ported in which the symptoms and signs ordinarily ascribed to pelvic cellulitis and peritonitis were present, but in which opening of the abdomen showed salpingitis, peritonitis and ovaritis, there being no thickening of the cellular tissue. Except in those cases in which there was shortening of the ligaments, the uterus presented about the normal mobility. Pelvic abscess, in the writer's opinion, was in the majority of cases of tubal origin.

As regards the causation of these masses, anything that will produce endometritis may produce salpingitis and cause these masses.

**Prognosis.**—Death is the exception. This result is to be expected when septicemia is the cause of the trouble, or when there is a depraved state of the system. The occurrence of abscess is usually followed by recovery. If the mass remains the permanent cure of the case is doubtful.

In chronic cases, after all other measures have failed operation may be performed. The tubes need not necessarily be removed. The tearing of the adhesions may be sufficient.

Conclusions.—Salpingitis is neither a new nor a rare disease. It is, with peritonitis, the most common form of inflammation about the uterus, holding in point of frequency almost the same relation to the extra-uterine surface as does endometritis to the intra-uterine.

The majority of cases get well. A small number do not get well, and these are capable of causing such danger and distress to the patient that abdominal section and removal of the tubes and ovaries is a necessity.

Dr. W. H. Welch, of Baltimore, read a paper on AN EXPERIMENTAL STUDY OF GLOMERULO-NEPHRITIS.

Of the various processes which make up the pathological anatomy of Bright's disease, the two which at present awaken the greatest interest and the study of which promises the most fruitful results, are probably the changes which take place in the glomeruli and atrophy and necrosis of the epithelial cells.

The questions which have not as yet received full and satisfactory answers are, What is the origin of the cells which often in nephritis occupy the space between the glomeruli and the capsule of Bowman? Does migration of the white corpuscles or diapedesis of the red corpuscles take place through the glomerular capillaries? What relation as to frequency and intensity do changes in the glomeruli play in the pathology of Bright's disease? In expectation that light might be thrown upon these questions, the speaker had experimented on rabbits and white mice, by the production of acute cantharidal poison. A concentrated solution of cantharadin in acetic ether was employed by subcutaneous injection. After a toxic dose, the urine diminishes and is finally suppressed. It contains albumen, hyaline casts, and a large number of leucocytes and red blood corpuscles.

Microscopical examination of the kidney in mice shows here and there foci of infiltration with small round cells, doubtless migrated white blood corpuscles. The epithelium of the convoluted tubes is in places normal in appearance; in other places it is swollen and often the inner part of the cells is broken off, appearing as a granular mass in the lumen of the tube. The most marked change is found in the malphigian bodies. In the greater number of these, there is between the glomerulus and Bowman's capsule a wide space, partly or wholly filled with cells. These are larger than white blood corpuscles. They are frequently arranged in a crescentic mass. These appearances are similar to those described in glomerulo-nephritis in man. In the latter case these cells are attributed to the swelling and desquamation of either the capsular or glomerular epithelium. Such explanation does not hold in the present case. The epithelium of the capsule is often intact and the glomerular epithelium may retain its normal position. More frequently it is swollen and may desquamate. There are no appearances which justify the derivation of the greater number of the cells from the epithelium of the glomerulus. These cells can not be regarded as white blood corpuscles changed by the action of the poison, for the cells circulating in the blood are exposed to the same poison. These cells may be derived from the epithelium of the convoluted tubules in immediate communication with the malphigian bodies. The cells in the capsular space are identical with those in the convoluted tubes. At times there can be found groups of cells arranged in the form of a ring, with a central space, just like the epithelium of the uriniferous tubules.

It is difficult to decide whether the cells occluding the glomerular capillaries in acute and chronic Bright's disease are white blood corpuscles or endothelial cells, but the speaker inclined to the view that at times they are detached endothelial cells. Swelling of the endothelium and accumulation of cells in the glomerular capillaries appears to be a nearly constant lesion in the acute nephritis of scarlet fever. In one case examined this was almost the only lesion in the kidney. Occasionally pathologists meet with kidneys in which the apparent changes do not explain the symptoms. In such cases careful examination of the glomerular capillaries should be made. It is difficult to think of any lesion of the kidney more destructive to its function than occlusion of the capillaries.

While disposed to attach much importance to the changes in the glomerular capillaries, we are not justified in asserting that these changes constitute the primary and essential cause of Bright's disease. They are co-ordinate with other lesions.

He suggested that instead of the term glomerulonephritis, the term glomerulitis be used. The term glomerulitis is characterized by accumulation of the cells between the glomerulus and Bowman's capsule and the glomerulitis may be designated desquamative glomerulitis, and that characterized by the accumulation of cells or by other changes within the capillaries may be called intra-capillary glomerulitis.

Dr. Wm. Osler, of Philadelphia, read a paper on BICUSPID CONDITION OF THE SEMILUNAR VALVES AND ITS RELATION TO AORTIC VALVE DISEASE.

A bicuspid condition may be said to exist when two of the three sigmoid cusps have more or less
of endocarditis. The former view seems the more
probable, (a). From the fact of the existence of the
condition in foetal life without any traces of endo-
carditis. (b). The occurrence of all grades of the con-
dition in pulmonary artery. A great majority of the instances pre-

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sent other serious anomalies of development, and
demonstrated facts relating to the propagation of
typhoid fever indicate that it is due to an organism,
which is capable of multiplication external to the
human body in a variety of organic media at com-
paratively low temperatures. Eberth's bacillus com-
plies with these conditions. In consideration, there-
fore of its constant presence and the absence of any
other organism as shown by microscopical examina-
tion and culture experiments, the inference seems
justifiable in the present state of science, that this bac-
illus bears an etiological relation to the disease in
question.

Dr. E. C. Seguin, of New York, made a

CLINICAL REPORT OF NINE CASES OF HEMIANOPSIS.

He presented an abstract of nine cases of lateral
hemianopia due to cerebral lesion and called atten-
tion to the following points of interest: Of the nine
cases, five had right lateral hemianopia, and four left
lateral hemianopia. Three of the cases of right
sided hemianopia presented the following associa-
tion of symptoms: hemianopia, right-sided hemi-
paresis with post-paralytic ataxia and partial hemi-
anaesthesia. Two of these cases also exhibited alexia
without other aphasic symptoms. It is interesting to
note that all cases of right-sided hemianopia do not
have alexia, and also that post-paralytic ataxia is not
always accompanied by hemianopia, though prob-
able this is more common than is generally supposed.
The six other cases were practically cases of pure
hemianopia, i.e., there were no paralytic or sensory
symptoms, or aphasia indicating extensive cerebral
disease.

In the first category the lesion is probably placed
on the outer edge of the thalamus, so as to involve
the fasciculus opticus and the posterior division of
the internal capsule. In the second category, the
lesion is quite certainly further back or in the white