which confirmed in every way the first. From a medical standpoint the chief interest in the case was the probability of its proving a suitable one for operation, owing to the complete absence of adhesions, as evidenced by the extreme mobility of the tumor and absence of all indication of involvement of the lymphatic glands. The rule that abdominal tumors are always larger when exposed than they appear from external examination was contradicted in this case. There was no appreciable difference between its real size and that which we supposed it to be before opening the abdomen.

Dr. ARMSTRONG said that the patient having returned to the surgical ward, the question of surgical interference with all its attendant dangers was put before her to decide. So miserable was her condition that she preferred death to a continuance of life under such circumstances, and gladly chose the risks of an operation. Before anæsthetizing her, a hypodermic of morphia and atropia was administered, with a view to lessen the shock of the anæsthetic, and it had very satisfactory results. She took the ether quietly, there was no vomiting, and only 6½ ounces were used in the two hours she was under its influence. Her pulse, which was 100 at the start, fell to 70 before she left the table. A median incision was made, and the tumor brought up to the opening. It was small and well defined, quite movable, non-adherent to surrounding organs, and there seemed to be no infiltration or involvement of any of the surrounding parts. It seemed a very suitable case for removal of the growth. The greater and lesser omenta were tied off, the pylorus drawn well up, and the duodenum constricted by a soft rubber band at a point about 2½ inches from the pylorus. An incision was then made across the stomach well above the tumor, taking care to have it include all infiltrated tissue; and the duodenum was then cut across well below the tumor. A hole was then made in the posterior wall of the stomach and the duodenum united here, instead of the usual method of joining it to the head of the organ. In this way he was enabled to work right inside the stomach in the process of uniting the duodenum, which obviated many of the mechanical difficulties, and after joining it from the inside, the stomach was turned over and the parts further united on the outside by a Lembert suture. The end of the stomach itself was then closed up, the edges being inverted, united, and the serous coats being finally joined by two rows of Lembert's sutures. Her recovery was as smooth as possible, there being neither pain nor vomiting. Solid food was first administered on the fifth day, and she has been taking it ever since. She was last weighed about two months ago, and had then gained ten pounds, and has been increasing in weight ever since. She looks well nourished, and says her appetite is good.

Dr. SHEPHERD congratulated Dr. Armstrong on the success of this extraordinary operation. It was, so far as he knew, the first of the kind ever performed in Canada, and was, without doubt, the first in Montreal. He had seen the patient after the operation, and looking at her now he must say he had never seen a case do better, which, when we consider the seriousness of the condition, is saying a great deal. He thought much of the rapid improvement may be attributed to the early feeding, as, in his opinion, the patients in many of the older cases owed their deaths to the starvation which was enforced. Dr. Armstrong's procedure in bringing the duodenum through a separate opening into the stomach is regarded as the only proper method by European surgeons.

Dr. RODDICK joined with Dr. Shepherd in congratulating Dr. Armstrong on his success in this case. Early feeding, without a doubt, contributes largely to the success of these cases.

Dr. JAMES BELL said that the trouble with these cases is the fact that most of them only submit to operation when they are practically moribund, and when the disease has consequently made such progress as to render a cure under any circumstances almost hopeless. He had more than once opened the abdomen in cases of this kind, only to find the disease so advanced that, unless for the relief of a stricture or some such mechanical difficulty, an operation was unwarrantable.

An Appendix containing an Ordinary Pin as the Exciting Cause of a Perforating Appendicitis.—Dr. BELL presented the specimen, and gave history. The patient, a boy, aged six, had been brought to the Royal Victoria Hospital with the usual symptoms and signs of appendicitis with abscess formation. There was a history of two days illness. The child was operated upon, and made a good recovery. On slitting up the appendix a pin was found lying transversely across its lumen near the apex. The head of the pin had perforated (by ulceration) all the structures of the appendix, and the point of the pin had very nearly perforated at the opposite side, and at this point the appendix was strengthened by a mass of adherent omentum. This was the only case which Dr. Bell had seen with an actual foreign body as the exciting cause of the disease—except possibly a foreign body may have been the starting point of some of the enteroliths so frequently found in the appendix.

Calcareous Tumor of the Thyroid producing Œsephageal Obstruction.—Dr. BELL showed the specimen and reported the case. An old lady, aged 58, had suffered for two years and a half from difficulty in swallowing, gradually growing worse, until she was actually starving. Since March last she had not been able to swallow solids at all, and liquids only in very small quantities, and with the greatest