work ironing, and then, apparently, took a hearty supper. About 11 o'clock that evening she complained of severe abdominal pain. Her physician saw her at 2 o'clock the following morning, recognized the gravity of the condition and brought her to Montreal by the first train. Vomiting was constant—the vomitus consisting of a dark brownish fluid. Enemata were at first returned clear, and later were retained. When she arrived at the Hospital she was moribund, cold surface, feeble pulse, unable to answer any questions, restless, and distressed. The hernia was about the size of a Rugby foot-ball, very tense, dark in colour, large prominent veins running across its surface. On making an incision, gas and a quantity of the same dark fluid poured out through the opening. The sac contained 7 or 8 feet of small intestine, the cæcum, ascending transverse and descending colon, the sigmoid and the whole of the stomach except the cardiac end. The lesser curvature of the stomach was perforated just to the right of a vertical line drawn down from the cardia. The perforation would just admit the end of a finger. The whole of the lesser curvature and gastro-hepatic omentum seemed bruised and ecchymosed. Quantities of imperfectly masticated onions and potatoes were found in the sac, and poured out through the opening in the stomach. At the autopsy there was no evidence whatever of gastric ulcer, and it would seem that here we have an instance of gastric perforation not due to ulcer, but to the chafing against the sharp border of the hernia ring. The immediately exciting cause very likely was the taking of a hearty meal after a hard day's work, and the acute distension arising from the imperfect digestion of this badly masticated food.

P. G. WHITE, M.D.—The opening through which this hernia came was in the middle line due to a separation of the recti muscles and 5 cm. above the umbilicus. The pyloric half of the stomach was within the sac and was ruptured along the lesser curvature, the rupture being entirely within the sac, and the peritonitis, which was acute, was limited entirely to this part. The tissue around the rupture was very dark and looked somewhat gangrenous, but this was due to the staining of the tissue by the black contents of the stomach. The edges of the rupture showed microscopically absolutely no inflammatory change and there was no evidence whatever of gastric ulcer.

The eleventh regular meeting of the Society was held March 1st, 1907, Dr. F. G. Finley, president, in the chair.

Dr. W. F. Hamilton presented a living case of enlarged heart in a boy aged eleven.