

and diameter near caecum was that of my middle finger. It had no mesentery, and before the cyst was tapped, extended from caecum to near upper part of tumor. The end was so intimately connected with cyst wall that it had to be cut and removed with the growth. The caecum in this case was not completely invested with peritoneum, and hence fixed. Owing to the presence of pus and pus foci, the remnant of the omentum was removed close to colon.

The growth had evidently commenced in left broad ligament, and had no pedicle. It had several daughter cysts, all of which contained pus.

My view of the case is that five years ago the appendix became attached by adhesion to the left broad ligament; last fall appendicitis again occurred, and pus formed near apex of organ, which by this time rested on the cyst growing in ligament. The omental adhesions permitted the pus to become encysted and caseous. The attack last April infected the cyst and caused rapid enlargement of it.

Last April I saw in the practice of Dr. Webb, of Waterloo, a very interesting case in which the pain and the area of dulness were chiefly to left of median line. Surgery was anticipated by nature, for the appendix, debris and pus were passed per rectum. Through the kindness of the doctor, I am able to present the specimen for your examination. You will notice that the distal end is perforated. Patient over fifty, and had always been healthy.

A surgeon at Galt operated on a case in which, before the operation, several medical men, including the operator and myself, had diagnosed a perinephritic abscess. Dr. H. A. McCallum, of London, has reported a remarkable one in which the abscess broke first through the eighth intercostal space of right side, and subsequently through the lung.

## Reports of Societies.

### THE ONTARIO MEDICAL ASSOCIATION.

The thirteenth annual meeting of the Ontario Medical Association was held in the hall of the educational department of the Normal School. June 21st and 22nd, Dr. R. W. Hilliary, of Aurora, presiding. The Vice-Presidents of the Association, Dr. Brock, of Guelph, and Dr. A. McKay, of Ingersoll, were present and took their seats upon the platform. Letters of regret were read from Dr. A. R. Robinson, New York; Dr. Saunders, Kingston; Dr. Anglin, Kingston; Dr. Moorehouse, London; Dr. Preston, Newboro'; and Dr. Gibson, Belleville. After the receipt of the report of the Committee on Papers, which was moved by Dr. Spencer, Dr. E. E. King, moved that an official stenographic re-

port of the proceedings be made, and a committee consisting of Drs. Sheard, A. H. Wright, W. H. B. Aikins, A. A. Macdonald and E. E. King, Toronto, were appointed to conclude the arrangements, and Dr. Brown was selected to report the work of the sessions. Drs. McKay, of Woodstock, and Harrison, of Selkirk, were appointed by the President to act on the Committee on Ethics.

On motion of Dr. Welford, Woodstock, seconded by Dr. Macdonald, Toronto, a committee consisting of Drs. Barrick, Welford and Macdonald were appointed to draw up appropriate resolutions in the name of the Association, recognizing the service rendered to the Association by its late presidents, Drs. A. Worthington, Clinton, and W. H. Henderson, Kingston, and report to the afternoon session.

Dr. A. A. McDonald, of Toronto, read an excellent paper on "CHOLELITHOMY