

fungating mass upon his back. A short time before the death of her husband she had a small abscess at the lower margin of the vagina, to which no importance was attached.

In November, 1902, she entered the hospital at Ottawa for a course in training as nurse, and about the 1st of December she noticed a small lump in her groin. She therefore consulted Dr. J. Fenton Argue, to whom I am indebted for notes of her case, which I give largely in his own words. Dr. Argue examined her on December 7th, and found a small tumor about the size of a walnut, freely movable, not tender on pressure, nor was there any reddening about it. It looked very much like a sebaceous cyst. However, on cutting down, it looked more dangerous. The tumor and surrounding tissues were removed as widely as possible, and on microscopic examination it was found to be a sarcoma of the small round celled variety, in which were a few spindle cells. The patient made an uninterrupted recovery, and resumed her nursing duties in about four weeks. Two weeks after this, on examination there was found slight thickening in the line of the cicatrix. She was put to bed and treated with X-rays. In spite of this the mass enlarged, and the only benefit derived from the rays was in the lessening of the pain. Coley's fluid was also used, but no definite results were obtained, and at the end of February, 1903, she was removed to her home, where she died about six weeks later. Thus the whole course of her illness, from the first observable symptom to her death, did not exceed four months.

PAIN IN THE UPPER ABDOMINAL ZONE—ITS CAUSES AND DIAGNOSIS.*

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By the upper abdominal zone, I mean that portion of the abdomen bounded below by a line drawn horizontally through the umbilicus and above by the dome of the diaphragm.

Pain in this region may have its seat in organs or tissues

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