for 2½ inches in a scirrhus growth, lumen still admitting little finger readily; three small ulcers with infiltrated edges were situated near the ring; hyperplasia of mucosa in region of pylorus to a distance of five inches fron ring; walls of stomach hypertrophied; cavity not markedly dilated; no infiltration of tissues in neighborhood; no secondary growths anywhere. The second case was from a man aged 50, a patient of Dr. Geo. Ross. The stomach was enormously dilated; pylorus was involved in a dense cancerous mass, wall greatly thickened, and lumen narrowed, only admitting a No. 8 catheter; a little infiltration in neighborhood, but no compression of bile ducts and no secondary cancer; walls of stomach at fundus not so thick as in preceding case.

Dr. Ross stated that his patient's symptoms were those of excessive dilatation of the stomach, requiring the stomach tube to get relief. At the autopsy, a quantity of fibrous pulp was found within the stomach, being the remains of some oranges patient had eaten some time previously. He thought the clinical distinction between this case and the preceding one was accounted for by the much greater degree of constriction at pylorus.

Dilated Stomach.—Dr. BELL reported a case of dilatation of stomach caused by fibrous constriction of an inflammatory origin at pylorus. An abscess filling lesser omentum had burst and caused fatal general peritonitis. It communicated with the stomach through an ulcer in the pylorus. He thought the disease began as the result of an injury to abdomen received in a fall eighteen months before, and that the patient's life would have been saved by an operation proposed to him, but refused.

Bifid Meckel's Diverticulum.—Dr. JOHNSTON showed a case of Meckel's dirverticulum ilei having a bifid extremity. He did not know of its having any anatomical significance.

Dr. SHEPHERD stated that this was the first example he had seen of a bifid Meckel's dirverticulum.

Extreme Dilatation of the Heart.—Dr. JOHNSTON also exhibited a specimen of extreme dilatation of the right side of the heart, from a man aged 40. The right chambers contained 27 ounces of blood and a soft clot. Tricuspid orifice measured 9 mm. in circumference. Pulmonary orifice slightly dilated; valve competent; other valves normal. Dilatation of left ventricle only trifling. No hypertrophy of heart wall and no marked degeneration of the muscle. Patient had also right-sided chronic tubercular pleurisy with the dense fibrous exudation and acute uniform miliary tuberculosis of both lungs in an extreme grade in connection with the arterioles. The case was considered puzzling as to causation. No caseating mass was discovered anywhere, and no communication of any such mass with the veins or thoracic-duct. The adhesions could not embarrass the circulation in any way, unless by interfering with the contraction of the right auricle. He thought the obstruction to pulmonary circulation in arterioles would have aggravated the dilatation of the right heart.

Dr. GEO. ROSS said the clinical history was that of an acute pleurisy four months ago not well recovered from. A prominent feature was the marked heaving pulsation in epigastrium.

Dr. STEWART thought that the above explanation did not account for so extreme a dilatation. The patient might previously have had parenchymatous changes in heart muscle which were not now to be recognized.

Puerperal Cerebral Embolism.—Dr. ROSS exhibited specimens from a case in which an abortion was followed three months ago by embolism of left Sylvian artery, causing right hemiplegia with aphasia. A presystolic murmur existed. The autopsy by Dr. Johnston showed extensive warty vegetations, but no sclerosis of mitral valve. The left Sylvian artery was obliterated and transformed into a fibrous cord. There was softening of the left corpus striatum and interior capsule.

Dr. SHEPHERD thought the embolism was excited by fibrous condition of the blood at parturition. He had reported a similar case to the Society, with embolism at three successive labors.

Tuberculous Disease of Bladder and Kidney.—Dr. JOHNSTON exhibited for Dr. Bell specimens from a case, a boy aged 19, where a cystotomy wound had remained unhealed. Death followed in one year with symptoms of pyelo-nephritis. Autopsy showed old tubercular disease of right kidney and ureter; the bladder was nearly free from disease, but prostate was extensively involved. The granulations of the wound were tubercular, and sections showed tubercle bacilli in them. The other kidney and ureter were healthy. The lungs showed acute tuberculosis.

Dr. BELL said the patient had chronic disease of knee-joint, apparently tubercular.