeks and keeping up from five to seven or eight days.

Three years ago I repaired the lacerated cervix with some benefit to all symptoms. She continued to menstruate regularly, however, every three weeks until January, 1889. Then for three months she saw nothing, and considered herself pregnant; during this time she had more or less nausea and vomiting. About the end of March, i.e., two and a half months after her menses ceased, the patient was in Montreal, doing a good deal of running about the city, and while here she was taken with a sudden flow of blood accompanied by some pain, for which she consulted me in my office. I advised rest in bed for a week, and gave her a few morphia pills for the pain, which I afterwards learned had the desired effect, stopping both the pain and discharge. In July her husband, who lives