

is that in many patients suffering from uterine pains and stomach troubles, if we would always look for the cause of these troubles at the appendix or around the appendix, we would very often find it there. The woman's whole trouble was due to almost complete stricture of the small intestine. The cause of the case before us must, I think, have been due to something the matter with the mucous membrane or with the peritoneum outside. I do not think the muscle ever is the cause of such obstructive ulcerations.

JOHN McCRAE, M.D.—This is a very remarkable specimen, and one is hard put to it to find a causation; the stricture is so perfectly an annular one that one has to consider it as no mere ordinary ulceration as a typhoid ulcer would be. The whole wall has been affected at one time. Here, one has not to deal with an ordinary trauma, a hard piece of food, or thrombosis, and one is reduced to the possibility of a temporary intussusception having occurred at some time which may in a very few minutes cause the loss of sufficient mucosa to give rise to the beginning of such a perfect annular stricture, and one, perhaps, may imagine a case where such an occurrence might happen, and the man be cognizant of nothing more, perhaps, than half an hour's severe colic.

F. R. ENGLAND, M.D.—Dr. McCrae's suggestion brings to my mind a case which was brought before this society, where the intussusception did occur in the jejunum, and nature caused the intussusception to separate, necrose away and be regurgitated in the stomach and the man vomited it. The man recovered.

DEMONSTRATION OF A PELVIMETER.

DR. H. M. LITTLE presented a modified form of pelvimeter.

J. C. CAMERON, M.D.—This little instrument is practical and will help us to obtain a correct measurement of the pelvic outlet more easily than by the pelvimeters in ordinary use. I am glad that Dr. Little has proved the usefulness of his pelvimeter clinically before bringing it before the profession. Unfortunately some of the instruments which we see figured in our books, seem to have existed only in the mind of the inventor, in the sketch prepared for publication, or perhaps, in a model made for him by an instrument-maker, and have not been put to the best of practical experience. A valuable feature in Dr. Little's pelvimeter is the simple device on the back for the estimation of the pubic angle. We have several such instruments, but they are more complicated and require some mathematical calculation. When a pelvimeter is not at hand, a tape can be used to determine the distance between the tuberosities, and in most cases is sufficiently accurate for practical purposes.