

the exception of bismuth, pepsin, and pulv. cret. co. c. opio powders occasionally). Reliance had to be placed on morphia hypodermically, and this had to be given in rapidly-increasing doses up to the time of his death, which occurred on Oct. 15th. During this time he was seen frequently by Dr. Diamond and myself. Dr. Strange saw him once in consultation and agreed in the diagnosis of malignant tumour of the bowel—an opinion formed by Drs. Graham and Burns in the spring. No tumour could at any time be felt, either by rectal examination or abdominal palpation, though he was so emaciated that the latter was easy. Heart and lungs were normal. The patient remained exceedingly weak, the facies became cachectic and sallow, and he suffered acutely when not under the morphia. Stimulants could not be retained. Food had to be administered in very small quantities. The constipation and diarrhoea alternated, but the stools at no time presented evidence of rectal stricture. The urine was normal—no œdema—no rise of temperature. During the last nine days of his life he had 117 grains of morphia hypodermically, in one twenty-four hours getting as much as 20 grains. He died quietly, being semi-conscious for six hours.

The autopsy, 26 hours after death, was necessarily partial and hurried, the abdominal and pelvic viscera being the only parts examined. A scirrhus tumour was found involving the termination of the sigmoid flexure and upper part of the rectum. It chiefly affected the posterior part of the bowel, and had dense adhesions to the posterior wall of the pelvis. There was but slight narrowing of the gut. The peritoneum around was injected, and the abdominal and pelvic glands enlarged. Liver, spleen, stomach, and small intestines normal. The right kidney was congested, small, and cortical portion much atrophied, surface smooth. Left kidney congested and enlarged. The right supra-renal capsule normal. Left supra-renal capsule much enlarged, and, though softer, similar in gross appearance to the tumour of the bowel. Microscopical examination showed the tumours to be of a carcinomatous nature, the one in the bowel having much more of the fibrous element than that of the supra-renal capsule, which

was softer and much richer in cells. From the rather meagre literature of cancer, of the supra-renal capsule, I have learned, that it is rarely found primary, one-sided, or occurring in young subjects. Also in all diseases confined to these structures, the body is usually not emaciated. These facts, together with the microscopic appearances and relative sizes of the growths, point to the pelvis as the primary seat of the disease. It is worthy of note, that many of the symptoms present, in this case, while under my observation occur in both lead poisoning and supra-renal disease. Of course the wrist drop, and blue line on gums observed last spring were distinctive. They were not present latterly, and, save the cachectic look of malignant disease, nothing like the bronzed skin of Addison was noticed. The lead poisoning was, I think, neither a primary nor concomitant cause, though it undoubtedly, by increasing the anæmia, may have hastened the fatal issue. Pathologists who adopt the view that cancer is exclusively local in its origin would look upon the constipation of lead poisoning as liable to cause cancer of the rectum; but I am not aware that constipation has been noted as frequently preceding the development of malignant disease there.

RUPTURE OF STOMACH.

BY JOHN H. M'COLLUM, M.B., TORONTO.

A. E. F. B.—, at 45. Received a powerful blow from above downwards and backwards from a heavy piece of wood which was thrown back from a circular saw to which he was feeding it. This occurred at 2.30 p.m. of the 2nd of November. He was rendered unconscious for a short time, but soon recovered and was conveyed to his house in a waggon at 3.30. He was able to walk, being supported on either side from the waggon to the house and was assisted to bed.

He complained of a severe pain over the seat of injury, which was about in the nipple line over the cartilages of the false ribs of the right side. There was a slight discolouration, but no abrasion of the skin. The pain was localized in this spot. There had been no vomiting; full respiration caused an exacerbation of the