

They were leaving behind the old crude view that the process was chemical. Of course everything biological came to be chemistry in the end, but they used to be satisfied with the view of simply bringing the food into a condition which was a long way from the final result—what they call digestion. Then they had vague notions about absorption and now they come to the finer view of the whole process being controlled through the nervous system, and intercellular digestion was not always to be distinguished from what was called absorption.

DR. SHEPHERD mentioned that he visited Pawlow's institution in Russia, and saw the various animals under experimentation and was struck with the extent of the place and the equipment and facilities for research.

*Third Meeting, November 6th, 1903.*

H. S. BIRKETT, M.D., PRESIDENT, IN THE CHAIR.

The following persons were elected to resident membership: Drs. E. Hamilton White, A. R. Pennoyer, A. H. Gordon, T. A. Starkey, Charles K. P. Henry; and to temporary membership the Resident Staff of the Montreal General Hospital, namely, Drs. R. C. Paterson, E. M. McLaughlin, F. S. Patch, N. D. Paris, W. E. McKee, C. Anderson, H. E. Nelson, L. C. Bishop, H. Cowperthwait; and also Dr. Franckum of the Women's Hospital.

DR. LAPHORN SMITH:—The woman from whom the tumour was removed, suffered from a severe reflex nervous disturbance, such as might come from a lacerated cervix or from any other irritation of the parts in the region of the sympathetic. On examination it was found she had a lacerated cervix and on repairing this, I told her she had probably some tumour of the kidney, and advised operation. While in hospital I opened the abdomen in the middle line between the ensiform cartilage and the umbilicus and came upon a tumour the size of a cocoanut. This I found impossible to enucleate on account of the covering of thick fibrous capsule. I simply tied off this in segments all the way round and then enucleated the tumour. With it came the kidney, which I had to remove, as otherwise, in tying the adhesions the ureter and vein had to be sacrificed. At the time of operation the tumour was densely filled with clear limpid fluid. The ureter runs through the wall of the tumour and not through the tumour itself. The kidney has no capsule on the abdominal side, that having been left in; the other half of the kidney capsule was on the tumour. Marked improvement in general health followed the operation; the appetite and digestion improved rapidly. Here I would urge the advantage of operating through the abdomen for tumours of the