Toronto Clinical Society.

THE regular meeting of the Clinical Society was held on the 12th ult. President Allen Baines occupied the chair. Dr. Harold Parsons was elected a Fellow of the Society.

Primary Carcinoma of the Gall-Bladder.—A specimen of cancer of the gall-bladder was presented. Dr. J. A. Temple gave a brief clinical history of the case. The patient was a woman, aged 65, who had always been healthy. Four of her immediate relatives had died of cancer. The tumor was found on the right side a little below the liver. It was freely movable, and smooth in outline. There was no history of gall-stones nor jaundice. The tumor could be pushed back into the line of the kidney, and there was a clear marked line of tympany separating it from the liver. So it was thought to be a tumor connected with the kidney. Dr. Cameron, who saw the case, had concurred in this diagnosis. Cœliotomy revealed the true nature of the case—a cancer of the gall-bladder. The patient lived twelve days after the operation, simply sinking from rapid growth of the disease.

Dr. H. B. Anderson reported on the principal post-mortem features of the disease. A large mass was found over the site of the gall-bladder. It was soft, almost brain-like in consistence. In the centre of the mass was a large number of gall-stones. There were several secondary growths throughout the liver; these would break down on the slightest pressure. The growth had all the characteristics of an encephaloid cancer. Cases of primary cancer of the gall-bladder were nearly always associated with gall-stones.

In reply to a question, Dr. Temple said the history of the case only extended over six weeks.

Dr. Strange thought the cancer was responsible for the gall-stones, instead of vice versa.

Hæmorrhagic Pancreatitis.—Dr. E. B. Shuttleworth reported on a post-mortem he had made in a case of the above disease. The patient was a very fat man, weighing probably two hundred and fifty pounds, who had taken ill three weeks before his death with symptoms of diarrhœa and vomiting. He became delirious. He thought people were persecuting him. A doctor was called who ordered a sedative mixture. The patient died very suddenly from symptoms of collapse. The most noticeable thing on opening the peritoneal cavity was that the fat was studded with small white growths. The