

success, and already a somewhat extensive programme has been arranged. The list of papers (published elsewhere in this journal) will doubtless be considerably extended before the date of meeting.

A dinner will be given by members of the profession of Toronto to the visitors, at the Queen's Hotel, on the 11th September, at 7:30 p.m. The owners of the yachts "Oriole," "Aileen," and "Abeona," have placed their craft on Toronto bay at the disposal of the committee of arrangements for the afternoon of the 10th, and the managers of the Industrial Exhibition have arranged for the special entertainment of the members of the Association during one of the days of the meeting. The president for the year is Dr. James Ross, of Toronto; and the secretary, Dr. James Bell, of Montreal.

### Hospital Reports.

#### REMOVAL OF OVARIAN CYST—HÆMATOCELE OF BROAD LIGAMENT— LOOSENING OF LIGATURE—SECONDARY HEMORRHAGE— REOPENED IN TWELVE HOURS— NERVOUS SYMPTOMS— RECOVERY.

UNDER THE CARE OF DR. J. W. ROSS, IN THE  
TORONTO GENERAL HOSPITAL.

Mrs. R., æt. 28. Referred by my friend Dr. Verner, of Toronto. Married 10 years. Has had three children; youngest one 8 years of age. Three miscarriages. The last time pregnant, five or six years ago, had a miscarriage; menses came on last time two weeks ago and lasted three or four days as usual; has not missed a month; noticed enlargement of abdomen two years ago; has been in poor health for five years; no family history of tumors of any kind; suffers from frequent and painful micturition; on examination a tumor is to be felt rising from right ovarian region about the size of a child's head; uterus found in front of tumor between it and the bladder and inclining toward the left side; fluctuation present; tumor diagnosed as ovarian cyst; operation June 6th, 1890; chloroform; removed a multilocular cyst of the right ovary; pedicle very broad; tied with the Staffordshire knot after transfixion; tied as tightly as hands could tie it; tissues of

pedicle very dense; omentum adherent to right broad ligament; ligatured and cut off; no drainage-tube used.

1.30 P.M. Temperature, 97°; pulse, 82; face pale; feels cold.

3 P.M. Pad changed; a little oozing from wound had discolored the pad.

5.15 P.M. Pulse 100; pain in abdomen.

5.30 P.M. Pulse 110; patient almost crying with pain.

7 P.M. Retched once.

7.15 P.M. Patient retched again.

8.15 P.M. Patient retched again and blood gushed from the wound and stained the pad. I was at once informed.

9 P.M. Reopened abdomen; found it filled with clots, and after clearing them out as quickly as possible, found a small vessel spouting in the pedicle and a general oozing from the stump; a small perforation was found in the broad ligament below the ligature, as if an hæmatocele had formed in the layers of the broad ligament and had burst into the abdomen; tied the pedicle with four chain ligatures below the old ligatures and found the hemorrhage effectually controlled; washed out the abdomen; drained.

12 P.M. Pulse 138; tube emptied of clots, and a little fresh blood probably from the broad ligament and parts to which omentum had been adherent; patient retched frequently; pulse dropped to 114; temperature 100°.

June 7, 3.30 A.M. Discharge of blood from tube continues; 3 ii. every half hour.

9 A.M. Serum only from tube.

6.45 P.M. Temperature 99°; pulse 100; retching very severe.

June 8, 2.15 A.M. Retching continues; breath offensive; red discharge from vagina.

June 8. Champagne and brandy enemata; vomiting continues; temperature normal; pulse 118.

June 9. Vomited matter like coffee grounds; after taking seidlitz powder sweetened with cane sugar (not by my order) vomited matter looked bright red like blood, but no clots or streaks were to be seen. I attributed this color to chemical action of the bile and cane sugar in presence of small quantity of some acid.

12 P.M. Pulse 116; temperature 100°; patient wandering for a little while; nervous symp-