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Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, May 23rd, 1884.

T. A. RODGER, M.D., President, in the Chair.

Dr. R. L. MACDONNELL exhibited a patient with *Keloid Tumors*, supposed to be of idiopathic origin. The patient, under 40, had been under treatment at the Out-patient Department of the Montreal General Hospital for a tubercular syphilide upon his forehead, which is now rapidly disappearing under the iodide of potassium. It was found that he had two keloid tumors upon his body together with the remains of a third. The first of these appeared upon the buttock, when he was 15 years of age. It was at first painful, but as it enlarged became less sensitive. After ten years it began to shrink. Nothing now remains of it but an elongated scar. Upon the breast, lying horizontally across the sternum, just below the junction of its first and second pieces, there is a tumor which is well defined, raised above the surrounding skin, firm, smooth and elastic, and of a pink and white color. It is 7 inches long, $\frac{1}{2}$ to 1 inch wide, and consists of two masses, each about half the size of an egg, connected by a band of tissue which resembles greatly the cicatricial bands seen in large scars. It made its first appearance fifteen years ago, and has been steadily growing ever since. It is more itchy than painful, and is by no means tender on pressure. A third tumor exists upon the left shoulder. It is but 4 inches

long, but of exactly the same shape and appearance of that over the sternum.

Dr. HINGSTON said he had never seen idiopathic keloid; never saw keloid disappear. In traumatic keloid the skin is never movable, as in this case.

PATHOLOGICAL SPECIMENS.

Dr. SUTHERLAND exhibited the following specimens:

Kidneys and Heart from a case of Chronic Bright's Disease.—Symptoms; shortness of breath for one year; frequent micturition at night for several years. Before death, developed acute pericarditis and effusion into right pleura. Suppression of urine for 36 hours before death. Suffered acute dilatation of right heart. Kidneys reduced in size; weigh 100 gms., and are typical specimens of cirrhotic kidney. Heart shows slight degree of pericarditis: no effusion. Dilatation of both ventricles, especially of right, which extends $1\frac{1}{2}$ inches to right of sternum. Tricuspid orifice greatly enlarged. Muscle substance pale and fatty but unusually tough, especially about papillary muscles.

Right Kidney, from a case of Chronic Bright's Disease, having the appendix vermiformis and cecum attached to it.

Cirrhotic and Fatty Disease of the Liver.—Dr GEO. ROSS gave the following description of this case;—G. N., hard drinker past ten years; attack of acute nephritis three months before death; no dyspeptic symptoms till just before admission to the hospital. *On admission*—Skin moderately jaundiced (not noticed till that day); great distension of abdomen by fluid; legs oedematous; fever and delirium; severe diarrhoea, stools quite