

not speak very favourably of hot baths, but my impression was that the hot baths were very valuable in carrying off the diseased detritus, and also getting rid of the infection. In those days we thought that the infection was carried by the desquamating skin, so that the sooner it was disinfected and carried away by the sewer the better.

JOHN McCRAE, M.B.—With regard to Dr. Lafleur's query about the hepatitis, I may say that this was entirely a microscopic resemblance and was very striking; the frequency with which huge focal necroses were found in the liver was startling, and where it was not focal, it was almost universal, and the fatal cases showed very frequently a liver in which the cells were so jumbled that they had lost entirely any semblance to the internal structure of the liver lobule.

Neither during the course of these cases, nor at any time subsequently have we had a case of fatal nephritis. I have often wondered in regard to the alimentary tract if there is not an actual mucosal infection of the tract. It has often seemed to me as if the suddenness with which those symptoms came on, and the high degree of decomposition in the contents of the bowel suggested it. Dr. Gardner's statement with regard to families is very true; two cases in my series belong to one family, where four were stricken and three died in one week; it is a question, however, whether it is the family or the infection. With regard to the diphtheria antitoxine, I have seen it used a great many times and the large doses certainly have a strong stimulant effect; farther than that, I have not seen any marked benefit. Heart troubles, in scarlet fever are extremely rare, considering how bad an infection it seems to be, and generally the cases get well; endocarditis is far more infrequent than myocarditis. This paper deals only with those cases that from the first are almost sure to be fatal, hence all the aspects of the disease have not been taken up.

AMOEBIC ABSCESS OF THE LIVER ORIGINATING IN MONTREAL.

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H. A. LAFLEUR, M.D.—This is a perfectly typical case. The appearance of the organs at autopsy was absolutely characteristic and particularly the character of the abscesses. The contents do not resemble ordinary pus. As a matter of fact pus cells are rather rare in such necrotic material and it seems to be just the broken-down liver tissue which forms the content of the abscess. As regards the limitation of the ulcers to the cæcum and ascending colon, though not very common still we used to find this sometimes in our cases at Baltimore; it certainly is the rule that the large bowel is not so universally infected as in the Shiga dysentery. In amœbic dysentery it seems to pick out spots where there is stasis of the intestinal contents like the pouch of the cæcum. The specimen being passed around is absolutely like the diagrams of the