

Meeting of Medical Societies.

PATHOLOGICAL SOCIETY OF TORONTO.

March 28th, 1891.

The Society met in the Biological Department, the President, Dr. J. E. Graham, in the chair.

The following specimens, with remarks, were presented for Dr. T. K. Holmes, of Chatham :

(1) UTERUS AND APPENDAGES FROM A CASE OF RUPTURED TUBAL PREGNANCY.

The uterus is from a married woman who had been delivered of a child about a year before her death, and after weaning the child had menstruated once. She then missed the next period, but had a slight discharge of blood a few days later. About four weeks after the regular period she was seized at night with severe pain in the lower part of the abdomen, and rapidly became very weak. A doctor was sent for and found her almost pulseless and very pale. He prescribed for her and went home three miles, but was sent for almost as soon as he got home, and this time he took Dr. Langford, of Blenheim, with him. She was in *articulo mortis* when they arrived, and died a few minutes after, and before morning. The autopsy made next forenoon revealed a large quantity of blood in the abdominal cavity, and a minute opening in the Fallopian tube, quite close to the uterus. It was thought to be rupture of a small abscess, but the symptoms led one to think it was a ruptured tubal pregnancy and on examining the specimen one discovered what appeared to be placental tissue.

(2) HYPERTROPHIED TISSUE REMOVED FROM A LACERATED CERVIX UTERI.

This was removed from the anterior lip of a cervix lacerated bilaterally. The lip was so broad and thick that it would have been impossible to cure the lacerations without first removing this tissue, which was done by denuding the posterior lip in the usual way and then dissecting the hard tissue out entirely across the anterior lip, depending upon the undenuded central strip of tissue on the posterior lip to form the restored cervical canal. The operation turned out most satisfactorily, and the parts now present a normal appearance, and the nervous symptoms are entirely relieved.

(3) CARCINOMA UTERI.

This small bit of tissue was from a patient sent me by Dr. Lake, of Ridgeway. The disease involved the vagina, and of course offered no hope of cure by any radical operation. Scraping and the thermic cautery gave temporary relief from hemorrhage, but she sank and died about five months afterwards.

(4) TUMOR OF THE TESTICLE.

The tumor was removed from a man 56 years old, about two months ago. It had been growing about eleven months. A hydrocele had existed in connection with it, and had been cured last summer by tapping and injecting pure carbolic acid. The tumor occupied the right side of the scrotum, extending up to the external ring. It was hard and painless, and was removed without difficulty, the wound being healed in less than two weeks. He gained in strength and felt much better, but about a month after the wound had healed a rapidly growing tumor appeared in the abdominal cavity, near the umbilicus, and his health failed very soon. He is still living, but offers no hope of recovery. There is no history of tubercular or of syphilitic disease in his ancestors, but his daughter recently died after hysterectomy for cancer.

(5) STRICTURE OF THE ŒSOPHAGUS.

The œsophagus was removed from a woman, æt. 64, who had a good family history and who had a large family of healthy children. She was never seriously ill until about eight months before her death, when there came on gradual and progressive difficulty in swallowing. She was under the care of Dr. Samson, of Blenheim, with whom Dr. Holmes saw her in consultation several times. From almost the beginning of her sickness she could not swallow solids, and even liquids were taken with great difficulty. A medium-sized stomach tube could always be passed easily, and the autopsy showed patency of the diseased part of the œsophagus. The tissue at the point of disease was pretty hard and somewhat thickened. She became greatly emaciated, and died eight months after the first symptoms were noticed.

MYXOMA REMOVED FROM THE GREAT PECTORAL MUSCLE.

Dr. Primrose presented a specimen with