that she had had a miscarriage, as there had been a bloody discharge from the vagina for seven weeks. On the 5th April, five weeks after her last menstrual period, whilst out walking, she was seized with severe pain and faintness, and had to be driven home. In two or three days she recovered sufficiently to be able to go about the house. On the 14th April she had another attack. On the 16th the patient felt better and went out, when she was seized with a third attack. Dr. Armstrong, who then saw the patient, found, on examination, the uterus pushed up and to the left. In the right side of the pelvis a large mass could be felt about the size of a cocoanut. The tumor extended above the brim of the pelvis, and could be detected by external palpation. There was a little bloody discharge from the vagina. The diagnosis was hematocele due to a ruptured tubal pregnancy. This was confirmed subsequently by Dr. Perrigo. The symptoms not being urgent, it was deemed advisable to await developments. The patient improved, and in a few days was up. She remained well until August, when chills and hectic fever set in, and the tumor felt considerably softer. On the 1st September Dr. Armstrong opened the abdominal cavity. The right Fallopian tube was ruptured and lay in the sac, which was filled with blood-clot. The sac was easily enucleated, and the tube ligatured and removed. The patient was now perfectly well. Dr. Johnston had examined the specimen and found structures resembling chorionic villi. Dr. A., dwelling upon the etiology of the case, referred to her history of pelvic pain some nine years ago, when possibly, there may have been desquamative salpingitis.

Dr. Wm. Gardner remarked that these cases were far from rare, and that they were not always fatal. In the present specimen the sac was somewhat remarkable. He wished to know if there were any evidence of ovarian structure in the sac. He had frequently found what he believed to be the ovary expanded by blood-clot.

Dr. Johnston replied that the ovary was free from the sac.

Dr. Shepherd wished to know what symptoms led to the operation.

Dr. Armstrong answered that from the softening of the tumor, together with signs of hectic fever, he had considered it advisable to operate.

Tuberculous Arthritis of the Knee-joint.—Dr. Wyatt Johnston exhibited this specimen. Sequestra of necrosed bone existed at the head of the tibia and the condyles of the femur. The opposing surfaces of these sequestra were very dense, and showed eburnation.

Chalicosis.—Dr. Johnston also showed the lungs of a stonemason. A large number of small, firm, fibroid nodules, the size of shot, were found beneath the pleura and throughout the lung substance. These nodules were gray in the centre, and were surrounded by a zone of black pigment. Analysis of the lung by Dr. Ruttan showed that 8.4 per cent. of the dried lung was composed of mineral ash, of which over 50 per cent. consisted of silica. Traces of iron were also present.

Thrombosis of the Superior Longitudinal Sinus and left Renal Vein following Scarlatina.—Dr. Johnson exhibited this specimen for Dr. Armstrong. The patient, a female child, aged 2½ years, had died six weeks after the onset of an attack of scarlatina with broncho-pneumonia. A large, firm, adherent, darkened thrombus completely filled the superior longitudinal sinus and extended into the adjacent central veins. The brain was perfectly normal. The left renal vein and its principal branches also contained adherent red thrombi. The ovarian veins were not examined.

Dr. Armstrong related the clinical history. The child was two years and a half old. It had been delivered with forceps, and from within a fortnight of its birth it had suffered from convulsive seizures, which had occurred from once to six times a day. Various modes of treatment, including circumcision, had been tried without effect. The parents had persisted in the belief that the forceps was to blame for the unhappy condition of the child. Death was caused by scarlet fever and broncho-pneumonia.

Dr. Mills said that it was difficult to see how forceps could affect the sinus. He thought that more than the blood must be taken into account to explain the convulsive seizures.

Dr. Johnston remarked that thrombosis in the veins of children was not uncommon, especially in the renal vein which probably extended from the spermatic vein.

A case of Abortive Typhoid Fever, with a Severe Relapse.—Dr. J. A. Springle related the history of the case. The patient, a young man aged 19, had consulted him on the 25th September last, with unmistakable symptoms of typhoid of about the seventh or eight day of the fever. On the following day rose spots were observed, and on the tenth day of the illness there was retention of urine. On the morning of the eleventh day the patient was extremely jaundiced, but was feeling quite well. His temperature, which had ranged between 100° and 102°, had fallen to 98⅘°, and all the abdominal symptoms had disappeared. Retention of urine, however, persisted. This condition lasted until the end of the thirteenth day, when he recovered power over his bladder, and the jaundice gradually disappeared. His pulse and temperature had been normal since the eleventh day. His general condition was so much improved that he was allowed to partake of solid, though light food. He steadily improved, and on the seventeenth day was out for a short walk. On the eighteenth day he complained of not feeling well, and on the following morning presented all the symptoms of a severe relapse. For the first