stomach after one hour's digestion. The acidity of a normal stomach, he said, should be due to lactic acid for the first thirty or forty minutes, after this time to free hydrochloric acids. These acids were discovered by Ufflemann's and Cunzberg's tests respectively, which the Doctor described. It had been taught that absence of hydrochloric acid indicated carcinoma. This was not so. It might be absent in either conditions, and present even excessively in this. However, it could be said that its persistent presence formed strong evidence in favor of cancer. The tube was useful in discriminating between gastric catarrh and carcinoma. The washing out would be followed by improvement in cases of the first, but not much in the second. Its principal use, however, was in dyspepsia, in determining the acidity of the contents. On this our treatment could be based. The lavage stimulated the gastric gland secretion and stimulated the muscular walls to renewed activity. Proper diet and general treatment would suffice to cure many cases. This treatment was particularly useful in alcoholics, also in infantile digestive disturbances. Constipation was relieved by its use, also the gastric neurosis, reflex vomiting of pregnancy, the patient being fed through the tube. This subject was one of immense importance on account of the immense frequency of disease of the stomach, 4 to 6 of all the ailments medical men were called on to treat being caused by derangements of this organ.

Drs. Ferguson, Wesley Mills, Gardner and Praeger discussed the paper.

The meeting then divided into sections, Dr. I. H. Cameron presiding ever the surgical side while Dr. Moorhouse presided over the medical.

SURGICAL SECTION.

Dr. Primrose presented a paper,—subject "A Large Sarcomatous Growth in the Neck, with Secondary Deposit in the Lung." It was found in a boy four years of age, a patient in Victoria Hospital, Toronto, under Dr. Cameron. It extended on the right side of the neck from the median line in front to a point near the vertebral spine, and from the lobule of the ear to the clavicle. Was noticed two years and three months before, corresponding to the region of the right lobe of the thyroid gland. Caused little pain. Was somewhat lobulated, with prominent veins coursing over its surface. Fluctuation distinct. Measurement on tumor side of neck horizontally 13½ in. Left side 6 in. From lobule of ear on right side (over tumor) to outer extremity of the clavicle 7 in., on left side 2½ in. Left pupil twice size of right. Some dysphagia. Child died in July. The tumor was found in the post mortem to possess several processes, but it had not infiltrated or eroded the surrounding tissues,—a point to be considered in the diagnosis. There were secondary deposits in the lungs. The anatomical relations of the various structure adjacent were much altered. The large vessels on the tumor side were entirely obliterated. Those on the left side were enlarged. The processes spoken of were in the direction of least resistance. The muscular structures in the neighborhood were atrophied.

In the upper part of the tumor there was a predominance of fibrous tissue, and septa of this tissue divided it off into lobules of spongy tissue. A peculiar condition was found in the spinal canal, the chord being surrounded below the dura mater by a mass of tissue resembling in gross appearance the tumor growth, but was not the same. It contained connective tissue corpuscles and nerve cells and fibres. Its nature Dr. Primrose had not made out. The tumor itself was examined microscopically, and proved to be sarcomatous. The beauty of Dr. Primrose's paper was that he had frozen transverse sections through the child, which exemplified in a most splendid way his paper. The sections were much admired by the Association. Photographs of the same were also presented for inspection.

Dr. PRAEGER spoke in high terms of the paper and the sections.

Dr. R. FERGUSON of London then gave a report, and presented a recent successful case of cholecystotomy. The symptoms of gall-stones in this case were for a long time obscure, the pain being referred to the epigastrium, no pruritus, fæces lacking the characteristic color, and the absence of jaundice. Pulse and temperature remained normal. She had many attacks of pain, which were relieved by hot appliances and morphia. These paroxysms did not appear or disappear suddenly. Gastric ulcer, gastritis and intestinal colic were excluded. Gastralgia was probable. Stomachic treatment gave no relief. The ordinary treatment for gall-stones afforded no relief. But finally some of the typical symptoms of gall-stones began to show themselves. Patient was transferred to the hospital with a view to operation. But after lying quietly for two or three weeks, she improved so much that she went home, operation being postponed, but she soon became worse. On one occasion she had felt after a severe paroxysm of pain a dropping of something in the region where the pain existed. Operation was gone on with. Eighty gall-stones removed, the edges of incision of the gall-bladder being sutured to the edges of the wound. A cough retarded the process of healing. Repair did not take place well. Suppuration set in. Parotitis in left gland set in, also localized peritonitis. Attacks of pain returned. Dr. Ferguson then tried to insert a catheter through into the bile duct, which he thought he accomplished. The side of the catheter appeared to grate on some hard substance, but improvement took place, and patient returned