

loss for a diagnosis, so sent her to Dr.—, of who said it was an enchondroma of the ensiform cartilage which extended between the sheaths of the rectus muscles. He advised extirpation if it continued to enlarge. In June I was sent for to perform the operation, the messenger stated that another enlargement had appeared further to the right. Drs. Bates, Gay and Furniss, of Malone, accompanied me to her residence, where we proceeded to administer ether in order to carefully examine, so as, if possible, to determine whether the disease was extra or intraperitoneal. We discovered not only the large right side of the liver but the large mass which proved to be the enlarged mesenteric glands. It is not necessary to say that the operation was deferred till after the patient had climbed the "golden stairs," which took place October 25th, 1883. Dr. Furniss and myself performed the *post mortem*. Skin was cachectic, limbs bloated and abdomen enormously distended. We removed about 40 lbs. of serum from the abdominal cavity. Over the tumor the abdominal walls had been all absorbed excepting the skin and peritoneum. The growth was not adherent in front. The stomach and transverse colon were both underneath of, and attached to, the left lobe of the liver. The pancreas was healthy, the kidneys, ovaries and uterus normal. The thorax was not opened. The disease began as a cancer in the left lobe of the liver, pressing forward and downwards, absorbing the abdominal walls and making its appearance at the ensiform cartilage as a nodule. Its overlapping the stomach and colon accounts for the tympanitic note on percussion. The enlarged mesenteric glands and right lobe of liver made up the second tumor felt by the patient. Death evidently took place from suffocation caused by over-distension with fluid.

*Fibroid Disease of the Stomach.*—This specimen was sent to Dr. Howard by Dr. Powell, of Ottawa. It was removed from a man aged about 60, not intemperate, but a good liver. He had consulted several doctors who all inclined to a diagnosis of scirrhus of the stomach, as the symptoms pointed that way. The stomach was contracted and much thickened, owing to fibroid deposit in the mucous membrane and muscularis.

*Laceration of Brain.*—This specimen was removed from an hospital patient, a lumberman, suffering from an enlarged spleen and leukæmia for over a year. While in hospital he appeared to be doing well, when one night he suddenly

became comatose and died in a few minutes. The *post-mortem* revealed extensive laceration of the brain substance from hæmorrhage.

*Ovarian Cysts in an Infant.*—Taken from a child of ten weeks shewing cystic disease of both ovaries.

Dr. Alloway exhibited a "Jannison's Uterine Irrigator," which he had been using for some time past, and which had given him more satisfaction than any other instrument devised for the same purpose. It consisted of a flexible metal tube, so bent that it formed a third arc of a circle, the diameter of which latter was twelve inches. On the outside of this tube ran another of much larger calibre, but not so long, the space between the tubes answering the purpose of providing for an immediate return-stream from the uterus. He related the history of a patient who, having expelled a 2½ months' decidual mass into vagina received an intra-uterine injection of warm carbolyzed water from a fountain syringe, armed with an ordinary hard rubber tube, which did not admit of the immediate return of the fluid. About ¾ of an hour after injection the patient was seized with pain over the region of the left broad ligament, chill and faint feeling, followed by elevation of temperature (102° F.) and pulse 110 and severe paroxysmal attacks of dyspnoea. After the administration of a hypodermic of Battley she recovered from pain and symptoms. Dr. Alloway attributed the condition of his patient to the entrance of the solution for a short distance of the left Fallopian tube, that slight hyperæmia of the delicate lining of the tube would follow the irritant, and in this way account for the pain and other reflex nervous symptoms manifested. He did not think the symptoms due solely to distension of the uterine cavity by the fluid, as there was no expression from the patient of even discomfort at time of injection. He thought it of little importance what term would be used to designate the condition; it was the cause of the apparently alarming symptoms which were of interest to him, and which he thought resulted from the use of a tube which did not provide for an immediate return-stream from the uterus. He had injected the uterus under the same circumstances, many times before, with the same kind of imperfect tube, but had never witnessed such a condition. He thought probably it would be well to limit injection in such cases to those in which the discharge were foetid; and this was one reason why he brought this ex-