

## Meeting of Medical Societies.

### THE PATHOLOGICAL SOCIETY OF TORONTO.

April 26th, 1890.

The President, Dr. R. A. Reeve, in the chair.

#### UTERINE FIBROIDS.

Dr. Oldright presented two intra-mural fibroid tumors, one of which he thought had undergone osseous degeneration. The other noticeable point discovered during the post-mortem examination was the presence in the stomach of a number of circular depressions, seemingly old ulcers which had healed, the mucous membrane growing over them.

Dr. Acheson thought that the nodule had undergone calcareous rather than osseous degeneration, for under a magnifying glass it presented a broken crystalline appearance. Ossification could not occur in such a place, for where would the osteoblasts come from?

Dr. McPhedran asked if these calcifications are ever crystalline. He had thought that they were always amorphous.

#### MENINGITIS.

Dr. Oldright presented the brain and cord, the bladder and ureters of an unmarried woman of 34. Dr. J. E. Graham had some time ago seen her in consultation, and thought her to be a masturbator and hysterical. Three weeks after having la grippe, she complained of loss of power in the right arm, which was not entirely imaginary. She then took to her bed. Paralysis of the right leg was next noticed. The catheter was necessitated by paralysis of the bladder. Pains in the head and in the dorsal spine were complained of. In the urine there was an abundance of albumen. On post-mortem examination the meninges were found to be slightly injected, and there was an unusual amount of spinal fluid. The left ureter was very much enlarged, being  $1\frac{1}{2}$  inches in diameter at its widest point. The wall of the ureter was thickened. The pelvis of the kidney was dilated. The bladder walls were slightly thickened.

Dr. Thistle presented a

#### TUMOR OF CORPORA QUADRIGEMINA.

(See *ante* p. 276.)

#### ATROPHY OF CEREBELLUM.

Dr. McPhedran presented a brain, in which the right lobe of the cerebellum was greatly atrophied, being less than half the size of the left lobe. The patient was a man of 26, who had for some eighteen years had epileptic seizures. He was of a dull, heavy, unintellectual cast of countenance. He gave a history of nocturnal attacks. For some two weeks while in the hospital, he was free from seizures and was advised to go home. Constipation was then marked and he was given physic. Some four days before death there came on excessive diarrhoea and incontinence of fæces. Suddenly tympanites came on. For the last two days before death he complained greatly of abdominal pain, there was excessive tympanites, watery diarrhoea, and elevation of temperature. Post-mortem examination showed tubercular ulceration of the intestine with a small point of perforation.

Dr. McPhedran presented a heart with

#### MITRAL STENOSIS.

(See *ante* p. 248.)

Dr. D. J. Gibb Wishart presented a heart with mitral stenosis and tricuspid incompetence from a girl of 14. There had been a history of tonsillitis and various rheumatic manifestations. The lungs were greatly fibrosed and absolutely devoid of any œdema. The mitral valve was of the cone form, the chordæ tendinæ being agglutinated and presenting an appearance like a half opened fan. The musculi papillares were also agglutinated by small fibrous patches.

Dr. Scadding presented a card specimen of PERFORATING ULCER OF THE STOMACH.

## Hospital Reports.

### PAPILLOMA OF THE TONGUE SUCCESSFULLY REMOVED.

UNDER THE CARE OF T. S. COVERNTON,  
M.D., L.R.C.P., IN THE TORONTO HOSPITAL FOR SICK CHILDREN.

D.B., æt  $2\frac{1}{2}$ , admitted March 30th, 1890. A growth existed on the dorsum of the tongue, one and a half inches from tip, and mesially situated. The tumor might be described as sessile; it had a very broad base, with, however, a distinct sulcus between its anterior and lateral edges and the dorsum of the tongue, the pos-