uterus firmly contracted. The os and vagina were thoroughly insufflated with iodoform, and she was replaced in bed. The vomiting was not relieved by the dilatation, as has been held by some. She continued to vomit all that day, but has not vomited once since then. There was little or no hemorrhage after the operation, and the very next day she began to drink beef tea and milk in increasing quantities. She had no rise of temperature; in fact, to use her own words, she felt so much better that "it was like being in heaven." On the 12th Nov. she is up and well. The only regret that I had was that I had not decided upon the operation sooner. The perfect recovery was largely due to the minute antiseptic precautions employed.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, June 10th, 1887.

J. C. CAMERON, M. D., PRESIDENT, IN THE CHAIR.

Dr. R. L. MACDONNELL read the history of two interesting cases which had recently come under his notice:

I Malignant disease of the Lung.—A boy, aged 3 years, had appeared for some weeks to be suffering from shortness of breath, without any other symptom. At the first visit the whole right chest was found to be flat on percussion, and to present the physical signs of pleurisy with effusion. Aspiration yielded a negative result, nothing but a few drops of blood entering the instrument. These being examined by Dr. Wyatt Johnston were found to contain no pus, but an unusual number of leucocytes. Several further attempts at aspiration yielded scarcely better results. At one time about two ounces of pure blood were withdrawn. Dyspnœa became very urgent, and pressure signs, distention of thoracic veins, and cedema of the right side of the face set in. The child died after an illness of six weeks. An autopsy showed that the right lung was the seat of an extensive growth g of alympho-sarcomatous nature. No other organs were found involved.

Discussion.—Dr. JOHNSTON stated that the tumor was a lympho-sarcoma. It was like a small, round-celled sarcoma, but with a number of lymph elements. The specimen showed the anomaly that, though sarcomatous, the cells were arranged in alveoli.

Dr. HINGSTON said the symptoms seemed to point to empyema, cancer is so rare in children. He also quoted a case of empyema that occurred about the same time, in which the first aspiration produced fluid, but the second gave none, the pus having become consolidated.

2 Cerebral Syphilis.—The second case was that of a married woman, aged 20, who entered hospital on account of "fits," which had occurred off and on during the last nine months. These attacks, one of which occurred in the hospital, consisted of clonic spasms affecting the left side of the face and left arm, and were preceded by a distinct aura. There was subsequent hemiplegia of these parts, with dragging of the left leg on attempting to walk. On the left side the reflexes were exaggerated and ankle clonus present. General intelligence was but fair, and speech thick. Optic neuritis was present in both eyes, with intense, but not localized, headache. Though no history of syphilis was to be obtained, a course of inunction with mercury was carried on to salivation. Dr. MacDonnell recognizing that the symptoms were the result of some lesion of the motor area of the right side of the brain, and that the most probable origin of such a condition was syphilitic tumor. The result was most satisfactory. Complete recovery of the paretic parts rapidly ensued, the headache disappeared, and after a month's stay in hospital the patient returned home in an excellent state of health.

Discussion.—Dr. STEWART stated that he was called to see the patient. He thought there were two points of great interest in this case. The first was that the onset of the symptoms seemed to point to a cortical lesion which was probably of syphilitic origin; the lesion might be a tumor or merely a thickening of the membrane. second point to be observed is the greater value of mercury compared to potassium iodide in the treatment of cerebral syphilis. If the woman could have stood the effects of more mercury she would probably have got better sooner. He also called attention to the value of using an antiseptic mouth-wash. In Vienna mercury was rubbed in thirty times a month without saturation, because the patient's mouth was well washed.

Dr. Cameron asked at what point could one determine when the mercury had reached its full effect, and when would it be advisable to resort to operation?

Dr. Stewart replied that if the disease was