whole for a few days, but in the end died of septic pneumonia, as was discovered at the postmortem examination.—*Lancet*, March 3, 1888.

H. PERCY DUNN, (London).

III. A Danger in the Prolonged use of a Silver Tracheal Tube. By DR. ST. SYCZ. ZALESKI. (Dorpat.)—A silver tracheotomy tube was brought to Dr. Zaleski which had been in the trachea of a patient for about two years, and during that time had never been removed. "Of the tube there only remained, owing to the solvent action of the contents of the air passages, the merest shell, in appearance like a kind of coarse cobweb." His explanation is that the chloride in the secretions acts on the silver, forming a chloride of silver, and this is dissolved by the alkaline secretions containing ammonia and cyanides. Dr. Zaleski is unaware if the patient suffered from agyria.

H. H. TAYLOR (London).

IV. A Case of Gastrostomy for Malignant Stricture of the Œsophagus. By A. M'PHEDRAN, M. B. (Toronto, Ont.)—A woman, æt. 41, had presented symptoms of cancer of the œsophagus, with resulting stricture, which finally after eighteen months began to interfere with alimentation to such an extent that starvation was imminent. The operation was done in two stages with an interval of ten days. At the first operation the stomach was brought to the abdominal opening and fastened with harelip pins according to the method of Macnamara. Ten days later, the stomach having become thoroughly adherent to the wound, the viscus was opened with a narrow tenotomy knife. The operation was successful in relieving the imminent danger of death from hunger and thirst, but the morbid processes continued, the patient eventually falling into a decline and dying from an attack of hypostatic pneumonia six months and eighteen days after the operation,—*Canadian Practitioner*, July, 1887.

JAMES E. PILCHER (U. S. Army).

CHEST AND ABDOMEN.

I. Cases of Stomach-Resection in Billroth's Clinic During 1887. By DR. F. SAIZER (Vienna). This is a comprehensive