removed one kidney for calculous pyelitis, and four years after the other kidney became disorganized from the presence of a calculus. Operation was refused because patient had only one kidney, and she died uræmic a few days after entering hospital.

Placenta Prævia.—Dr. Springle gave the history of the case.

Two Cases of Nephro-Lithotomy.—Dr. Springle exhibited the calculi and gave the histories of the cases.

Dr. Shepherd congratulated Dr. Springle on his diagnosis. He had on several occasions cut down on the kidney for pain and found nothing, but at a subsequent operation he discovered a stone. In the case where pus still continues to be present in the urine, he thought that some fragments of stone must still be present in the kidney, and advised further exploration.

Dr. Armstrong said that cutting into a healthy kidney was a new operation; that the diagnosis is often difficult, and failure to find the stone does not indicate an error of diagnosis, for it may be discovered at a subsequent operation.

Stated Meeting, January 8th, 1892.

F. BULLER, M.D., PRESIDENT, IN THE CHAIR.

Anatomical Anomalies.—Dr. Shepherd exhibited the following:

(1) A case of *Persistence of the Right Aortic Root* in a female. In this case the right subclavian artery arose from the descending arch of the aorta and passed up to the first rib behind the trachea and œsophagus. The fourth arch having disappeared, there was no recurrence of the inferior laryngeal nerve round the subclavian. The nerve passed directly to the larynx.

(2) A *Skull*, in which there was a well-marked *par-occipital process* on each side of the occipital bone. This condition is normal in many carnivorous and graminivorous animals, but is of rare occurrence in man. This process is the homologue of the transverse process of vertebræ, and usually exists as the jugular process.

(3) A *Sternum* with well-marked *ossa suprasternalis* united by ligaments to the sternum and covered with cartilage. These bones are vestiges of the episternal bones of monotremes and lizards, and are of great rarity in man, this being the first specimen Dr. Shepherd had seen. It is supposed by morphologists that the meniscus seen in the sterno-clavicular articulation represents a remnant of this bone.

(4) A case in which there were patches of *calcification on the dura mater*. No history.

(5) A case of *Rheumatoid Arthritis* involving the joint between the odontoid process of the axis and the anterior arch of the atlas, forming a cap for the upper end of the odontoid. No history.

Lymphatic Leukœmia.—Dr. Lafleur exhibited specimens of glands from a woman aged 50, who had suffered from rapid anæmia and glandular enlargement in the neck; no positive diagnosis had been arrived at before death. At the autopsy, on opening the abdomen the spleen was seen projecting three inches below the costal margin, and it measured about thirteen inches in length, six or seven in breadth, and four in thickness; was soft and the pulp diffluent; the colour was normal, and no growth was found in its substance. The glands all over the body were enlarged, and were similar in all the situations. They were isolated, smooth, and rather soft. On section, they were of a pinkish-red colour, while a number showed ecchymoses. From the medullary spaces of the sternum and ribs a light reddish semi-fluid meterial could be compressed. There was no opportunity of examining the marrow of the other bones. No other notable changes were observed. The liver was normal in size; there were no lymphoid nodules. The kidneys were slightly hyperæmic. No examination of the blood had been made before death, and the blood obtained at the autopsy was disorganised; all that could be made out was a moderate increase of white cells. In the pharynx the lymphoid structures were swollen; the lingual tonsil and tonsils stood out as prominent white tumours, and were ulcerated on the opposing surfaces. In both the glands and spleen there was simple hyperplasia of the lymphoid cells. The question arose, Under what head should this condition be diagnosed? Lymphatic leukæmia, rapidly growing sarcoma or Hodgkin's disease? As the condition of the blood was not known it is difficult to make a positive diagnosis. The characters and enlargement of the glands are like those seen in Hodgkin's disease, yet there were no lymphomatous nodules present in the spleen.

Dr. Schmidt, who had attended the case, said that he had been called to see the patient about eight days before death. She was a widow, aged 62 years, and for two months had been suffering from symptoms referrable to the stomach, vomitting and pain. He found her in bed suffering from weakness and dyspnœa, with expression of much suffering; dry, sallow skin, and unable to lie on the right side on account of the pain produced in the left. Liquid food only could be taken. A tumour was felt in the epigastric region extending from under the ribs to almost the level of umbilicus, and was tender to the touch. The right leg was much swollen. A few days before death a sore throat was noticed, which was, to all appearances, of the nature of diphtheria. The tonsils were covered with a thick yellowish-white membrane, and here and there on the mouth were small white patches, probably of an aphthous nature. Only one record of the temperature and pulse had been taken, and that a day before death, the the temperature being 99.4° and pulse 108. At this time she passed a black stool mixed with