

inal enlargement first noticed sixteen months ago. On examination, all the evidences of ovarian cyst were found. Operation was performed on September 4th, the tumor removed without any difficulty, and she made a rapid recovery, returning home twenty-five days afterwards.

*Case 2.—Tubal Pregnancy.*—Mrs. W., aged 25, married 3 years, mother of two children, the youngest one year old. Since the birth of her first child she had suffered from repeated attacks of what was probably pelvic peritonitis. Five weeks before coming under his notice she was suddenly seized with a severe pain in her left side and a fainting fit while walking in the street. She began to flow, and continued until time of operation. As she had not missed a period she was sure it was not a miscarriage, and in a few days was about again. Two weeks later she had another fainting attack, accompanied by sharp cutting pain, and a third one week before he was called to see her in consultation. On examination he found a mass the size of a small orange in Douglas' cul-de-sac, and it was exceedingly sensitive to pressure. Tubal pregnancy was at once diagnosed, and operation performed on October 20th. In order to make the recovery more satisfactory, he dilated and curetted the uterus, sewed up the cervix, and performed ventral fixation after the removal of the appendages. The dates of the various hæmorrhages were beautifully illustrated when the specimen was first removed by the clots of blood surrounding it. There was rather bright red blood recently escaped; dark and slightly organized clots, and old hard clots, more dense and firm. Dr. McConnell had made a microscopical examination, and had only been able to find blood-clot, but further search would be made for chorionic villi.

*Case 3, Hæmatoma of the left Ovary—Chronic Salpingitis.*—Mrs. L., aged 25, has been a chronic invalid since the birth of her only child, eighteen months ago. On examination, deep bilateral laceration of the cervix and on the left side near the uterus a lump about the size of a small orange. After a course of preliminary treatment for reducing congestion of the pelvic organs, operation was performed on September 6th. The uterus was dilated and curetted, the laceration was carefully repaired, and both appendages removed. The peritoneum and fascia were closed with buried silk and a layer of through and through silkworm gut stitches which had been passed previously were tied. The patient made a good recovery. The silk-worm gut sutures were removed four weeks after operation.

*Embryo in Sac.*—Dr. HUTCHISON exhibited a specimen of an embryo in its sac, surround-

ed by the liquor amni. It was of interest, he thought, from its rarity, such a complete picture of the early development of the human species not being often seen outside of textbook plates. The abdominal opening could be plainly seen and the small points marking the situation of the eyes, etc., etc.

*Stated Meeting, November 16th, 1894.*

G. P. GIRDWOOD, M.D., PRESIDENT, IN THE CHAIR.

Drs. J. E. Binmore, Felix Cornu, William Burnett and H. M. Duhamel were elected ordinary members.

*Diaphragmatic Hernia.*—Dr. ADAMI exhibited the specimen and gave the history of the case.

Dr. MILLS remarked that between the years 1878 and 1881, he, then a resident physician in the City Hospital of Hamilton, Ont., reported a case of congenital hernia through the diaphragm in an infant. He did not remember what organs had passed upward through the orifice, nor whether there were any other Canadian cases on record.

In reply to questions put by the President, Dr. Adami remarked that this would be considered of the congenital variety; that it would seem to be caused by the non-development of the left crus of the diaphragm; and that the most common position of the rupture or orifice in the diaphragm was the tendinous portion of the left side.

*Pus Tubes and Hæmatoma in the same patient. Pus Tubes removed during an Acute Attack of Peritonitis. Double Hydrosalpinx, causing Severe Dysmenorrhæa.*—Dr. A. LAPTHORN SMITH read the reports of these cases, as follows:—

Case I. Hæmatoma of Ovary with Double Pus-tubes.

Miss C. was referred to me as a case of fibroid tumor of the uterus and as being suitable for electrical treatment. This diagnosis was not without some foundation, for on placing the hand on the abdomen, one could detect a tumor or enlargement of the uterus, extending nearly to the umbilicus. By bimanual palpation the cervix was found to be small, but the uterus appeared large and wedged in the pelvis, and quite immovable. The tubes and ovaries could not be felt. On firm pressure the tumor was felt to be solid, or in places slightly elastic. The history rather supported the diagnosis. She was 26 years of age; had begun to menstruate at the age of fourteen, the flow always having been profuse. It had never been painful until six years ago, since which the pain of the periods had been gradually grow-