

removed by Dr. Wm. Gardner for malignant disease of the cervix. The growth was limited to the vaginal portion of the cervix, which presented a small fungating mass of granulations showing epithelial infiltration.

DR. GARDNER said this case was of particular interest, as malignant disease of the cervix was rare in a patient so young. She was but 24 years of age, had been married five years, and was twice pregnant to full term. She had suffered from hemorrhages and other uterine symptoms since last May. He first scraped away the diseased portion and then cauterized. The growth presented the characteristic fungoid appearance, and was easily removed by the curette. After ascertaining the nature of the disease he decided on removal of the uterus, and, of course, the appendages also. The uterus was extirpated by the vaginal method, and the ovaries were found to be decidedly enlarged. This is the ninth day since the operation, and the patient's recovery so far has been rapid and uneventful. The chief interest of the case was the early age of the patient.

*Suppurating Appendicitis with Pyæmia and Stricture.*—DR. LAFLEUR exhibited for Dr. Bell the organs from a case of stricture of the urethra complicated by suppurative appendicitis and pyæmia. The stricture was single, annular and symmetrical, situated in the bulbous portion of the urethra. There were marks of old false passages around it, and a more recent one on the right side of the urethra which showed slight inflammatory reaction. The muscular wall of the bladder was hypertrophied and the mucous membrane thickened and pigmented. The abdomen contained fifty ounces of turbid yellowish fluid containing flakes of lymph, and there was lymph deposited both on the parietal and on the visceral peritoneum. The peritoneal inflammation was most intense about the liver, which was its starting point. The liver itself was honeycombed with abscess cavities of various sizes, formed by fusion of numerous suppurating foci, filled with thick offensive, greenish-yellow pus. The infection had spread to both pleural cavities, producing on the right side a sero-purulent pleuritis, and on the left a localized adhesion to the pericardium, which in its turn had become inflamed, a complete recent plastic