three times a day without, however, producing the slightest benefit. In reply to Dr. Smith, there was no history of lung trouble. In reply to Dr. Shepherd, he had not taken his temperature (it was found to be normal).

Dr. Shepherd said that an elevation of temperature in these cases was an evidence of Hodgkin's disease, in which cases he declined to operate. He had operated on several cases formerly, but he found that the death of a patient was accelerated rather than retarded thereby.

Dr. Roddick said he had also operated on one such case, and his experience had been the same, the disease having made more rapid progress after the operation, the spleen eventually becoming affected and dropsy setting in.

Dr. Bell thought that it would be well to remove one of these glands for microscopical examination, as there was no other means of making a positive diagnosis—if they were found to be tubercular they should be removed.

Dr. McConnell concurred in this view.

Dr. Bell showed the intestine of a man who was arrested for drunkeness and taken to gaol on the evening of the third of May. As he was complaining of great pain in the abdomen, he was given an anodyne and placed in the gaol hospital, but was found dead in his bed next morning. At the autopsy he was found to have died from a rent in the intestines situated about three feet from the ilium, although at the coroner's inquest a verdict of death from congestion of the lungs was rendered. The reason why Dr. Bell thought that this accident was due to violence, was because there was inversion of the mucous membrane of the intestines, a condition which was only found in traumatic injuries of the bowels. He referred to several recorded cases of similar injury, in which it was known to be due to external violence, such as a kick from a horse, and in which there were no marks of violence on the abdominal wall.

Dr. Lapthorn Smith said that he had no doubt whatever but that this was a case of traumatic perforation, as pointed out by Dr. Bell. The man had probably received a kick on the abdomen from a heavy boot which had burst the intestine. The fact that no injury was to be found in no way militated against this view, as it was well known that all the organs in the abdomen might be lacerated, or even dis. organized without the skin showing any marks of violence.

Dr. Gardner also corroberated this statement.

Dr. Buller said that if this had been an ulcer perforation the opening in the mucous membrane would have been larger than the opening in the peritoneum, in this case it was just the contrary.

Dr. Major showed two rhinoliths which he had removed from the nose of a little girl in whom it had caused an intractable catarrh, and the other consisting of a piece of peapod encrusted with phosphates, from the nose of a cook.

Dr. Lapthorn Smith recalled two cases which he had shown to the Society some years ago, one of them being a shoe button which he had removed from the nose of a girl of 14 years where it had lodged 12 years before, and in whom it had caused such an abominable ozœna as to necessitate her being kept in another part of the house. The other was that of a child two years old in whom a piece of wood about a quarter of an inch thick and half an inch long had been pushed into the nostril and had become very much larger by the absorbtion of moisture, and which he had removed with the greatest difficulty.

Dr. Finlay showed a specimen of what appeared to be cancer of the pylorus, but in which he had been unable to find a confirmation of the diagnosis by the microscope.

Dr. Stewart said that there was no pain in the case, even after the tumor was apparent th ough the abdominal walls, neither was there any dilation of the stomach. This could probably be explained by the fact that vomiting occurred immediately after eating. She complained frequently of giddiness. There was an entire absence of hydrochloric acid from the gastric juice.

Dr. Blackadder thought that the absence of hydrochloric acid was rather due to the fact that the vomiting took place before there was time for the acid to be secreted, rather than to the nature of the disease.

Dr. Shepherd showed a remakable abnormality of the aorta.

Dr. Major read a paper on adenoid growths of the naso-pharyngeal cavity, and described his method of operating in the recumbent position, by means of which blood is prevented from entering the larynx. He places the patient on the back with a pillow under the shoulders and the head thrown well back so as to make the naso-pharynx the most dependent part. He generally employs curettes of various patterns, and where the vegetations occur high up in the roof he uses adenomatomes. He considered that in diphtheria the presence of adenoid vegetation was a source of aggravation and danger. He believed that nocturnal enuresis was somewhat common in children suffering from extensive adenoid growth. Dr. Major had operated on 186 patients under ether but has no record of cases ever without.

Dr. Buller quite agreed with Dr. Major as to the marked improvement in health of children after the removal of obstructions in the air passages. He had, however, generally found that the fingers alone sufficed to remove these adenoid growths. As the operation took such a short time he thought that gas was more suitable