hyperacity of the gastric juice and anæmia were also causative factors. A deteriorated condition of the blood was favorable to the production of an arterial embolus. The part of the stomach supplied by this artery became necrosed; the necrosed portion underwent digestion by the gastric juice, and thus lead to perforation. Persons whose occupation or dress caused pressure over the region of the stomach were more susceptible to this condition than others.

**Septicæmia.**—Dr. McMAHON related a case in practice. Patient, M S., aged 36, widow. Two children. Never ill before. He was called to see her one Sunday morning for a severe pain in the ear, which was readily controlled by a dose of morphia Following this she became very sick at the stomach. He thought at the time it was probably due to the morphia, but was doubtful of the fact now. She remained very ill. Temperature slightly elevated. On the Monday previous she had had some chills. On Wednesday, felt heavy chill, and on Thursday noon took hot rum and quinine; fell into a deep sleep. Had some headache on that day. He thought she had catarrh of the middle ear, the result of a cold. He had been attending her sister, the week before, for similar symptoms. Gave favorable prognosis. When he saw her on Wednesday, she said she had had a great deal of pain since Sunday. The pulse was very good, and up to this time the temperature was not high. The temperature on Wednesday was 103; a systolic murmur was noticed. Patient was sent to the hospital. Temperature, 104.4; pulse, 108. The fever remained high for three days. Dr. McPhedran saw the case with him on Sunday. Diagnosis: septicæmia, probably cranial. The question was whether it was due to malignant endocarditis or to middle-ear trouble. The patient had complained of dizziness on one or two occasions. At the time it did not strike the Doctor as important. The *post-mortem* showed pus in the petrous portion of the temporal bone and mastoid cells. Lymph was found over the meninges, extending to the lateral sinus. The purulent condition extended over about two square inches. He did not know whether the heart was examined. The Doctor compared this with a somewhat similar case he had a year ago, in which an abscess was found in the cerebellum. Dizziness was a prominent clinical symptom. In answer to questions, Dr. McMahon said, in the case reported pus was discharged from the middle ear after the patient became unconscious. The pain in the head was only severe at times.

Dr. POWELL said that some fifteen years ago he was called to see a case in consultation. The consultant having lost a similar case some time before within thirty-six hours decided to act promptly in the present one. In the case Dr. Powell saw, the patient was