hospital as the symptoms were much worse. He vomited fæcal matter. Tumor was found by rectal examination. Dr. A. A. Macdonald made an exploratory incision tentatively. The symptoms were those of acute obstruction of the bowels. The tumor was found to be soft and it was deemed advisable not to disturb it in any way. An opening was made in that portion of the intestine nearest above the tumor and connected with the abdominal wall, making an artificial anus. He died two days later.

H. B. Anderson gave a report of the post mortem. There was a yellowish tint to the conjunctiva and a cachectic hue to the skin. The peritoneum showed recent septic peritonitis, the exudation being of a thin, yellowish, purulent color. There was some glueing together of the intestines, and a large tumor filled the pelvis and was in the wall of the intestine. The tumor was quite easily dislodged from its position, the adhesions giving way readily. Below the tumor, the bowel was soft, dark, and necrotic, so that it tore very easily. The surface of the tumor was rough and irregular and apparently necrotic. A considerable portion of the tumor had ulcerated off and was lying free in the lumen of the intestine. Obstruction was apparently complete. The growth was eight and a half feet from the pyloric end of the stomach. It was very soft and had something of the appearance of œdematous fat. Microscopic examination showed it to be a myxo-sarcoma. The ground substance was fibrillated in character, and imbedded in it there were a great number of cells. Dr. Anderson then discussed the various forms of these sarcomata. In answer to Dr. Graham regarding the condition of the lower part of the bowel, Dr. Anderson said it was collapsed.

Dr. Caven says that the peculiarity in the case is this fact that that there were no secondary deposits. Some say that there is difficulty in diagnosing with the microscope between œdematous fibroid and myxo-sarcoma. He referred to a paper of Johnson's on soft fibroids. He considered that they were, in fact, sarcomatous. Dr. Anderson thought that the short duration of the growth would account for the absence of secondary deposits.

Dr. McPhedran suggested that the cause of death in this case was septic and not from the tumor or obstruction. He thinks that the bacteriological condition should be looked into in all these cases.

Dr. Anderson said he looked upon the septic condition as arising from the growth within the wall of the intestine. There was no evidence of a septic condition in the other organs.

Dr. Caven referred to the terminal infection found in four cases