of junction of the placenta and chorion at one point only, the latter being stained with clot for half an inch beyond. The opening in the placenta through which the focus had escaped was almost central. On examining the clots a portion of the smaller was found to be obviously old, being firm and partially decolourised, and this portion fitted with considerable certainty with the old cicatrix. The patient was dying slowly of cancerous recurrence and prolongation of life are concerned. Mr. Jacobson, in "Operations of Surgery," quoting Mr. Butlin, says: "All save one died in a period of from four to eighteen months. The exception was one of Woolfer's cases, which remained well for a year and then had recurrence in the cicatrix, which was operated on. Later, the glands of the groin became affected, and four years after the pylorectomy the patient was dying slowly of cancerous recurrence." The history of the present case is briefly as follows. After the operation the man remained perfectly well for three years and a half, with no dyspepsia or gastric trouble whatsoever, and could take any kind of food without discomfort, when in June, 1893—that is, just three years and eight months after the operation—he was prostrated with an attack of hematemesis. The hemorrhage soon ceased with the usual remedies, and he apparently recovered perfectly. There was no tumour or sign of any fresh growth in the stomach, so that the earlier hemorrhage was the first evidence we had of recurrence; it was, to say the least, disappointing, as we were congratulating ourselves on the non-recurrence of the disease, hoping we had eradicated it, so long a time having elapsed since the hemorrhage symptoms of dyspepsia presented themselves, and one could now feel a small tumour just beneath the old cicatrix in the skin. This gradually increased in size. He began to lose flesh, and it was now evident that the disease was making rapid progress, for he was no longer able to sit up, and, taking to his bed, he gradually sank and died from suppurative meningitis and exhaustion on Dec. 21st, 1894. The necropsy showed a large excavating ulcer, with indurated edges and sloughy base, infiltrating nearly the whole of the mucous membrane of the stomach. The stomach was adherent to the liver, pancreas, and diaphragm—in fact, one had to remove these organs with the stomach, as the latter was rather distended, and the aorta was decidedly small in calibre. There were 2 or 3 oz. of clear fluid in the peritoneal cavity. The spleen was found to be soft and looked fatty. The spleen was moderately swollen and "pitted" on pressure. He was somewhat anaemic. His back, abdomen, and thighs were covered with petechiae, which I took to be purpuric. Upon examining his retinas there were no visible haemorrhages. The cardiac sounds were clear, with no audible murmurs. The lungs were in a natural condition. The urine did not contain albumen. After being in bed for twenty-four hours he quite suddenly became breathless and cyanosed, a condition ofThings lasted for two hours and a half, when he died. At the necropsy (twenty-four hours after death) the liver was found to be soft and looked fatty. The spleen was large and pulpy. The stomach was empty and distended with gas. The intestines were almost empty. There were hemorrhagic spots all through, from the oesophagus to the rectum, and in some parts of the small intestine the hemorrbage surface was rather widespread, extending for 6 or 8 inches in several places. The heart was normal, with the exception of the tricuspid orifice, which was rather distended, and the aorta was decidedly small in calibre. There were 2 or 3 oz. of clear fluid in the pericardium. The kidneys were healthy. The brain was normal, although the lateral ventricles were distended. Both lungs were most actively engorged with blood and very edematous (fluid pouring out of an incision abundantly). There were no signs of infants. The left lung was adherent.