- F. G. FINLEY, M.D.—I would like to ask Dr. Garrow if he could give us any opinion as to the probable cause of the splenic enlargement; whether it may be possibly a case of splenic anamia, as the improvement in the character of the blood after operation may suggest, or had the malaria anything to do with it, or was there any pathological condition present to account for the condition?
- C. B. Keenan, M.D.—As far as could be made out from the sections of the organ there were no changes suggestive of splenic anamia or any malignant disease. The sections, however, showed slight fibrosis, but this was of the ordinary type and did not show any replacement of the spleen pulp by the endothelial type of cell which may be found in splenic anamia. Scrapings from the spleen did not show any malarial organisms. One cannot from the sections, I think, give any opinion as to the origin of the cause of the enlargement. The pathological specimens show nothing very especial, only a couple of infarcts, one very old and one more recent.
 - A. R. Pennoyer, M.D.—I would like to ask Dr. Garrow's own feeling with regard to the ultimate prognosis.
 - A. E. Garrow, M.D.—As to the prognosis in this case, I would merely point to the patient to indicate the marked improvement which has taken place since the operation. She is free from abdominal distress, and apparently is enjoying herself much more than formerly, when she was practically an invalid; but as to the future blood changes which may develop we have only the experience of other and older cases, where the continuous improvement in the patient's general condition has been permanent. I think this has been well established, except, of course, in connexion with splenic anemias.

RUPTURED AORTIC ANEURYSM.

Kenneric Cameron, M.D.—There are many points of interest about the history of the patient from whom the specimen which Dr. Gillies will show you was taken. The man had reached an age, 77 years, at which it is unusual to find an ancurysm, he presented but few symptoms that would draw one's attention to his serious lesion, and his death was so tragic that I trust none of you will ever be situated as I was at the time. The old man had always enjoyed good health and had managed and worked a farm in Manitoba until within two years of his death. I saw him, for the first time, in June, 1904, when he was suffering from severe pain in the back, which he attributed to having been thrown out of a carriage about two months before. The pain was located on the left side over the angle of the scapula and