opical examination showed that the tumour in the breast was due to chronic mastitis, while the axillary tumour was a fibro-adenoma, and must have occurred either in an aberrant lobule or as a supernumerary breast. Dr. Mather read a paper on the pathology of carcinoma of the cervix uteri. In some 47 cases of malignant disease of the cervix treated by vaginal plastic he had found a mixture of adenocarcinoma and squamous carcinoma in 37, glioid cancer in 6, and sarcoma in 4. Referring to sarcoma of the cervix in more detail, Dr. Mather showed one case of advanced sarcoma, another case of the growth having become a large tumour, and a third case of sarcoma with a mixture of round-celled sarcoma and squamous epithelioma. The author did not consider sarcoma of the cervix to be as rare as was generally supposed. Dr. J. H. H. LINDSAY said he had a case of sarcoma of the cervix uteri. In one child aged 18 months, the size of a small lemon, and complete absence of the corpus callosum, and exhibited the specimen. Dr. C. F. LnPACa showed a specimen of Congenital malformation of the heart from a child aged 22 years. The organ was twice the normal weight, owing to hypertrophy of the right side. The walls of the right ventricle were thicker than those of the left, and both ven-tricules communicated freely with the aorta, over which the result of the interventricular septum. The aortic valves were normal. The ductus arteriosus supplied the lungs by the right and left pulmonary arteries. There was a constriction on the right pulmonary artery, and there was a marked hyperaesthesia, with the left auricle. After this it was found that an artery which took origin from the wall of the right ventricle behind the aorta, and probably represented the pulmonary artery. The auricles communicated by a small opening.

LIVERPOOL MEDICAL INSTITUTION.—At a pathological meeting on March 17th, Mr. FRANK PAUL, President, in the chair, Dr. ERNEST GLLNN read a short paper on Pulmonary embolism and embolism. He described cases of pulmonary embolism in which the embolus was discovered post mortem in the embolus was discovered dying unexpectedly in from ten to thirty minutes. Very extensive stratified thrombi were found in both the right and left branches of the pulmonary artery, but its main trunk was free. This fact, combined with the absence of lesions in the systemic veins and of microscopic and systemic evidence of large emboli embedded in the clot, suggested the probability of primary thrombosis or the possibility of thrombosis secondary to many small emboli. He contrasted two undoubted cases of pulmonary embolism—in the one the embolus, a vegetation from the posterior cusp of the mitral valve, died five minutes; in the other a large, old pigmented red thrombus, the remainders of phlebitis in the calf, lasting ten days, plugged the pulmonary artery, producing a secondary thrombosis and death. Dr. ABRAM, Dr. LINDSAY, and Dr. WARRINGTON read a paper on Epidemic cerebro-spinal meningitis, in which the question of the relation of this form of meningitis to other types was discussed. The peculiar characters of the disease and of its spread in so-called epidemics were touched upon. Dr. J. H. H. LINDSAY said he proposed to try intraspinal injections of collargol in any case coming under his care, and in all cases, had survival, the injected fluid was examined, and a record of the results was kept. He thought sporadic cases of meningitis were not uncommon, and in cases of cerebro-spinal meningitis, as in the case of the Warrington used the term, without adequate proof; in his own experience he had not met a case he could record as proven. The severity of certain symptoms was often relative, and such characteristic symptoms as the shock, localisation not noted as a rule in the sporadic cases. Differential diagnosis turned largely on the investigation of the fluid obtained by lumbar puncture, apart from obvious sources of sepsis or tuberculous infection. Cyto- logical examination was useless in the treatment of pleural exudates at the Johns Hopkins Clinic, and he thought it would do so in the cases under discussion. Bacteriological findings were of greater value, but in his experience they were so often positive as to be suggested. In his cases of tuberculous meningitis the bacillus had not been found in a single instance. As regards Welschelbaum's cocci no doubt the intracranial position of the organisms was an almost characteristic feature, but he would hesitate before allowing the absolute value of a Gram-staining. Jager Henbuer had shown that occasionally an intracellular cococcus was Gram-positive. He expressed the opinion that the case he described might have been due to an infection, that is, if early, Gram-positive, if late, Gram-negative. The speaker was surprised to hear the meningitis had been for so long a time in the peripheral blood. If this statement was confirmed a valuable factor in the recognition of a pneumococcal infection had been destroyed. Dr. A. S. GULLAN said that recently he had had four cases of cerebro-spinal meningitis, one of which he had been committed for an suicidal attempt. A few petechial spots were present and the temperature was high. "I found the case of lumbar puncture, and 1 oz. of turbid watery fluid was withdrawn on two occasions; this was found to contain mononuclear leukocytes, and the organism was not found; unfortunately no post-mortem examination was allowed. The second case was a girl aged 19. She showed the typical symptoms—that is, rapid onsets, high fever, intense headache —otherwise she was well. She was discharged from hospital, and 9 days after admission she had an enlargement of glands over a period of eight years.

Seven years ago enlarged glands were removed from the left side of the neck in Glasgow Royal Infirmary. Further enlargement took place on the same side two years later, and disappeared under treatment in the Edinburgh Royal Infirmary. A year later they again became swollen, and were removed at the Sick Children's Hospital, Aberdeen. Since then the remaining cervical glands, which had been followed by enlargement of glands in other parts of the body. At the same time the spleen enlarged rapidly, and a hard, large, hard swelling appeared on the left side, and cough and night sweats became troublesome. Upon admission to the Western Infirmary, there was a marked anemia, profound anaemia, and a general enlargement of the lymphatic glands. The spleen was greatly enlarged, and the liver also showed a marked enlargement; there was oedema of the scrotum and lower limbs. The blood examination showed a considerable diminution in the percentage of the haemoglobin, and a polynu- clear leukocytosis. The temperature was very variable with evening exacerbations, and loss of weight and strength pro- gressive in character, and jaundice developed.

Death took place on January 22nd, 1908. The autopsy showed a general glandular enlargement, the abdominal lymphatic glands were indurated and caseous, and were continuous with those in the groin; enlarged glands were also present in the portal fissure. The spleen weighed nearly 2 lb., and distributed through it were small pale nodules. The liver was also much altered in appearance by diffuse infiltration, and a similar condition was present in the lungs. The bone marrow showed a slight hyperplasia. The microscopic appearances of the lymphatic glands showed a proliferation of the endothelial cells and of the connective tissue cells with disappearance of the lymphocytes from the older foci and subsequent sclerosis.

Embutum.—In the proceedings of the Liverpool Medical Institution reports on previous papers, on March 23rd, and in the remarks attributed to Dr. K. Grossmann, the words "that that infection should read infection, and "after iridectomy, should be taken as without iridectomy."