

ances of perfectly fresh sections of the structure are important factors to the microscopist. If this fact was more generally recognized and acted upon, microscopical examinations would be more highly appreciated.

Dr. Farrell emphasized his view by many illustrations from the specimens exhibited.

Dr. Murdock Chisholm reported a case of extreme dilatation of the heart ending fatally, where nothing was found at the autopsy to account for the lesion—the heart substance, valves and vessels being normal.

This case will be reported at a later date *in extenso*.

Dr. E. Farrell reported a case of multilocular ovarian cyst with dermoid contents, which he had successfully removed from a young girl. The history of the case briefly was this:

J. C. aged 11, a native Pictou, giving a good family history, was admitted to the medical ward of the Victoria General Hospital some months ago.

Her parents stated that in December 1893, she was injured at the lower part of the abdomen by a fall on a stick. For some time she experienced severe pain which however soon disappeared without any special treatment.

In April 1894 they noticed that she seemed very tired after returning from school, and soon after this an alteration in her gait, diarrhoea and a painless swelling of the abdomen. The swelling steadily increased, and in the latter part of June she was admitted to Hospital. Her general health was somewhat impaired, otherwise there was no symptom observed except ascites, which was quite pronounced.

A large quantity of clear serum of a low specific gravity was soon after removed and a careful search made for the cause without result. No growth could be felt. The fluid was again removed on two occasions to relieve urgent symptoms. Nothing was found on examination, after removal of the fluid. A fourth tapping was done on

Sept. 6th and fairly good evidence of a growth obtained. The patient was tapped for the last time on Oct. 8th under the influence of an anesthetic. On this occasion, and for the first time there was observed resonance or percussion along the right flank. The fluid removed was clear as water, no deposit could be obtained by the use of the centrifugal machine, the specific gravity was 1008. When fluid was removed a distinct tumor like mass was found about the middle of the abdomen which could be freely moved in any direction. After consultation it was decided to make an exploratory incision after the fluid had reaccumulated.

On Oct. 29th an exploratory incision was made. The fluid was at once found to be encysted. The incision was at once enlarged, and the tumor found to be connected with right ovary by a long narrow pedicle. After the removal of the fluid and the separation of numerous adhesions the mass was removed and the pedicle tied and divided. The patient made an excellent and uneventful recovery.

The tumour turned out to be a multilocular dermoid with a great variety of contents. The tumour itself consisted of two parts, the first of several very large thin walled cysts filled with clear fluid like that removed by paracentesis. This portion lay in contact with the abdominal wall. The second part, denser and firmer lay in contact with the upper and posterior part of the abdominal cavity. It was made up of a very large number of small cysts, some lined with mucous membrane and containing mucus of every shade of color, others more or less perfectly with skin and containing hair and sebum. Here and there were irregular masses of bone which contained teeth. About a hundred teeth, more or less perfectly formed, were separated. In addition to these epithelial pearls, masses of cartilage and two well formed nipples were noticed.