

operation, and declares she feels better than before. Dr. Osler takes the specimens to report upon at the next meeting.

Dr. TRENHOLME exhibited a small body, sausage-shaped about 3 in. long, 1 in. diameter, somewhat dense structure, and apparently having a capsule which had been passed by a patient with the following history: A man, æt. 50, hard drinker, was taken ill with severe vomiting and pains in the stomach and abdomen. Pulse quick, but no elevation of temperature. Bowels constipated, urine very high-colored and scanty. External and internal treatment failed to give entire relief, and though the bowels were freely opened by purgatives, and the pain alleviated by sedatives, yet the vomiting continued for several days, copiously and of a decidedly stercoraceous character. These severe symptoms abated, but still there was occasional vomiting, accompanied by severe colicky pains and great distension of the abdomen. About ten days from the onset of his illness, while defecating, he passed the body now exhibited.

The nature of this growth or body is not very apparent to the eye or touch, possibly an organized blood clot or an enlarged gland. Perhaps Dr. Osler, who has it in charge, will give us more definite information as to its nature at the next meeting.

Dr. HOWARD read a paper on the Division of labor which will be found under the head of original communications.

Several members spoke approvingly of the new Anatomy Act, and it was suggested that our Society should let the Government know that we would support them against the threatened serious opposition to this Act, which is now being agitated chiefly by political dodgers. Others of the members thought the less done the better, as the opposition would die a natural death.

Dr. ROGERS, (President) read a paper on a "Remarkable Case in Obstetric Practice," which will be found among our "Original Communications."

Dr. TRENHOLME remarked, with regard to Dr. Rogers' most interesting case, that the position of the opening being at the "upper part of the fundus," the possibility of tubal or utero-utubal gestation in any of its forms, was excluded. Had it been tubal or tubo-uterine, the opening would have at least not more than 4-5ths. of the distance from the os to the fundus. It was also impossible

that the opening leading from the large cavity containing the waters to that in which the foetus and placenta were, could be a pathological operation, as it was readily dilated, turning easily effected, the foetus and placenta removed and "good contraction" secured. Hence it must be simply an hour-glass contraction of a uterus containing a foetus dead for over three months and accompanied by this immense quantity of amniotic fluid. This view is still further strengthened by the fact that the uterine decidua and that of the cavity containing the child *were continuous and one* throughout, there being no membranes to puncture over the aperture where the face of the child presented. The case is a most interesting one and happily conducted to a successful issue.

Dr. SHEPHERD was of the opinion that it was a case of tubal pregnancy.

Dr. RODGER thought it was a case of hour-glass contraction, but yet thought there was nothing to preclude its being tubal pregnancy.

Dr. CAMPBELL mentioned a case where serious symptoms followed the taking of a three-drop dose of a 1 per cent. solution of nitroglycerine by a patient suffering from angina and advanced mitral disease. Three drops were taken instead of one, as prescribed, in the hope that more benefit would be gained. Shortly after swallowing the three drops a rash like that of scarlet fever came out, particularly on the chest. This disappeared in five or six hours. The tongue was dry, and in twenty-four hours he passed five times his usual amount of urine. The heart beat quickly, but there was no rise of temperature.

Dr. H. HOWARD said this agreed with his theory that the blood had nothing to do with rise or fall of temperature, which was alone influenced by the nervous system.

Dr. CAMPBELL also spoke of the continued success he is having with nitroglycerine in epilepsy.

Dr. CAMERON mentioned that he had three cases of *petit mal* where he was using it, so far with decided benefit in only one case.

Dr. REED brought up the matter of "Collective Investigation of Diseases," and urged the Society to follow out a plan similar to that adopted by the British Medical Association.

Several members spoke in favor of Dr. Reed's proposal, after which Dr. Hingston proposed that Drs. Reed, Osler and Cameron be named a committee to draw up the necessary questions, etc., with reference to the investigation of enteric fever. Carried unanimously.