

## Meetings of Medical Societies.

### TORONTO MEDICAL SOCIETY.

Nov. 13th, 1884.

The President, Dr. Reeve, in the chair.

Dr. H. Wilberforce Aikins, of Jarvis street, was duly elected to membership.

Dr. Ross presented a patient suffering from the abortive form of anæsthetic leprosy, the case to be fully reported on at the next meeting of the Society.

Dr. A. H. Wright presented several enlarged glands, which he had removed from Annie C., aged 5. She was first seen as an out-patient at Toronto General Hospital in July, 1884. Some phthisis on mother's side. Mother said lumps had been forming in child's neck some months.

Examination showed enlargement of the glands on left side of neck, extending down to clavicle. One large mass under jaw reaching from lobe of ear nearly to median line.

Constitutional treatment in the shape of cod liver oil, syrup of the iodide of iron, and arsenic with external applications of equal parts of glycerine and compound solution of iodine, continued for some time.

Came to hospital in September. Lumps increased in size. Sometimes temperature rose to 102° or 103°. At other times child fairly well.

Operation Oct. 15th. Large mass removed, together with six or eight smaller lumps. The attachments to surrounding connection tissues were firm, and considerable trouble was encountered in their removal. They weighed five ounces. Antiseptic precautions with spray used. Healed readily. Very small cicatrix left. Child went away from hospital Nov. 1 not much, if any, improved. Temperature still high at times. Appetite poor. Feels ill. At other times appears fairly well. Operation did apparently no good, as far as general symptoms were concerned.

Question.—Is it advisable to remove these enlarged glands, when not sarcomatous, before pressure of large mass on surrounding parts makes it necessary? When they are likely to break down, their early removal may prevent

the serious drain likely to ensue from long continued suppuration. Under antiseptic precautions the operation is more safe than it was formerly, but it is occasionally very tedious. As a rule the results are not particularly encouraging, when constitutional treatment fails to effect any improvement.

### OVARIAN CYST

Dr. A. H. Wright then presented a second specimen, one of ovarian tumor, on which he had operated. Its cavity was lined with papillomatous growth. Dr. Teskey demonstrated the specimen to the Society, and showed several sections under the microscope. History of the case:—

Mrs. X, aged 37, admitted to Toronto General Hospital, October 11th. Married 15 years ago; two children, youngest twelve years old. Nothing special in family history.

Was always well until about five years ago when she first complained of weakness, which gradually increased. About two years ago she first noticed enlargement in the lower part of abdomen. Became very weak and had difficulty in breathing. Has only menstruated twice since swelling was first observed, the last time being about a year ago. Was tapped in December last—twelve quarts evacuated, much relieved for a time. Was tapped three times since—the last time being about five weeks ago. Colour of fluid said to have been yellow.

On admission much emaciated—looked old—pulse 110 to 120—abdomen enlarged. Examination showed a large, apparently thin-walled cyst with a considerable fluid in peritoneal cavity. Os uteri high, and passed  $3\frac{1}{4}$  inches, fundus to front and moved independently of cyst. Per rectum something could be felt on each side of uterus rather nodular in character. Urine—quantity normal, sp. gr. 1011, acid, traces of albumen, a little pus, no sugar.

At a consultation of staff it was thought to be an ovarian cyst, with some probability of malignancy, and, notwithstanding the unfavorable condition of patient, abdominal section was advised as giving the patient the only possible chance.

Operation October 20th, with Listerian precautions. Two or three quarts of yellow fluid