

boring of the liver which shows quite clearly the nature of the malignant tissue.

DR. ENGLAND: I would like to ask whether the patient had been able to take a fair amount of nourishment. As this patient died so soon it is a question here whether gastrostomy could not have been done earlier.

DR. ARMSTRONG: With regard to this point I would say that the patient came into the hospital very late, that he declined to have anything done as long as he could swallow at all and it was only when he could not swallow even milk that he decided upon operation so that there was absolutely no resistive or reparative power left.

DR. ABBOTT: With regard to the frequency of shreds of the mucosa being in the stomach washings I may say that while in Berlin some two years ago I saw quite a number of sections of stomach washings and in nearly all could be found sufficient evidence to make a diagnosis.

DR. MACKENZIE: The man was operated upon as quickly as he would allow and had been able to take but a very slight amount of nourishment for a long time.

DR. W. J. TELFER: A Case of Abscess of the Pancreas.

J. A., single, aged 35, farmer and dealer in farm produce. *Previous history* good with the exception of occasional attacks of acute indigestion. In August last had an attack of boils on the face. Total abstainer; no venereal disease. *Family history* excellent; father died aged, mother still living; brothers and sisters alive and well. *Last illness*: Was taken sick on September 16th last; symptoms of acute indigestion with constipation; relieved by enema. Next day symptoms recurred, severe pain in right loin with chill. From September 18th to 25th typhoid temperature persisted with severe chill and sweating on the night of the 24th. On 25th was admitted to the Western Hospital.

*Course of Disease*: Temperature was septic from the first with chills and sweats daily; no vomiting, bowels constipated. Was able to bear free palpation over the whole abdomen; some headache, relieved by ice-cap. On 11th day in hospital (19th day of disease) complained of a tender area below and to the right of the ensiform cartilage, and slight crepitation was discovered at the same time over the base of the right lung. At this time patient was unable to lie on left side on account of pain in front. This pain disappeared by the 22nd day of the disease but the patient then developed slight distension of the epigastrium and also slight jaundice, both of which gradually increased up till October 26th, the icterus changing rather to a cachectic dark brown with the conjunctivæ quite deeply stained. During this period percus-