injection brought away a large fecal stool. Had a restless night on the 12th; pain has returned, but not so severe.

Was seen by Drs. Howard and Fenwick, but it was decided that the symptoms scarcely justified an operation. Through the 13th and 14th she kept about the same; the vomiting not so frequent, and on the evening of the 14th she seemed very much better. Early in the morning of the 15th she got much worse, became cold, sank rapidly and died in a few hours. The autopsy showed a thin-walled unbilical sac, not inflamed. In it were two coils of intestine; one, about thirteen inches in length, was dark-colored, deeply congested, and inflamed; the other, nine or ten inches in length, was natural looking, though a little swollen. Two fingers could be passed into the ring; there was no strangulation. There was no adhesion of the bowel to the sac. The inflamed portion of the bowel presented two flat bands of slightly thickened peritoneal tissue, where it has been probably for years in contact with the ring. The inflammation had extended along the adjacent coils in the abdomen for a few inches. When slit open, mucosa intensely inflamed, of a deep, lividred color, and covered with closely adherent flakes of croupous exudation. Heart fatty. No other changes of note.

A difference of opinion had existed regarding the existence of strangulation in this case, and the propriety of operating. From the *post-mortem* appearance, it did not seem probable that nipping of the bowel had occurred, as the ring was large and a healthy coil was in the sac. It may have been simply the result of a primary inflammation of the hernial coil, which had evidently been in the sac for years, as it was dark with pigment. One of the most inexplicable features of the case was the sudden heart failure; but she had been taking very little nourishment, and the vomiting had reduced her strength very much.

Cancer of the Stomach.—Dr. Wood presented the specimen and narrated the case. A woman, aged 55, had suffered for a year or more with dyspeptic symptoms, and two months ago had vomited a small amount of blood; had lost flesh, but was not cachectic. No tumor of abdomen could be made out, but cancer of the stomach was suspected. The details of the last week of her illness are as follows: On April 14th, 15th, and 16th she had a good deal of nausea and vomiting; on the 17th she went to bed, and I saw her for the first time in several weeks. There was vomiting and considerable epigastric pain; pulse about 90. On the 18th she was easier; 19th much worse; fainted in the night; pulse weak, 115; face pale, feet cold, vomiting frequent. In the evening the temperature was 101°; pulse 120; the pain in abdomen was more diffuse, and there was considerable distension. On the 20th, condition did not improve, though, under opium, the distress was not so great. On the 21st prostration more marked, and the next day the vomiting was distinctly fecal and frequent. Death on the 23rd.

At the autopsy, the small intestine from an inch or two below the duodenum to within two inches of the valve, was dark in color, distended, and covered in places with a thin sheeting of lymph. Several spots in the ileum looked almost gangrenous, and here and there extravasations had taken place. The coats were infiltrated, the mucosa soft, and there were three spots (ulcers) from which the membrane had disappeared.

The stomach, as shown by the specimen, presented a large open cancer, involving the cardiac end, and completely encircling the organ. Several loose sloughs adhered to the surface, but over a great part of its extent the muscle fibres were bare. There was thickening of the peritoneal surface and a few secondary nodules. In looking for the cause of the condition of the bowel the vessels were carefully examined, and the superior mesenteric artery found to be plugged.

Sarcoma of Kidney in child 5 years of age.—Dr. Alloway briefly related the following history of this case:—The disease, when first noticed, appeared as a tumor, extending from below the ribs to within an inch of the crest of ilium, on the right side. The growth gradually increased during the next three months, until, at death, it filled the whole abdominal cavity. The tumor weighed nine pounds, and was, on microscopical examination, found to be a round-celled sarcoma.

Dr. Osler also exhibited *Scirrhous disease of pancreas and colloid lung*, taken from the same patient, and the *kidneys* from a man found in a comatose condition outside the city. He was brought first to a police station, and from there sent to hospital. He never became conscious, but died a few hours after entering hospital. Albuminuria was suspected; the catheter was used, and urine loaded with albumen withdrawn. The kidneys were about normal size, and but slightly congested.