

tery, passing it rapidly over the cornea, with no beneficial result, although such treatment had been successful in two other cases which had come under his observation. The cornea was not opaque. The child is poorly nourished, although not strumous nor syphilitic. The treatment had been mainly constitutional. He mentioned a similar case which had come under his treatment, in an adult, in which, notwithstanding treatment, both eyes had been lost.

Dr. Oldright exhibited a tumour removed by Dr. Ball from a female patient. Two years before he had presented to the Society a similar tumour, trilobated, which had been removed from the same woman. At that time it was decided to be a myxo-sarcomatous growth. There had been no recurrence of the tumour until nine months ago, when it began a little higher up on the thigh, and involved the adductor muscles. Portions of the present specimen had been submitted for microscopical examination to Dr. W. H. B. Aikins and Mr. Foster. They agreed upon the diagnosis given two years ago of myxo-sarcoma. The patient was thirty years of age. The prognosis was bad.

Dr. Cameron presented the following specimens :

J. S., æt. 51.—Somewhat more than a year ago, while in seeming good health, began to pass blood in his urine. On applying to some physicians in the neighbourhood of his home, in north-west Ontario, a large, hard, painless tumour was discovered in the right hypochondrium, bulging forward, and palpable; but not bulging posteriorly, and then thought to be connected with the liver. The hæmaturia, continuing in spite of treatment by the usual remedies, he came to Toronto and consulted Dr. Temple in March last. I then saw him with Dr. Temple, and we had no difficulty at that time in tracing the connection of the tumour with the right kidney, and by exclusion assigning to it a malignant character. The microscopic examination of the urine revealed nothing abnormal except the presence in great abundance of red blood corpuscles. The patient was placed on a tonic regimen, and sent home. He returned to the city in December, to consult Dr. Aikins, who referred him to Dr. H. H. Wright, by whom he was again admitted to a private ward in

the Toronto General Hospital, and with whom I again saw him. The tumour had somewhat increased in size, and become adherent to the colon which passed over its anterior margin. The hæmaturia had ceased, and was succeeded by pyuria; and no pain, vascular distension or œdema had yet occurred. An indistinct fluctuation was perhaps perceptible through the tumour. He said that after going home last March he had gained weight at the rate of half a pound a day for a short time; but subsequently lost weight again slowly. The microscope revealed only pyuria; no casts, no epithelium. A slightly cachectic tint of skin had developed. While in the hospital he contracted erysipelas of the face, accompanied by diarrhœa, and speedily succumbed.

J. C., æt. 53.—Admitted to the Toronto General Hospital, 4th December, 1883, emaciated and debilitated to the last degree. Complained of incoercible vomiting, obstipation, and tumour in epigastrium. Said that he had been perfectly well up to the 22nd of October last, on which day, when at work, he was seized with pain in the stomach and vomiting. That from that moment nothing had passed his bowels; and nothing had been retained on his stomach. Pain was not specially complained of.

On examination a well defined round swelling, perceptible alike to sight, and touch was found in the epigastric region, about the middle line, and much more circumscribed than the transverse ridge or band often produced by malignant omentum. Nothing else noticeable in the abdomen or elsewhere, except the extreme emaciation. No manifest cachexia. Obstruction of pylorus was diagnosed, and the idea of gastrotomy was canvassed with a view either to dilate pylorus digitally or remove the obstruction by section. The patient's condition, however, did not seem to warrant interference, although he was perfectly rational, and earnestly desired operation. An attempt to maintain life by rectal alimentation was made, but failed, and the patient succumbed from sheer starvation on 9th December.

Dr. George Wright had had a case of malignant disease of kidney similar to that just related only with this marked difference, that a spasmodic condition occasionally present caused severe pain followed by