

Dr. James Bell also reported the case of a young girl who, while swallowing a piece of tongue which she had not thoroughly masticated, was suddenly taken with symptoms of suffocation. This had often happened before, ever since she had had scarlet fever some years ago, since when she had noticed a sort of saccule in the throat from which she was frequently obliged to remove pieces of food with her finger; but this piece she was unable to remove. As the house surgeon was also unable to remove it, he sent her to Dr. Major's house, who, recognizing the gravity of the case, ordered her to be admitted. When Dr. Bell saw her he found her to be suffering from cellulitis of the throat. He passed a bougie, the mere passing of which enabled her to swallow the piece of meat which had been arrested, after which she was able to swallow water, and felt greatly relieved. Dr. Bell could feel the saccule with his finger. She became emphysematous and the air passages became cedematous, and her voice became laryngeal. Her breathing continued more and more labored, until a few days later, when she died suddenly.

Dr. Johnston said that he had examined a specimen, and had found, first, the oesophagus normal throughout; but, second, that in the pharynx, at the level of the larynx, there was a large abscess cavity filled with putty-like material, apparently tubercular in character, although no tubercles could be seen in the neighboring parts. Between the oesophagus and trachea there was extensive suppuration, forming an abscess which pressed upon the larynx. On opening the abdomen there was found to be general tubercular peritonitis.

Dr. Hingston thought that the meat had had nothing to do with her death; it was merely a coincidence.

Dr. Johnston thought that the passing of probangs, etc., had done harm.

Dr. Shepherd enquired what would have been the effect of opening the abscess; and, also, what was the cause of death.

Dr. Johnston, in reply, thought that death was caused by pressure on the pneumogastri-  
cs.

Dr. Bell said that no violence whatever had been used by him, as he had employed only a soft rubber catheter.

Dr. Johnston showed a tumor of the tongue of a young dog, as large as the head of the animal from which it was removed. It was of the nature of a malignant adenoma.

Dr. Roddick was unable to show his specimen, and Dr. Major was unavoidably absent.

Dr. William Gardner exhibited a papilloma of the ovary, which he had removed the day before. It was apparently a cyst which had burst and afterwards continued to spout, so as to form a large friable mass. The patient from whom it was removed was a single woman 22 years of age, who had suffered from pain in the side and generally failing health, with cedema of the lower extremities, for a long time past. Before the operation he was not certain of its nature, as there was dullness and fluctuation in front, with clear percussion note on both flanks and upper part of abdomen. He thought it might be tubercular peritonitis. The abdomen was opened and an enormous quantity of ascitic fluid removed. The mass was very friable, like a cauliflower growing from a stalk, which latter was formed by the ovary, and there were patches of papilloma in the abdomen. In connection with this case he reminded the society of one on which he had operated last fall, in which the papilloma was entirely within the cyst, and in which he had reason to hope that the disease would not recur, which it had not done up to the present. In this case he feared that it would recur. The operation was a very bloody one, and required quick work to avoid fatal hemorrhage.

Dr. Springle described the pathological nature of the growth.

Dr. Hingston thought it looked more like a round-celled sarcoma in process of breaking down. He would like to know Dr. Gardner's reasons for coming to the conclusion that he had a tumor there at all prior to operation.

In reply to which Dr. Gardner said that he had no reasons, but that he was in doubt, and the symptoms being bad, he had opened the abdomen to see what it was.

Dr. George Ross wanted to know if there were any peritoneal adhesions to keep the fluid in front; as, if there were not, it was difficult to understand why the signs of common ascites were absent.