were brought together by harelip pins; cloths wrung out of ice-water were applied externally; while acetate of lead, tincture of digitalis, and opium were exhibited internally. Under the combined influence of these measures the oozing ceased in seven hours.

The tumour was composed of gelatinous material, of a greenish tint, and of the consistence of firm jelly. The mental process was perforated in front and behind by numerous openings, through which the same material was plainly visible. The mucous membrane of the gum, which formed the soft portion of the cyst, was greatly thickened and pervaded everywhere by minute vessels.

The tumour was referred to the Committee on Morbid Growths, which reported as follows:—

The tumour has probably had its origin in the medulla of the lower jaw in the neighbourhood of the symphysis, and having by its pressure caused absorption of the outer wall of the bone, has pushed forwards the thickened and inflamed periosteum, which now forms a dense cover for the exterior. At the symphysis there are a few small nodules of bone, formed by the inflamed periosteum.

Portions of the tumour placed beneath the microscope exhibit large spindle-shaped cells with well-marked nuclei and thin, fibre-like processes, often many times the length of the body of the cell. These processes are sometimes split at the end, and form a network anastomosing with neighbouring prolongations of similar cells; while others, placed side by side, form long bands, which give a trabeculated appearance to these portions. The cells are imbedded in a granular intercellular material, and some portions of the tumour present in abundance the so-called "giant" or "mother" cells crowded with nuclei.

The committee therefore believes the tumour to be a rapidly growing spindle-celled sarcoma (epulis sarcomatosa).

Syphilitic Disease of Testicle.—Dr. PACKARD presented this specimen. The history of the case was as follows:—

Mr. K., æt. 45, living in the interior of the State, a man of very robust frame, contracted a genuine hard chancre (as evidenced by the cicatrix on the left side of the body of the penis) four years ago. He had subsequently sore throat, nocturnal pains, and other constitutional symptoms, and the testicle became swollen a year after the sore appeared. The local trouble being occasionally very annoying and painful, and there being no other sign at present of any disease in the patient's system, I excised the testicle on the 4th of November, with the aid of Drs. Agnew and Sinkler. Healing took place very rapidly, and on the 16th he returned home.

It may be well to mention that I applied acupressure to the spermatic cord (the vas deferens being carefully separated), and removed the needle in forty-eight hours. To this, in part, I attribute the rapidity of healing.

The specimen was referred to the Committee on Morbid Growths, which reported as follows:—

The specimen of diseased testicle presented by Dr. Packard bears traces of repeated attacks of inflammation of the tunica vaginalis. Both the visceral and parietal surfaces of this membrane are coated with a thin layer of lymph, giving it on close inspection a somewhat trabecu-

lated appearance. At the position of the gubernaculum testis these bands are so developed as to resemble the fibrous expansions of the columnæ carneæ of the heart, as they pass to their insertion in the mitral valve. The epididymis appears healthy, although its fibrous envelope is thicker than usual. The gland proper is about the usual size, but on section shows at its central posterior portion a yellowish white nodule, ovoid in shape, ½″ in its long diameter. Above this the secreting structure of the gland has undergone atrophy, and the mediastinum and the septula setting off from it are, on close inspection, to be distinguished from the dense whitish mass which has usurped the place of the proper gland tissue. Below the above-mentioned nodule the gland structure still exists; the septula, however, are thicker and more developed than usual. A section near the edge of the ovoid nodule, when placed beneath the microscope, shows a luxuriant growth of the cells of the connective tissue, with multiplication of their nuclei, and, as we advance towards the centre of the mass, these cells become enlarged and crowded with fat globules, although still retaining a definite cellular form; further on, however, breaking down into a mass of granular debris.

In view of these facts—the tough consistence, yellowish appearance and seat of the nodule, the disease involving only the testicle proper and not the epididymis; the thickening of the tunica albuginea, and the fibrous adhesions from repeated attacks of inflammation of the tunica vaginalis, together with the microscopic appearances which are so characteristically those of a gummy tumour—the committee has no hesitation in pronouncing the growth a typical case of syphilitic gumma of the testicle.

Cirrhosis and Complete Atrophy of Vesicular Structure of the Left Lung; Cheesy Deposit, with Miliary Tubercle throughout the Right Lung.—Dr. TYSON presented the specimens, and read the following history:—

John L., æt. about 26, a paid nurse in the men's medical ward of the Philadelphia Hospital, was said for several years to have had a left phthisis, and had cough for six years. He was, for some days before I saw him, under the care of the resident physician, in whose ward he had served.

On October 11th, when asked to see him, I found him with a hot skin, pulse 148, respirations 60, and a temperature of 102°.3 in the axilla. He stated that three weeks ago he was seized with chill and fever, with sharp cutting pains in the right side; has at present no pain except after a paroxysm of coughing, which is followed by acute pain under *left* nipple, but it subsequently passes away.

Percussion elicited dulness beneath the left clavicle anteriorly, and over the left scapula posteriorly, with corresponding bronchial breathing on auscultation. The left axilla was more resonant on percussion, as was also the base of the thorax, but occasional fine bubbling sounds were noted by auscultation in both situations. Resonance was greatly impaired throughout the right lung, and fine bubbling sounds prevailed correspondingly. In the right axilla these were accompanied by creaking friction. He was ordered to be dry cupped—first over the one lung, and on the following day over the other—with marked temporary relief. The usual restorative and stimulant treatment was directed. Little