

inflammation going on, and consequently leakage takes place. Again, such patients have very little resisting power, the absorption from the bowel having already depressed the vital powers.

*Pathologist's report.*—On opening the abdomen there was evidence of fibrino-purulent peritonitis. The abdominal cavity contained about 5viii of greyish-yellow purulent fluid with fecal odor. In the region of the sigmoid flexure of the colon a line of sutures extends around the circumference; a portion evidently having been removed. The omentum is stitched to this at one point. The contents of the bowel escape here. On opening the bowel the edges are found in apposition. No leakage taking place anywhere except from a small spot corresponding to where the omentum is attached; the edges of the wound here are un-united and gangrenous. A perforation, through which a good sized probe can be passed, leads through a mass of omental tissue between the sutured edges, and allows the escape of the contents of the bowel.

*Anatomical diagnosis.*—Resection of bowel for adenocarcinoma. Incomplete union of edges with escape of bowel contents into peritoneal cavity. General septic peritonitis. Broncho-pneumonia. Brown atrophy of the heart, and some fatty change. Chronic interstitial nephritis. Fatty degeneration of the liver. Infection by streptococcus and colon bacillus.

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## MONTREAL BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

The annual meeting of this branch was held on the 2nd December, at 9 o'clock, in the rooms of the Association, Dr. Roddick in the chair. We take the report of the meeting from the *Montreal Medical Journal*, December, 1896. There were present Drs. J. A. Hutchison, Wm. Gardner, James Perrigo, G. G. Campbell, K. Cameron, Morrow, E. P. Blackader, J. G. Adami, Kirkpatrick, Proudfoot, G. T. Ross, Birkett.

The President reviewed the work of the past year as follows:

The year about to terminate has been an eventful one in the history of this Branch. Your Council has been called to meet many times during the year. Quarterly meetings have been regularly held, and we are indebted to Drs. Adami, Johnson, Macphail, and Martin for pathological specimens shown at each meeting. We are also indebted to the following gentlemen for contributions towards the programme of each meeting: Drs. Armstrong, Kirkpatrick, Evans, Alloway, James Stewart and others, for many interesting specimens shown.

During the past year, By-law No. 4 was amended so that five instead of three ordinary members are in future to be elected to Council.

The following new members were elected during the year: Drs. Edward Semple, G. A. Berwick, H. B. W. Carmichael, F. J. Hackett, R. C. Kirkpatrick, George Fisk, S. F. Wilson, and J. A. Henderson, making 85 present members.

On January the 18th, the British Medical Association was invited unanimously by the Branch to hold its Annual Meeting for 1896 here, provided Carlisle would forego her claim. The invitation was cabled to England, but it was found to be impossible, as