bullet had gone through the bone. He was perfectly conscious; no symptoms at all, until gradually and slowly he began to get weaker and weaker until he finally died, and on *post mortem* examination one-half of the brain was a great amount of pus.

The Fellows coinciding, Dr. Bruce agreed to the suggestion of Dr. Grasett, that he would give a more extended history of the case early in the fall.

Tumor of Thigh—Clinical Notes. Duodenal Ulcer--Specimens.

Dr. F. Le M. Grassett reported these cases, and presented the specimens. The second was a case of ulcer of the duodenum with rupture into the peritoneal cavity, and death following somewhere within forty-eight hours. It occurred in a domestic servant. The case was first seen by Dr. A. A. Small, and when seen by Dr. Small indicated that there was some trouble in the neighborhood of the appendix. There was dulness in the right flank, and the diagnosis was confirmed a few hours later by Dr. Nevitt. The woman was rapidly approaching a moribund condition, and if something were not done immediately death would intervene. Dr. Grassett then operated, and found everything in the right region normal. There was, however, a collection of fluid like thin green mucilage, the like of which Dr. Grassett had never seen before. He considered there must be a rupture somewhere, and if he had prolonged the incision upwards he thinks he would have found the rupture without any difficulty, but the anesthetist said the patient was collapsing, so Dr. Grassett desisted. The patient died one to one and a half hours afterwards. It was found *post mortem* that rupture had taken place in the duodenum from an old ulcer, probably the day before. Everything she had taken in the way of food went into the stomach, and then into the peritoneal cavity. By external palpation nothing could be felt, she was in such a tympanic state.

The tumor of the thigh was a fatty tumor. The specimen shows that it is broken down, forming a large cyst in the centre and a number of smaller cysts. It produced a large tumor in the back of the woman's thigh, a little above the popliteal region. It had existed there for eight years. Six months before she was seen by Dr. Grassett a doctor attended her in confinement, and during the confinement he noticed this tumor. Six months after this the tumor had grown enormously and there was great pain in the sciatic nerve, and the woman was rapidly becoming a cripple. Dr. Grassett then operated, and had no trouble in enucleating it. A large part of the tumor had lifted up the sciatic nerve and it took considerable time separating the nerve and tumor. The wound healed by first