sels, especially of the middle cerebral arteries, and with the shock of a hemorrhage, and finds them particularly connected with left hemiplegia, and with disease of the right hemisphere, external to the optic thalamus and corpus striatum.

The specimen was referred to a committee, consisting of Drs. William Pepper, Schell, and Parry, which made the following report :—

The tumour was irregularly lobulated, and measured about one and a half inches across its base, which was closely adherent to the under surface of the dura mater, the mass itself being imbedded in the brain substance. It occupied a portion of the upper and outer part of the right hemisphere, corresponding to the middle portion of the corpus striatum; and extended fully one and a fourth inches into substance of the hemisphere, being also surrounded by a layer of softened brain tissue. Upon making a section of this tumour, it was found to present two round nuclei of cheesy matter, one-third of an inch in diameter each, surrounded by a quite firm grayish tissue.

Microscopic examination of the central cheesy portions showed them to be composed entirely of oval or irregularly triangular cells, containing much granular matter. Upon treatment with acetic acid, these cells closed up to a considerable extent, and revealed a varying of persistent granules of large size, but no true nuclei. The size of the cells varied, many being smaller than a white blood cell, others somewhat larger. A certain number of spindle-shaped cells were seen mixed with those above described, but neither any true stroma nor any vessels could be detected in these cheesy nodules. There was also a large amount of free granular fat. The dense grayish layers surrounding these nodules proved to consist of a highly vascular fibro-cellular tissue; the vessels of which were large, tortuous, with thin walls and very imperfectly developed perivascular sheaths, and the cells chiefly large spindle-shaped connective tissue cells.

January 27. Enlarged Inguinal Glands.—Dr. R. M. TOWNSEND presented the specimen and made the following remarks :—

These glands are principally important on account of their anatomical relations. In making a dissection for inguinal hernia, they lay along the course of the external iliac artery, the part protruding through the external abdominal ring. As they pushed the peritoneum before them, the constriction between the two much resembled a strangulated hernia. On removing the first of them, it presented much the appearance of a testicle. They were firmly adherent to the sheath of the internal iliac artery and fascia of the internal iliac muscle.

The specimen was referred to a committee, consisting of Drs. Edward Rhoads, R. M. Townsend, and J. V. Ingham, who reported "That they found the said specimen to consist of a cluster of enlarged inguinal glands, presenting under the microscope the granular and corpuscular elements found in hypertrophy of the lymphatics without malignant structure."

Case of Excision of the Elbow.—Dr. ASHHURST exhibited the recent specimens from a case of excision of the right elbow-joint for chronic synovitis, followed by ulceration of the cartilages and erosion of the articulating extremities of the humerus and ulna. The patient was a man aged 25, who had been disabled by the condition of his joint for five or six months. The origin of the disease could not be ascertained. The operation was done by the simple longitudinal incision, and the portions

of bone exsected were very limited in extent: the head of the radius being healthy, merely its articular surface was removed. The chief points of clinical interest were in reference to the diagnosis, and the peculiar line of incision. The painless character of the swelling, and the degree to which passive motion could be carried, had led some of the gentlemen who saw the case to doubt the interarticular nature of the affection. The peculiar shape of the part, however, with the helplessness of the limb, and the development of grating upon making flexion and extension while the patient was etherized, were, Dr. Ashhurst thought, sufficiently significant of the true state of affairs. The longitudinal incision, which was adopted in this case, Dr. A. considered preferable to either the **T** or **H** incisions, as making a smaller wound; and one which had no tendency to gape. The operation, though somewhat more prolonged by this method, was sufficiently simple, and presented no particular difficulties.

The specimens showed very well the characteristic inflammation and degeneration of the articular cartilages and synovial membrane, the bone being hyperæmic and eroded at certain points.

Feb. 10. Chronic Inflammatory Deposit in Testicle.—Dr. C. T. HUNTER presented specimen, and read the following history:—

T. C. M., æt. 24, grocer, admitted into Pennsylvania Hospital January 28, 1870, for chronic orchitis; single; temperate habits; no history of tubercle or carcinoma. Denies having had syphilis, but acknowledges having had ulcerated sore throat some eighteen months ago, which has left a communication between his nose and mouth, through the soft palate. Within the last eighteen months, has had two separate attacks of iritis in the left eye. About four years ago contracted gonorrhœa. This was treated with balsam copaiva, and after the subsidence of the acute symptoms, used astringent injections. At the end of six weeks, the gonorrhœal discharge had ceased, but in the fortnight following, his right testicle swelled to the "size of his fist," as he expressed it. During the attack of gonorrhœa, suffered considerably from irritation at the neck of his bladder; this vesical trouble persisted for seven or eight days after the urethral running had been checked. The treatment for orchitis consisted of applications of lead-water and laudanum to the scrotum. At the expiration of a week, the testicle had nearly resumed its normal size. Some eighteen months later, patient for the second time noticed that his right testicle was slowly enlarging, his attention being attracted to it by dull-aching pains in the gland, a feeling of weight, etc. He seemed to think that the second attack was caused by lifting and carrying heavy parcels. Local depletion by means of leeches to the cord, anodyne and astringent applications to scrotum, were only partially successful in reducing the size of the gland. From that time till the date of his admission into the hospital, the gland has been somewhat enlarged, and quite sensitive. Small abscesses in the walls of the scrotum have been evacuated from time to time, and two days before coming into hospital, four or five ounces of a straw-coloured fluid were drawn off from scrotum. At a consultation of the surgical staff, it was determined to remove the diseased gland; the patient himself was very anxious to have the operation performed, as the disease had been a source of great annoyance to him for the last year and a half. On the 2d of this month castration was performed by Dr. Hewson.

The cord was secured by a medium-sized acupressure pin passed under it, near spine of pelvis, and a silver wire looped over it, pressing the cord