

DR. JOHNSTON stated that in view of the post mortem, poisoning by acetonuria could not be regarded as being the cause of any of the symptoms. The hemorrhage had produced both the coma and the acetonuria. The blood obtained at the autopsy was free from acetone. The death was probably due to a recurrence of the hemorrhage.

DR. RUTTAN thought that the urine of patients suffering from coma should be examined for acetone, as well as for sugar and albumen.

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*Stated Meeting, January 23rd, 1891.*

F. J. SHEPHERD, M.D., PRESIDENT IN THE CHAIR.

*Epithelioma of the Mouth.*—DR. JOHNSTON exhibited this specimen for Dr. Bell. The tumor, the size of a walnut, was situated behind the symphysis of the lower jaw. The surface was ulcerating. The growth infiltrated the submucous and muscular tissue in its neighborhood, and had extended into the periosteum. Microscopic examination showed the growth to be an epithelioma. At the autopsy, performed four days after the operation, the wound was granulating. No thrombi were found in the vessels of the neck or the pulmonary arteries. The lungs showed a patch of acute pneumonia, as large as an orange, in the upper lobe of the left lung. At the right apex was an extensive fibroid area, evidently of tuberculous origin, in the centre of which was a small cavity the size of a cherry, with smooth walls, communicating directly with a bronchiole. There were no signs of food in the air passages.

DR. BELL briefly related the history of the case. The patient was 59 years of age, an old soldier, and a smoker. His trouble dated back to May last, but it was only in August that his mouth became sore. The patient's condition was rather poor. There were signs of old tubercular disease at the upper lobe of the left lung. The patient died on the morning of the third day after the operation, somewhat suddenly, from an apparent syn-copal attack.

DR. JOHNSTON believed the cause of death to have been septic pneumonia, without any mechanical cause.