

be seen encysted all over the root of the tongue.

Dr. Campbell asked whether the condition had been suspected from a knowledge of the previous history, as many years ago there had been an outbreak of trichinosis in Montreal, and it would have been interesting to know whether this had been one of the patients who had recovered from the disease.

He also showed the stomach of a woman who had died of haematemesis, caused by ulceration of the stomach. She was a dissipated drunkard, and had evidently suffered from ulceration of the stomach before, as there were cicatrices of old ulcers to be seen.

Owing to the lateness of the hour Dr. Armstrong's paper on intubation was held over till next meeting.

*Stated Meeting, May 3rd, 1889.*

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

Dr. N. C. McGannon, of Brockville, was elected a member.

Dr. Williams, a newly-elected member, was introduced to the Society, as was also Dr. Wales of Sawyerville.

The President showed an ovarian tumor which he had removed that day. It was composed of several cysts, one of which was dermoid containing hair and teeth, and the others contained papillomatous growth. The patient had been tapped several times before coming under his care, and there were in consequence parietal adhesions at the site of the punctures. The trocar had also passed through the papillomatous growths. There was a curious cyst as large as a turkey's egg, hanging by a slender pedicle from the main tumor. Dr. Gardner stated that this case illustrated the dangers of tapping abdominal tumors. First there was the danger of hemorrhage in case that the trocar passes through a soft and vascular growth. Second, there were the inevitable adhesions which were sure to render operative interference more difficult. And lastly the growth might happen to be a papilloma, in which case a few of the papillomatous cells might escape onto the peritoneum and rapidly infect the whole abdominal cavity, a very serious calamity.

Dr. Laphorn Smith inquired as to the prognosis of the case, his reason for doing so being that he had seen Olshausen, of Berlin, open a woman, but on finding that she had papilloma of the peritoneum resulting from the bursting of a papilloma of the ovary he declined to proceed with the operation and merely removed the liquid, saying that the prognosis was as bad as it could be.

Dr. Hingston said that he had had one such case, and although he had been advised by a distinguished operator who was present to scrape off the papillomatous buds from the peritoneum, he decided not to do so, and the patient lived

in comparative comfort for some eight years by the aid of occasional tappings. At the end of that time a bolder operator undertook to do what he had feared to attempt and the patient died under it.

Dr. Gardner said that as the pedicle was very favorable and as there was no evidence that the peritoneum had been infected in this case, the prognosis he thought was favorable.

Dr. Hingston exhibited an enormous fibroid polypus of the naso-pharynx five inches long by three broad, and weighing five ounces. He pointed out that there were three different ways of proceeding in such cases: First, making an incision along the base of the nose and turning up the flap; second, separating the hard and soft palate; and third, removing the superior maxilla. He had intended to operate by one of these methods when a visiting surgeon told him that Gross had succeeded in detaching these tumors by means of the fingers without any cutting. He therefore dilated the nostril by means of his little finger and then introduced one index into the nostril and the other into the mouth, and after an hour and a half's hard work, during which the patient lost a great deal of blood, he succeeded in detaching it. As patients undergoing this operation do not bear an anæsthetic well he did not employ any in this case. He at first coaxed the patient to bear the pain and when coaxing failed he frightened him into bearing it. On a former occasion he had operated while the patient was standing on his head so as to keep the blood out of his larynx, but in this case he had sat on a chair.

Dr. Major said that this was by far the largest polypus he had ever seen, although he had seen the specimen of Dr. Lincoln of New York. He himself had had one case as large as a hen's egg. He attempted to do the operation under anæsthesia, but it was so badly borne that he had to complete it without any. He used his fingers as Dr. Hingston had described. Fibroids of the pharynx are very rare although fibroid mixomas are quite common.

Dr. Finley showed the kidneys in a state of acute parenchymatous nephritis taken from a patient who had poisoned herself with carbolic acid.

Dr. Armstrong then read a paper on intubation versus tracheotomy. After a few introductory remarks he said that the insertion of a tube through the mouth into the larynx for the relief of laryngeal stenosis is a new operation. Dr. O'Dwyer began his experiments in 1880, but the results were only given to the profession in a paper which appeared in 1885. Dusault in 1801 catheterized the trachea, and Bouchet of Paris in 1858 first intubated the larynx for obstruction and proposed the operation as a substitute for tracheotomy. His proposal was adversely reported upon by a committee of which the great Trousseau was chairman. He alluded