

Dr. Gardner also took this view. As this woman had worn pessaries for some time, and as she had had an attack of inflammation after the removal of one, he thought that the wearing of a pessary may have had something to do with the disease; he had seen several such cases. He would call it a case of pachysalpinx, and as there were adhesions all around the tubes and ovaries the woman had no doubt had several attacks of pelvic peritonitis. She had had no inflammation after her confinement, nor until three months ago when the pessary which she had been wearing was removed.

In connection with this case Dr. Armstrong related a case of a lady who developed puerperal peritonitis on the afternoon of her confinement. The abdomen was opened a few days later and a large amount of pus removed, but she died. At the autopsy a ruptured tube was found, she had been pregnant once before 10 years previous to this confinement. These cases showed the importance of removing diseased tubes, as a woman was never safe as long as they remained.

Dr. Lafleur exhibited a tumor of the thyroid gland consisting of glandular structure surrounded by a capsule.

Dr. Bell stated that it was quite distinct from the thyroid gland, that it occurred in a patient 25 years of age, in whom it caused great dyspnea—it was covered with large veins which were drawn aside and it was shelled out without requiring any ligatures.

Drs. Shepherd and Roddick acquiesced in the treatment.

Dr. Bell exhibited a sharp exostosis which had developed at the end of the shaft of the femur in an insufficiently covered stump. Also—a large quantity of material resembling vegetations which he had removed from the knee joint of a young man who had had a history of gonorrhoeal rheumatism, and who had been laid up for two years with joint affection. His occupation was that of a knife grinder and he had tubercular antecedents. Although Dr. Lafleur and Dr. Bell said that they thought the disease was tubercular, and Dr. Kinloch that the man had exposed himself to great hardships, Drs. Shepherd and Roddick did not believe that there was any proof of its being tubercular; they thought it was merely a case of chronic inflammation of the joints.

Dr. Bell showed an arm which he had removed from a drunkard 65 years old for dry gangrene of the thumb and first finger due to thrombus of the brachial artery. He had a history of inflammation of the thumb and two fingers two years ago, and during the course of a spree a couple of months ago he fell down and hurt his arm at the bend of the elbow. Dr. Roddick and Dr. Shepherd thought the treatment very heroic, although the former admitted that Mr. Hutchison held that the high operation gave the better results, but Dr. Shepherd said

that Mr. Hutchison only referred to cases of senile gangrene.

Dr. Kinloch showed a pin with a large bead head and two inches long which had been swallowed by a child $1\frac{1}{2}$ years old, which was passed by rectum two days later, without bad effects.

Dr. Ross read a paper on "Gastric and Duodenal Ulcers."

1st case.—Man 23 years old suffered from indigestion, black stools, vomiting, pallor and weakness, sometimes fainting; constipation, pain shooting up to the shoulder one hour and a half after taking food. There were splashing sounds over the stomach; no tenderness on pressure; never vomited blood, but he had often had blood in his stools, showing that it was duodenal ulcer. The dilation of the stomach was another significant symptom showing that there was obstruction.

2nd case was one of gastric ulcer. This patient had always had a firm conviction that she had swallowed a lizard, owing to there being greater peristaltic action of the intestines. As she was anxious to have the reptile removed, she was handed over to Dr. Bell, who performed an exploratory laparotomy with a possibility of removing some diseased intestine; but a hard tumor was found occupying the lesser curvature of the stomach, near the pylorus. The history of the disease had extended over nine years, during which there had been gastralgia, which is a constant symptom of ulcer of the stomach. Although it was impossible to say decidedly, Dr. Bell thought it was a malignant growth, while Dr. Ross was of the opinion that it was an ulcer with fibroid thickening of the gastric wall, of which he had seen several cases.

3rd case.—Cases of malignant adenoma of the stomach in a patient after suffering from dyspepsia for several years, died jaundiced; cancerous nodules being found on the peritoneal surface of the liver. There was general infiltration of the wall of the stomach with epithelial cells.

Dr. Guerin referred to a case of his own, who was under the impression that she had swallowed black beetles, and Dr. Lapthorn Smith related several cases in his practice in which the peristalsis of the intestine was so exaggerated that they were plainly visible through the abdominal wall, giving the woman in one instance a firm conviction that she was the host of a large snake, which she remembered to have swallowed one day several years previously while drinking from a pond. This patient was extremely anxious to have her abdomen opened in order that the reptile should be removed, which request being refused, she angrily dismissed her physician.

Dr. Roddick thought the operation performed by Dr. Bell was justifiable for two reasons; first, to set the woman's mind at rest; and,