clude in the words of Dr. St. John Roosa, President of the State Society of New York, who says: "Let us who have with a united effort struggled for the prolongation of life, and the mitigation of disease, continue our advance in the same column with those who by cultivating the soil, by humane and wise legislation, and the administration of law, by the finding out of many inventions, by the inculcation of the principles of morality and religion, contended for the land and the time when the wilderness and the solitary place should be glad for them, and the desert should blossom as the rose, and the Eternal God should wipe away all tears from the face of man."

CASES IN PRACTICE.*

(REPORTED BY DR. GREENWOOD, HOUSE SURGEON G. & M. HOSPITAL, ST. CATHARINES.)

Dr. Mack exhibited a specimen of substance vomited by a gentleman at Clifton, at intervals during the last two or three months of his life. The specimen had been sent to him for examination, to determine as to its being animal or vegetable in nature. Dr. Mack here alluded to the ease by which this question could have been settled by ignition, when ammonia could at once have been detected, by fuming hydrochloric acid, or even by the odor proving it to be animal, or simple carbonization proving it to be vegetable. Dr. Mack had pronounced the mass to be enormously hypertrophied gastric mucous membrane from malignant disease.

After death, Dr. Mack assisted at the post-mortem. The pyloric extremity of the stomach was the seat of extensive carcinomatous ulceration, having still attached a few masses of the fungiform growths. What apparently confirmed the conclusion that the mass was not merely a morbific production, was that where once thrown off by ulceration at the base, no attempt at reproduction was to be found. The disease had not extended to the duodenum. It evidently commenced in the submucous tissues. Dr. Mack mentioned that before he received the specimen vomited, another portion had been subjected to the untutored analysis of a practical man, whose process consisted in eating a piece of it, upon doing which he pronounced it to be vegetable matter, and inasmuch as he swore to the correctness of his discrimination his audience implicitly believed therein. Dr. Mack was extremely sorry that strict regard for scientific truth compelled him to reverse this decision, yet the expert remained happy in his first conviction.

Dr. Greenwood then presented a specimen of scirrhus of the pylorus, of which he gave the following history:

SCIRRHUS OF PYLORUS AND FUNDUS.

M. H., æt, 52; laborer; born in Ireland; admitted July 30th, 1878; complaining of slight diarrhœa, and frequent chills and fever. The family history was not obtainable. In regard to previous history, has always been a healthy man until one year ago, when he began to suffer very much from malaria, and a slight but continued pain in the epigastrium, frequently extending to the lumbar regions. Has indulged in the use of liquor rather to an excess. One year ago had one or two attacks of vomiting of blood, which occurred in the morning; he believed them to be due to his drinking so hard.

Present condition.—He is a man of average height, rather thin, sallow complexion; face wears a peculiar pinched expression, hair dark, eyes dark and bright, cheeks flushed, skin hot and dry, tongue dry, brown and fissured. Complains of pain in epigastrium, not increased by pressure, and also of pain in the lumbar regions. Viscera of the thorax normal; spleen slightly enlarged; other organs natural; urine high colored, no albumen, but contains an excess of urates.

July 31st.—Pulse small and frequent, 110; temperature 102½°; skin hot and dry; pain in epigastrium; tongue dry and brown.

Aug. 3rd.—Tongue gradually becoming clean; complains of pain in left loin.

Aug. 11th.—Free from pain, complains of sleeplessness.

Aug. 16th.—Pain in left loin and shoulder; is very feverish; bowels constipated.

Aug. 24th.—Temperature normal, pulse full, soft and regular; but complains of continual and obstinate constipation.

Sept. 5th.—œdema of feet and ankles; slight diarrhœa.

Sept. 22nd.—Diarrhœa increasing; stools yellow, offensive and liquid.

*Read before the Medical Society for Mutual Improvement, St. Catharines.