

the medical schools. On the 5th day he found her with pinched face, abdominal tenderness, and a temperature of 101° F. On the eighth day pulse 120, temperature 105° . He gave quin. sulph. gr. v., q. 4, h., and washed out the uterus. The next day pulse 90, temperature normal. The question was, is this a case of auto infection, or is it due to the dissecting room. There was a pretty extensive laceration of the cervix.

Dr. Gordon asked whether the discharges were had before or after the rise of temperature? As the medical schools had now been closed for a month, he did not see how the case could be blamed on the dissecting rooms.

Dr. Primrose inquired if any blood clots had come away when the uterus had been washed out? A blood clot becoming septic would be a good and sufficient cause for the condition.

Dr. Spencer replied that two or three small clots had come away.

Dr. Greig related a case in which a similar pyrexia had occurred on the eighth day of the puerpery. The woman had gone on very well, and he had ceased attendance. On the evening of the eighth day he was sent for. He found the woman complaining of pain, high fever, pulse 125, temperature 104° , and the lochial discharge almost stopped. He could not find any reason for the condition—there had not been any vaginal examination or injections. Quin. sulph. gr. xx., and an intra-uterine injection were resorted to. Next morning the woman was quite well. He was then told that the evening before, the breasts being very full, the husband had taken the nipple, and tried to relieve the breast. This action had caused a rather pleasurable sensation in the woman, she had laughed heartily, and in two or three hours afterwards had been seized with the pain and fever.

HEMORRHAGE FROM RUPTURED HYMEN.

Dr. Doolittle related the case of a young couple who had been married clandestinely. They came back to the house of the bride's mother and were together for about a half hour, when the bridegroom left. In the morning he was sent for and found the girl blanched, and with all the signs of the loss of a great deal of blood. On examination he found the vagina filled with clots; on clearing these away the hymen was found to be torn only

to the depth of an eighth of an inch, but at the bottom of this tear there spurted forth a small artery from which the hemorrhage had occurred.

ANEURISM OF ARCH OF AORTA.

Dr. T. E. McKenzie presented a specimen of aneurism of the arch of the aorta, which had caused occlusion of the left carotid.

CALCULUS IN KIDNEY.

Dr. Wallwin: Mr. G.H., age 32; occupation, ice dealer; was taken sick on Friday, March 21st, with chills, followed by sweats, which he thought was only a cold. On Saturday he was affected with another chill, and his teeth chattered and limbs shook, which was followed by profuse perspiration. This continued until Friday, when I first saw him. His condition then was, pulse, 115; temperature $103\frac{1}{2}^{\circ}$. His bowels had not moved for eight days previous. Urine scanty, alkaline reaction, and contained both albumen and pus, sp. g., 1008. He then complained of pain in left iliac region. There was dullness on percussion in left iliac region all along descending, transverse, and ascending colon, but not in hypogastric or lower part of umbilical regions. Liver dullness was much increased. Tongue coated, and great thirst. I then put him on strophanthus, quinine, and 20 grains pulv jalap. Next day temperature normal. No rigor during night, and remained so with exception of once until death. Bowels not yet moved, so I gave injection of glycerine ʒiij , and bowels moved once that afternoon and twice during night. On March 30th he was making water, when a stone became lodged in urethra, which was removed on following day, and washed out bladder, bringing away a larger quantity of stringy mucus, which I think was caused by the action of the alkali on the pus. After washing out the bladder clean, the next time he passed urine there was just as much pus as though his bladder had not been washed out, which indicated that the pus was not being formed in the bladder. Upon examination there could be no tumor discovered in the region of the kidney. There was no history of renal colic, no swelling of feet or eye-lids, no ascites, but patient had been passing small stones by urethra ever since 1876, at which time one was cut from the urethra, leaving a fistulous opening in front of scrotum about one inch long. Pus first was seen in urine about two years ago. His health dur-