

ago while driving over a rough road, she was taken with sudden pain and vomiting and fainted. She recovered from this, but a few days later was taken with another attack. On examining her, a large mass was found completely filling up the pelvis and pushing the uterus forward against the symphysis pubis. There was also constant but slight bleeding from the uterus. He saw her a week later when the mass was considerably increased; so an operation having been decided upon, the abdomen was opened, and the omentum was found adhered to the parietes. The large mass was found to consist of blood clot, when the left tube was discovered very much enlarged and ruptured. Although there was a distinct chorion there was no foetus which he expected to find. This was, however, probably absorbed. He also showed specimen of a complete cast of the uterus, which was a decidua vera which came from a lady who had missed two periods, and who, while out walking, was seized with pain and vomiting, exactly the same as in the previous case. On examination a mass was found which was probably an extra-uterine foetation, which will probably require operation.

Dr. Johnson exhibited microscopic sections of the chorion.

Dr. L. Smith congratulated Dr. Gurd upon having made the diagnosis, and Dr. Gardner upon so promptly taking action and saving this patient's life. He thought it wonderful to think that this condition had been recognized and remedied, when so many women have died without even the cause of their death being known. He would like to see this case reported and brought to the notice of every practitioner throughout the country, so that they might have such a possibility in their mind, which was a great step towards recognizing it. This was proved by the fact that when this case was diagnosed it was by doctors in cities who had opportunities of hearing about them. He had no doubt that many women die every year from rupture of a tube without the cause of death ever being suspected. For his work on this subject alone, Lawson Tait had earned the gratitude of the profession and humanity.

Dr. Molson showed a patient with ankylosis of the spine and read a history of the case. Dr. Roddick and Dr. Rodger, who knew something of the circumstances of the patient, he having been in the penitentiary, thought it was a case of malingering. Dr. Smith thought as the man had had rheumatism, that it might really be a case of chronic rheumatic arthritis of the vertebral joints. Dr. G. Brown had seen a case of ankylosis of all the joints, following rheumatism. Dr. Shepherd thought it strange that only the vertebral articulations should be affected. Dr. Birkett drew attention to the point that the muscles of the back were fairly

well developed instead of being atrophied, as they would be if never used.

Dr. Armstrong, the retiring president, then read the annual address, in which he called attention to the large amount and high character of the work done during the past year. There had been nineteen meetings held, at which the average attendance was $26\frac{1}{2}$; the largest attendance being 42 out of a total membership of 94. There were four new members elected as against four new members last year. There had been no deaths in the ranks. He then classified the papers and pathological specimens under headings of surgery, medicine, gynecology, &c., giving each of the readers of papers, and exhibitors of specimens credit for their work. The financial condition was good, and steps have been taken to make the rooms still more attractive.

A vote of thanks was proposed by Drs. Roddick and Rodger.

After the proposition of Dr. F. E. Thomson for membership, the meeting adjourned.

Stated Meeting, October 24th, 1890.

F. J. SHEPHERD, M. D., PRESIDENT, IN THE CHAIR.

Diffuse Cancer of the Stomach.—Dr. Johnston, who exhibited this specimen, made the following remarks:—

"The stomach is extremely small, its length from fundus to pylorus being only four inches. The wall is greatly thickened, measuring five-eighths of an inch in most places. It is firm and hard, with somewhat translucent appearance on section. All its coats are greatly thickened, and the stomach is converted into a narrow tube with firm, inelastic walls which do not collapse. Internally, an ulcer is seen just below the orifice of the oesophagus; its edges are slightly raised. A few other small superficial ulcers are seen along the greater curvature. Pyloric ring firm and rigid; admits the little finger. About the stomach firm fibrous adhesions exist binding it to the omentum, and there is some fibrous thickening between the stomach and pancreas. There is a single, small, firm, white nodule, size of a pea, in the upper surface of the right lobe of the liver. There is no enlargement of the epigastrie or portal glands. The microscope shows great proliferation of the deeper cells of the mucosa. The muscular coat is uniformly infiltrated with solid masses of small epithelial cells, which fill all the lymph vessels between the muscle bundles. Many of these cells have undergone colloid change. The nodule in the liver has the typical appearance of a scirrhus, the cells being very scanty. This form occurs in about ten per cent. of all cases of gastric cancer. Many of the cases described as gastric cirrhosis are really cancerous."