

the passage of the bougie the patient complained of pain about opposite the manubrium of the sternum, the region afterwards found to be the seat of the cancer. The patient died after two days' acute illness from septic pneumonia. On *post-mortem* examination a squamous-celled epithelioma of the esophagus was found opposite the bifurcation of the trachea. A perforation admitting a No. 6 catheter had taken place into the trachea, through which the food passed in the act of swallowing, thus producing the spasmodic cough and ultimately leading to septic pneumonia.

Microscopic examination revealed squamous-celled epithelioma with typical cell nests, shaggy ulcerating growth in middle of esophagus opposite the bifurcation of the trachea, which it here perforated, allowing food material to pass in. This has been distributed over both lungs, setting up pneumonia. It is patchy in character. Pleura have both lost their gloss. There is a post-pleural abscess  $1\frac{1}{2}$  by  $3\frac{1}{2}$  inches, extending up the spine to the neck. There is very little enlargement of the neighboring lymphatic glands. Microscopically it is a good example of a squamous-celled epithelioma. The pneumonia shows a red and a grey stage, and remarkably the neighboring lymph glands show no carcinoma.

#### A Series of Appendices.

A series of appendices was presented by Dr. Peters, followed by others from Drs. E. E. King and H. A. Bruce.

Dr. Peters presented a series of four appendices removed by operation.

CASE 1.—The first was from a recurrent case of some ten years' standing. It gave rise to attacks of appendicular colic of disabling severity. Some of the attacks were associated with inflammatory symptoms and localized tenderness. Some thickening could be felt through the abdominal wall, which was very thin. On section the appendix was found to be bound in by extremely dense cicatricial adhesions, and occupied a position upwards and inwards towards the umbilicus but behind the lower end of the ileum. On dissecting it out of this bed a foreign body (fecal concretion) about  $\frac{3}{4}$  inch in length was found. The whole length of the organ was about  $2\frac{1}{2}$  inches.

CASE 2.—This organ also contained a fecal concretion about  $\frac{3}{8}$  inch long, situated about  $\frac{1}{2}$  inch from the cecal opening. About  $\frac{1}{2}$  inch to the distal side of this concretion was a gangrenous patch, in the centre of which was a small perforation. This had given rise to a diffused purulent peritonitis. Although it is a rule in treatment not to attempt removal of the appendix when it is surrounded by an abscess