appendicitis about 15 years ago. He recovered without operation, and felt no further trouble until about three months ago, since which time he has had five different attacks.

Dr. LAFLEUR after examining the condition of the heart failed to see any tricuspid involvement, the valve appeared perfectly normal. He did not, therefore, think Dr. McConnell's diagnosis borne out in this respect.

Dr. FINLEY thought the presystolic murmur here might be explained on Dr. Austin Flint's theory, that in a certain number of cases of aortic regurgitation, a presystolic murmur heard at the apex was the result of the floating upwards of the mitral segments, thus narrowing the orifice, and producing this sound.

Notes on a Cerebral Tumor.—Dr. JAMES STEWART read a paper on this subject.

Dr. C. E. CAMERON said this patient had come under his care two years ago last summer. At that time he had hallucinations; he thought some beasts, as he called them, were crawling round his neck, and wanted the doctor to remove them; he also believed he had worms in his stomach, which he said were interfering with his digestion. Shortly after this he took to bed, and never left it till he died. Latterly, he never made any complaints, never even sought his meals; he lived, but his life was more like that of a vegetable, than animal. He lost control of his sphincters during the last year.

Dr. SHEPHERD regretted that Dr. Buller was not present, as he had for some years under his care a patient suffering from a tumor not unlike this. It grew from the pituitary body, and after lasting some years, involved the ethmoid and the palate bones, until you could finally see the tumor through the mouth. The specimen existed in the museum of McGill University.

Dr. MILLS regretted that the condition of the brain was so far advanced in decomposition at the time of the autopsy, otherwise he believed the microscope should reveal some other degenerated conditions besides the presence of this tumor to account for all the symptoms in the case. Of course it was possible that the connection of the tumor with the pituitary body was capable of causing all these complex symptoms. Some said that this organ was allied to the thyroid, and being a blood viscus it might explain the anæmia. It would at any rate be important to ascertain definitely whether or not the pituitary body was involved in the tumor, and if it was, many of the symptoms could be explained.

Dr. ADAMI, replying to Dr. Mills' remarks, said he had looked carefully through a large number of sections taken from that region, but had been unable to find any pituitary substance, which had apparently completely atrophied.

End to End Anastomosis of Intestines by means of the Murphy Button.—Dr. JAMES BELL read a paper as follows:

I am able to report three cases in which I have used the Murphy button to secure end to end union of intestine after resection. In two the results were completely successful and most satisfactory. In one thus made there was non-union, sloughing of the apposed ends of the bowel, escape of contents, and death from peritonitis. Two of the three operations were upon the same patient, and it was the second operation upon this patient which proved fatal. I am, therefore, enabled to present specimens showing (1) the union which had resulted from the first operation, as well as (2) the sloughing of the bowel which resulted from the second operation. This case is, moreover, a most interesting and puzzling one from a pathological standpoint, although I wish for the present to direct attention specially to the use of the Murphy button.

The second case was one of femoral hernia, in which 39 hours of strangulation had produced complete gangrene of the extruded loop of bowel. Until very recently such cases were the *bête noire* of the surgeon, and the question, "What shall be done with cases of gangrenous hernia?" has been much discussed. This case and others, now a goodly number, of recoveries after resection of the bowel, indicate the only rational treatment, and it is particularly in this very class of cases, where rapidity of operation is frequently such an important consideration, that artificial aids are, if useful at all, of the greatest service.

CASE I.—J. W. McC., male, æt. 40, had always enjoyed good health until June, 1893, when, while in Chicago attending the World's Fair, he was suddenly seized with severe and painful diarrhœa. The diarrhœa subsided in four or five days, but pain remained, and he felt so badly that he came home and was unable to work for six weeks. His bowels had never been quite regular since this attack. He recovered fairly well, however, until December, 1893, when he had another attack of pain and a hæmorrhage from the bowels. Since that time he had never had a natural movement of the bowels without a purgative, and he had suffered greatly from wind, which after rumbling about for some time finally escaped in an explosive manner, giving great relief. In February, 1894, he was seized with faintness, and some hours afterwards passed a large quantity of blood per rectum. A similar attack had occurred once since. On the 14th June, 1893, he was admitted to the Royal Victoria Hospital, with complete obstruction of the bowels of six days' standing, and for which he had been given various kinds of purgatives, as well as enemata, but without any effect. His abdomen was greatly distended. The