

lial cells, which, multiplying rapidly, throw off progeny after progeny of young cells which undergo fatty degeneration, become filled with granular fat, and finally break up, liberating the granules which they previously contained, and leaving mingled with them the shrivelled disintegrated walls described as present in the microscopic appearances. The glairy portions, as already stated, have not reached the same degree of degeneration as the white creamy matter, and, therefore, contain more entire granule-cells, and cells having undergone a less degree of degeneration.

I must state, however, that I was unable to detect any epithelium by examining microscopically the close scrapings of the septa of the cysts after this soft pulaceous matter was removed; such matter was composed almost entirely of fibrous tissue, as indeed might be expected, for all of the tubular structure had disappeared and in the onward march of the disease the fibrous capsule was reached, when the process of further formation of cells ceased, though those already formed could of course go on degenerating and producing the peculiar matter with which the cysts were filled, thus accounting for the advanced stage of degeneration of the greater part of it. By no means all of the septa were examined and upon some of them, of later origin, epithelium might have been found. Rokitsansky says "there is often no epithelium in the larger cysts, and their inner layer is a nucleated, structureless, or striated blastema, externally splitting into fibres in the direction of the long axis of the oval nuclei it contains."

*Nov. 14. Spina Bifida; Death at age of 32 Years.*—Dr. WM. PEPPER, in presenting the specimen, read the following account of the case:—

Benjamin Miller, æt. 32, a merchant, was admitted to the Pennsylvania Hospital, July 17, 1866, reported to be labouring under sunstroke. During the first day he could return imperfect answers, but rapidly passed into a condition of profound insensibility; with upturned, oscillating eyeballs; involuntary discharges; irregular gasping, noisy respirations, but without any paralytic symptoms. He remained in this condition until July 21, when he died. During life, a tumour, oblong in shape, about three and a half inches long, one and a half wide, and the same in height, was noticed in the lower part of the dorsal region. After death, the following particulars were obtained: he had been all his life subject to severe attacks of headache; and whenever the tumour was pressed upon, he would have one of these headaches, with temporary delirium. For the three or four days preceding his admission he had been much exposed to the sun, and was much exhausted, with symptoms, however, of some obscure cerebral disease, rather than of true sunstroke. His habits were very intemperate.

*Post-mortem twelve hours after death.*—Blood dark and too fluid; lungs deeply congested; heart contained some fluid blood, with firm whitish clots; liver congested; slightly granular and tough; kidney congested; spleen, stomach, and intestines, apparently healthy.

*Brain.*—The membranes over the convexity were milky and thickened. Around the base of the brain and over the cerebellum, the membranes were coated with tough grayish lymph, matting the structures together.

The membranes, and brain substance were quite pale, and presented no appearance at all of recent inflammation. Upon laying open the lateral ventricles, they were found distended, each one containing about f3iij of slightly turbid serum. The velum interpositum was opaque; and

the choroid plexuses cloudy, and probably enlarged. This condition of the membranes extended down over the pons: but the spinal meninges did not appear diseased.

The tumour in the back was found to consist of the thickened skin inclosing the sac of a spina bifida. The deficiency was seated along the spinous processes of the ninth and tenth dorsal vertebræ; and was about two and a half inches long by half an inch in width.

The dura mater of the cord was continuous over the sac, and adherent to the bone at the point of deficiency. The spinal cord was apparently quite normal, none of its fibres entering the sac of the spina bifida.

*Intra-Capsular Fracture.*—Dr. H. ALLEN presented the following specimen, accompanied with a brief history.

Mrs. —, aged 70, suffering from chronic softening of the brain, fell from a lounge to the floor, and received a simple transverse fracture through the neck of the left femur within the capsule. The usual symptoms were manifested; the patient complained of no pain except when interrogated; death ensued on the third day after accident.

An autopsy was held within twenty-four hours after death; no detailed notes upon the condition of brain and arteries have been preserved. The upper third of the affected femur was removed, and the specimen presented to the Wistar and Horner Museum, by Prof. Francis G. Smith, who had charge of the case; it there came under the notice of Dr. A.

The fracture was immediately beneath the head, nearly transverse, without comminution beyond the detachment of a small thin fragment about the size of a half dime, from the posterior wall of the neck. The neck measured three and a half centimetres in length; the angle of the head and neck to the shaft was not perceptibly changed. Upon opening the detached fragment and shaft longitudinally, the interior was found much congested at the neck, portion of the head, and downward along the shaft to the extent of four centimetres. This was more conspicuous along the inferior and inner edge than elsewhere; that in the region of the great trochanter being healthy. At the seat of fracture, the cancellated structure was filled with clotted blood of a black colour, and extended in the shaft from the fractured surface, downward and outward to the extent of two centimetres. In the head, two similar clots were found near the superior and inferior borders. The bone around these clots was more deeply reddened than elsewhere. A fourth small clot was seen beneath the medullary membrane, upon the inner wall of the cavity, at the lower end of the congested area four centimetres below the neck of the bone. These clots with the exception of the last, were thought to have been derived from the blood soaking into the cancelli, from the ruptured vessels about the seat of lesion; the smaller inferior clot was probably obtained from a minute endosteal hemorrhage. Their presence was interesting as suggesting one of the causes of non-union in these fractures. In the head and neck of the aged femur, when the parts possess a tendency to absorption, such clots, owing to deficient number or want of activity in neighbouring vessels, might act as mechanical obstacles to resist efforts at repair.

*Extensive Epithelioma of Stomach, without Distinctive Symptoms during Life.*—Dr. PACKARD exhibited a stomach, with a portion of the duodenum,