could be distinguished. The post-mortem was performed by Dr. Martin, who forwarded the matted intestines *en bloc* to the Pathological Laboratory. The prominent band referred to above was evidently the thickened and much contracted great omentum, infiltrated with cancerous growths. The mesenteries also were greatly thickened and contracted. Numerous lenticular translucent growths, from 0.5 cm. upwards in diameter, were scattered over the peritoneal surface of both large and small intestines. These latter were matted together by soft recent inflammatory lymph. Apart from the infiltrated mesenteries and omentum which were fairly firm, the soft almost gelatinous growth upon the intestinal wall was most marked around the splenic flexure of the colon and again at the beginning of the sigmoid flexure. At the splenic flexure all the walls of the viscus were involved, and there was marked stenosis. Here probably was the origin of the carcinoma. The mucous membrane of the sigmoid flexure and of the rectum was unaffected.

Upon stripping off the muscular coats of the intestines, the lymphatic plexus was found to be injected with fatty matter and the main lymph trunks could thus easily be traced to cheesy glands lying completely involved in the mesenteric new growth. A portion of this naturally injected submucosa was exhibited. Previously Dr. Adami had examined the milky-looking ascitic fluid, and had found it to be almost wholly deficient in fat, though containing a large amount of proteid, noticeably of globulin.

It would seem, therefore, that in the condition of the lymphatic system is to be found an explanation of the pseudo chylous ascites here described—a form of ascites that not unfrequently has been noted in connection with carcinoma of the peritoneum. The mesenteric lymphatic glands become surrounded by new growth, the vessels passing off from them become occluded, hence from the distended lymphatics of the intestinal wall there occurs extravasation of the fluid of the lymph, the fatty globules, as shown in this case, being left behind, and forming an inspissated mass injecting the lymphatics. Did any of the distended lymphatics undergo rupture, then a condition of true chylous ascites would be induced, such as has been found by Reichenbach in a case of lymphadenoid disease affecting the mesenteric glands.

Microscopic examination of various regions proved that the new growth, although resembling colloid cancer in general appearance, was not of this nature—the alveoli were greatly distended and filled with mucoid rather than colloid material. In some the cells could still be seen, in others the cellular elements had almost wholly degenerated and given place to mucoid material. This form is by some spoken of as carcinoma myxomatodes; but inasmuch as that term is applied more frequently to cases where stroma and not the alveolar contents undergo mucoid change, it is better to describe it as a myxo-carcinoma.

Cyst of the Right Ventricle.—Dr. Adami exhibited a brain presenting this condition. At the autopsy the dura mater was found to be generally thicker than normal, and adherent to both calvarium and pia mater. Upon removal of the brain, a cyst was ruptured, and from this poured a clear, colorless fluid. The cyst was nearly two inches across in its largest diameter (the antero-posterior), and about one and a half inches in breadth, extending from under the angular gyrus and second occipital convolution forwards to a point one-half inch behind the ascending parietal convolution in the mid-parietal region.

Dr. Adami pointed out the facts that militated against this being considered a cyst formed by the breaking down of a glioma; that it was not a hydatid cyst, and that the appearance of the walls was strongly against its being an embryonic cyst. There was left the possibility of its being the sequel of an old hæmorrhage—yet the absence of any signs of pigmentation of the walls was against this supposition. It would be necessary to harden the brain and examine microscopically before any sure statement could be made.

Dr. Stewart said that the patient was a man aged 40, and who had suffered for the greater part of his life from headaches, which came on every week or every two weeks. Three weeks before death he was seized with a much more severe headache than usual; he began to lose control over his movements; he noticed that he stumbled against various objects; vomiting came on, and he became soporose, from which he passed into deep coma and death. There was no disturbance of vision, and the eyes, on examination, proved to be normal; there were no localizing symptoms.

Hernia of an Ovary through the Inguinal Canal, in an Infant.—Dr. James Bell related the case of a female child, twelve months old, upon whom he had been called to operate for inguinal hernia which had appeared during the course of whooping cough. Frequent attempts to reduce it had failed; it was hard, and seemed like omentum. On cutting down, the sac was found closely covering the tumor, and on removing the sac the hernia was found to be covered with peritoneum. On manipulation there was an obscurely hollow feeling. He (Dr. Bell) thought that it might be a volvulus, and ligatured the pedicle and cut it off. After removal he was no wiser than before as to what the structure was, unless it was an ovary.

Dr. Adami said that he had examined the