

puerperal septicæmia. There was chronic proliferative endometritis. A pelvic abscess was found outside the peritoneum on the left side, chiefly about the left common iliac vein, which showed septic thrombo-phlebitis with extension of thrombus to the vena cava. There was also multiple embolic pneumonia of the right lung, with septic fibrino-purulent pleurisy on the right side.

Dr. Gardner, who had examined the patient shortly after her admission to the hospital, discovered the uterus displaced backwards, and somewhat limited in its movements, with slight tension of the left broad ligament. The temperature was decidedly septic, though no signs of pus could be discovered anywhere. There was no pain, tenderness, or abdominal distension. A careful examination of the external parts of the pelvis, the various foramina and orifices through which pus could burrow, had been made. As there was nothing to guide the introduction of instruments, he had not thought it justifiable to operate.

Dr. Shepherd thought that surgical interference in such a case would probably be of no avail.

*Tubercular Testes.*—Dr. Johnston showed, for Dr. Jas. Bell, two specimens of tubercular testes which had been removed from patients subsequent to the treatment of injections of tuberculin. The first testicle exhibited was small. There was an abscess the size of a bean in the epididymis, and the vas deferens and tunica vaginalis were thickened. The disease was confined to the epididymis and the spermatic cord, the body of the testis being free from disease. In the second specimen, the testicle was considerably enlarged; great thickening of the tunica vaginalis and of the cellular tissue about the epididymis. The whole of the epididymis was transformed into a continuous mass. Some firm, greyish-white, opaque, miliary tubercles were scattered throughout the body of the testis—about a dozen being seen on a cut surface. There was no appearance of hyperæmia or diffuse infiltration about these. Both organs showed nothing unusual which could be attributed to the action of the tuberculin.

Dr. Jas. Bell remarked that he had reported to the Society the result of the treatment in the first of these cases four weeks ago. Since then, the patient had been given three injections with the usual reaction. The last injection was on Feb. 15th, which was followed by pain in the epididymis at the lower part of the right testicle, which subsided with the fever. This patient had also been the subject of tubercular ulcerations of the bladder (*vide* report of Jan. 23rd, Case No. 4). The patient from whom the second specimen had been removed had received but two injections, which produced a severe reaction in the diseased organ, considerable heat and pain. The presence of the miliary tubercles he did not

attribute to the lymph, but to the active condition going on previous to its use.

Dr. Roddick asked if any effect was produced on the bladder in the first case referred to.

Dr. G. T. Ross inquired if there was any disease in the lungs in these cases.

Dr. Bell replied that the bladder disease had existed for five years, but that the patient had been entirely relieved from acute symptoms since October 2nd, 1890. No pus or change in the urine had been noticed after the injection. There was no trace of tubercular disease in the lungs. This patient (the first one) had received eight injections before any reaction appeared in the right testicle.

*Sarcoma of the Testis.*—Dr. Roddick, who exhibited the specimen, remarked that the patient, a man aged 40, had first noticed swelling in the scrotum nearly two years ago. Hydrocele had persisted throughout the case, for which the scrotum had been tapped nine times, and once injected with iodine. When he came under examination, a tumor, in the left side of the scrotum, could be felt through the fluid—a hard, oval shaped mass, with a nodular feel, producing no tenderness on pressure. There was no implication of the cord. The tumor had all the appearances of a chronic sarcocele. There was no history of syphilis or cancer. It having been decided to operate, Dr. Roddick, on cutting down found the cord soft, yielding and not enlarged. There was an enormous hydrocele. The testicle proved to be sarcomatous. The whole of the diseased mass was removed.

Dr. Johnston, who reported upon the pathological appearances, remarked that the testicle was about the size of a small apple. There were extensive adhesions and thickening about the tunica vaginalis. In the epididymis, a firm, caseous mass as large as a cherry was shown, with smaller masses in the neighborhood, evidently old inflammatory deposits. In the body of the testis, near the lower extremity, was a soft, smooth, medullary-looking tumor, pinkish-gray in color, its borders made out with difficulty. The cut surface was smooth, and yielded, when scraped, a grayish turbid juice, which, under the microscope, showed large round cells lying within large spaces, with a delicate fibrillated structure surrounding each individual cell. The vas deferens was not involved. Diagnosis: alveolar (large round cell) sarcoma.

*Carcinoma of the Breast.*—Dr. Roddick related the following clinical history: The patient a young woman, aged 27, single, had come to the hospital complaining of a hard lump in her left breast. She had had typhoid fever two years ago; with this exception, her health had always been good. There was no history of cancer in the family. The mother probably had had lupus. No history of injury. The patient first noticed the lump in her breast two years ago, which had slowly increased in size during the past two