

deemed necessary, with power to raise the necessary funds in such a way as may be desirable." Carried.

The committee as constituted consists of Drs. Burns, H. H. Wright, Buchan, Geikie, Bray, Day, Henderson, Cranston and Aikins.

Dr. Orr moved, "That the territorial representatives be increased to twenty-four, and that the Legislative Committee be instructed to obtain the necessary legislation." He said that in supporting the motion that the change would do much to extend the interest in the council, while the representatives, by reducing the area of their divisions, would be within easy distance of their constituents.

The motion was referred to the Legislative Committee.

Dr. Day presented the report of the Legislative Committee, stating that the amendments to the Medical Act sought by the council had been introduced at the last session of the Legislature and read the first time, but owing to the lateness of the time when considered the further stages had not been taken. The bill was not likely to have any opposition next session.

The report was adopted.

Dr. Harris moved, that Drs. Grant and Geikie be hereby appointed representatives from the council to the British Medical Association which meets in England in August next." Carried.

A by-law was passed levying a fee of \$1 on every member of the College of Physicians and Surgeons of Ontario.

Dr. Edwards moved, "That the council expresses its appreciation of the honor conferred on their body by the election of Dr. Grant as vice-president of Canada to the International Medical Congress." Carried.

The case of H. E. Sheppard, who applies for permission to practice, was referred to the Executive Committee.

The report of the education committee, which was adopted, recommended the appointment of the following Board of Examiners for 1887-8:—Dr. J. Fulton, Toronto anatomy, descriptive; Dr. A. S. Oliver, Kingston, theory and practice of medicine and therapeutics and general pathology; J. McArthur, London, midwifery, operative and other than operative, with puerperal and infantile diseases; Dr. G. A. Tye, Chatham, physiology and histology; Dr. I. H. Cameron, Toronto, surgery, operative and other than operative; Dr. J. H. Wishart, London, medical and surgical anatomy; Dr. M. Barrett, Toronto, chemistry, theoretical and practical and toxicology; Dr. McKay, Ingersoll, materia medica, and pharmacy; Dr. Elliott, Orillia, medical jurisprudence and sanitary science; Dr. Linton, St. Thomas, homœopathic examiner.

After passing a vote of thanks to the chairman, the council adjourned till the second Tuesday in June, 1887.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

Regular monthly meeting May 4th. Dr. Stark, President, in the chair.

Dr. Malloch exhibited to the Society a strangulated multilocular ovarian cyst, and gave a history of the case which unfortunately proved fatal. When called to the case the patient had been suffering from Friday till Monday morning, and there was general peritonitis: a tense acutely painful tumor was to be felt on the left side of the abdomen, stretching up from the left iliac fossa to near the false ribs. He advised operative interference as the only means offering a chance of life. When the peritoneum was opened masses of thick tenacious jelly-like substance escaped with blood clots. The tumor lay so far to the left that it could only be touched—the wound was then enlarged to five inches: the tumor could not then be brought into view until some of the inflamed and distended bowels had escaped. A trocar was passed into the black tense cyst when brought to the wound but nothing flowed through it. The tumor was then slowly drawn out, and in doing so a cyst upon the anterior and superior surface of the tumor was seen discharging its contents which was similar to what had escaped from the abdominal wound. The pedicle was then untwisted and a ligature applied with the Stafford hire knot and the tumor cut away. The single ligature slipped and had to be replaced by three separate ligatures. Sponge after sponge was then removed, loaded with the jelly-like substance and blood. The patient showed signs of collapse, and washing out of the abdominal cavity could not be done. Some difficulty was experienced in returning the distended bowels. A drainage tube was left in and the wound closed with stitches very closely applied. The patient recovered from the shock, but died in 36 hours, delirious; temp. in axilla two hours before death 106½°. Nothing could be sucked through the drainage tube after the first four hours, so it was removed.

He stated that this was the second case of strangulated ovarian cyst that he had met with, that out of three cases of ovarian or parovian cysts seen in two years, two of them were thus complicated. The first case of strangulated ovar-