Dr. Johnston exhibited, for Dr. Reddy, the stomach, which showed a small perforation in the base of a chronic gastric ulcer. The ulcer was one-half by one-quarter of an inch, situated posteriorly on the lesser curvature, midway between the pylorus and the fundus. About the ulcer were distinct, radiating fibrous bands in the submucosa. There was general acute purulent peritonitis with very marked cloudy swelling of the liver, kidneys and heart, the latter being probably the cause of the very sudden death noticed in the case.

Discussion.—Dr. Shepherd did not think that the relief from pain which followed the administration of salines could be attributed to the action of the salines; he rather believed that it was the quiet which in many cases precedes death.

Dr. Lapthorn Smith cited his and others' opinion that salines alleviated pain in acute peritonitis.

Dr. MacDonnell dwelt upon the prevailing idea of the essential union of peritonitis with pain. We were too apt to regard peritonitis as always accompanied by pain. He referred to a fatal case of appendicitis which had been under his care in the hospital. The patient had been free from pain for two days previous to his death. Had he not been deceived by this lull in the symptoms, he believed that operative interference might have proved successful. Dr. M. thought that the explanation of the disappearance of the pain which occurs in some cases of acute peritonitis might be attributed to the peritoneum becoming accustomed to the inflammation.

Submaxillary Calculus.—Dr. Hutchinson exhibited this specimen, which was about the size of a marble. The patient, a man about 45, had come to him complaining of a sore mouth and difficulty of mastication. A hard lump was felt which proved to be a calculus, around which suppuration had commenced. It was situated in the Whartonian duct.

Dr. Shepherd remarked that these cases were comparatively rare. He referred to a specimen which Dr. Hingston had shown to the Society. Dr. H. had removed it from a patient who had been sent to him as the apparent subject of malignant disease. There had been considerable swelling and suppuration.

Dr. Lapthorn Smith stated that he had exhibited before the Society a calculus the size of a pigeon's egg which he had removed from the parotid gland.

Fibroma Pendulum.—Dr. England brought before the Society a middle-aged man with a tumor, pendulus and pedunculated, growing from the upper and inner part of the thigh. The tumor, in size and appearance, was not unlike the scrotum. It was eight months since it was first noticed, and was growing more rapidly of late. Patient complained of no pain beyond the inconvenience it gave him.

Dr. Johnston would not express himself positively as to the nature of the tumor short of a microscopical examination. He mentioned cases of congenital growths which, after a period of quiescence, suddenly took on active action.

Dr Shepherd had seen several cases somewhat similar to the one under examination. He believed it allied to fibroma molluscum, found singly or in connection with smaller growths.

Enormous Enlargement of the Liver.—Dr. R. L. MacDonnell related the history of a female patient who had been sent to his clinic at the Montreal General Hospital for advice. She was 30 years of age, married, had three children and two miscarriages. There was every appearance of good health. There had never been anæmia, jaundice, ascites, nor gastric derangements. Ever since her first child was born she has suffered from occasional attacks of pain in the right hypochondrium, with a sense of discomfort at times, but she has not been laid up in such a way as to prevent her doing housework every day. There is no history of alcohol, but syphilis is highly probable, since her husband has been a man of very dissolute habits, and she has had a purulent uterine discharge for many years. The abdomen is not distended, but the walls are remarkably flaccid. The liver can be plainly felt extending downwards to a line two inches below the umbilicus, filling up the greater part of the abdominal cavity. The outline is uniform, and the cleft between the lobes can be distinctly felt. On palpation, the enlargement is uniformly dense and resisting. There is no fluctuation and the surface is quite smooth. The area of hepatic dulness in the right mammary line extends from the the third rib to a line two inches below the umbilicus, and measures thirteen inches and a half. In the axillary line the liver extends as high as the 6th rib, and the dorsal line, its upper limit, is as high as the 9th rib. No splenic enlargement was discovered. Examination of the urine afforded negative evidence of disease. Dr. MacDonnell remarked that this was the largest liver he had ever measured, and that he thought it was larger than any on record. There were several noteworthy features in the case; (1) the excellent condition of the patient's health; (2) the absence of evidence of implication of the kidney or of the spleen was against the diagnosis of waxy disease; but still, it would be impossible to imagine a liver corresponding to a greater extent with every detail of the classical description of waxy disease. Moreover, there was fair evidence of a combination of two potent causes of waxy disease—chronic suppuration and syphilis. Cases are, however, on record both of cases of amyloid disease of the kidney in which no evidence was given by the urine, and of cases of amyloid disease of the liver in which the kidney was not