sternum, which appeared to be the origin of the trouble, as the process there appeared of earlier date than that in the pericardium. There was no evidence of syphilis or tubercle and no sign of infection through the umbilical cord. The external portion of the cord had not been detached, but was represented by a small shrivelled body 2.5 cm. long.

Dr. EVANS related the history of the case. The parents were both healthy and the labor had been easy. The child was small and sickly at birth, weighing only 3 lbs. 15 oz. On the 5th day it was noticed to be nursing badly; on the 8th a small pimple, from which pus could be squeezed, was noticed over the sternum. On the 13th day an abscess was opened in this region. Subsequently a probe passed into the deeper part of this abscess, entered a sinus leading into the pericardium, and the heart beats could be registered by the movements of the probe.

Dr. BELL asked if the incision made in opening the abscess had been continued down to the pericardium.

Dr. EVANS replied that such was not the case, the communication with the pericardium had been discovered a day or two later.

*Epilepsy—Abscess and Cyst of Brain—Trephining and Exploratory Puncture.*—Drs. BELL and ADAMI exhibited the specimens obtained at the autopsy in this case, and gave the clinical history.

*Discussion.*—Dr. JAS. STEWART had seen the case once in consultation. He thought the results of the post-mortem did not lessen the probability that the symptoms were due to irritation of the motor area, and thought that the cyst was the cause. After the operation he had thought the diagnosis was wrong, but the autopsy showed that it was right after all. It was not necessary for the lesion to be actually situated within the motor area in order to irritate it. He thought that there must still be some lesion not yet discovered (possibly of the internal capsule), as the cyst would not account for the paralysis. He thought the case could not be fully discussed at present, as the report was not complete. The electrical reactions were normal.

Dr. MILLS thought we were too rigid in our interpretation of what we mean by the motor area, and that it really is a sensori-motor area. The time has come to look for a wider definition which will include such anomalous cases as the present.

Dr. WILKINS said that the ganglion cells of the cord were probably involved, as shown by the wasting of the muscles.

Dr. ADAMI said that it had not been possible to examine the cord. The examination of the brain was not finished, as the specimen was not fully hardened.

(The discussion was postponed.)

*Calcified Plates from the Pleura in Empyema.*—Dr. ADAMI exhibited some calcareous plates removed from the pleura after resection of the 5th and 6th ribs. These looked like exfoliations of bone, but proved on examination to be merely deposits of calcareous salts in the thickened pleura following empyema.

Dr. BELL.—The patient was a man aged 48, who gave a history of a pimple having burst 8 months ago on the 5th intercostal space anteriorly. Since then pus had flowed from the wound. On resecting the ribs there was no appearance of exfoliation, but the empyemal sac, which had a capacity of about one pint, was lined with these bony-looking plates. Though the history only dated 8 months back it was possible that the disease had existed unperceived for some months or years. The patient was a tuberculous subject.

*Cancer of the Body of the Uterus.*—Dr. WM. GARDNER showed the specimen from an unmarried woman aged 55. There was a history of pain and bleeding coming on some time after the menopause, and which had lasted 6½ years. He had seen the patient 2½ years ago, and found the uterus enlarged. The cervix was normal. Upon curetting, some friable material was obtained, which proved to be cancer on microscopic examination. Operation was advised, but refused. The patient afterwards went to Europe and acted as courier to a party of tourists. Ten months ago she was examined, and some material, which was shown to be cancer microscopically, again removed from the uterus. Consent to operation was again refused, but, owing to the severity of the pain and hæmorrhage, was afterwards consented to. The operation was through the abdomen, as the vagina was narrow and atrophic. There were no adhesions. Near the fundus were two small pedunculated sub-mucous myomata, one of which was partly calcified. Recovery was uneventful.

Dr. SMITH thought that in any woman in whom uterine hæmorrhages recommenced a year or more after cessation of the menses, the case should be considered as cancer until the contrary was proved.

*Albuminuria of Pregnancy.*—Dr. SMITH showed some specimens of urine showing the rapid disappearance of a large amount of albumen in the urine after delivery. The patient had nearly lost her life a year ago from puerperal eclampsia. Subsequently, on becoming pregnant, her urine was examined weekly, and as it suddenly began to be highly albuminous in the fifth month, in consequence of a slight chill followed by convulsions, labor was at once induced, and the urine became nearly free from albumen in a few days. These cases should never be allowed to go on to full term.

Dr. SPIER read a paper upon scarlatina, based upon his observations of 100 cases of this disease as follows: