

LITERARY BUREAU.

The Secretary-General may at his discretion organize a Literary Bureau, which shall consist of such number of linguists as he may determine, whose duty it shall be to do all necessary translating for the Congress, compensation for which service shall be determined by the Executive Committee. Certain members of the Literary Bureau may be designated by the Secretary-General as an Editorial Committee. It shall be the duty of the Editorial Committee to determine the eligibility of all contributions before the same shall be published in the Transactions, and to supervise the publication of both the Book of Abstracts and the Transactions. All work done by the Editorial Committee and by the Literary Bureau shall be subject to approval by the Secretary-General. [*By-law V.*]

Section on Physiology.

ADVISORY COUNCIL.—Dr. W. H. Howell, Boston, Mass.; Dr. C. F. Hodge, Worcester, Mass.; Dr. W. G. Thomson, New York, N.Y.; Dr. F. S. Lee, New York, N.Y.; Dr. G. T. Kemp, Brooklyn, N.Y.; Dr. John Marshall, Philadelphia, Pa.; Dr. W. S. Carter, Philadelphia, Pa.; Dr. J. W. Warren, Bryn Mawr, Pa.; Dr. R. M. Smith, Philadelphia, Pa.; Dr. F. T. Mall, Chicago, Ill.; Dr. Jacques Loeb, Chicago, Ill.; Dr. J. J. Abel, Ann Arbor, Mich.; Dr. Henry Sewall, Denver, Col.

MEDICO-CHIRURGICAL SOCIETY
OF MONTREAL.

Stated Meeting, November 11th, 1892.

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

New Members.—Dr. J. R. Spier and Dr. A. S. Wade were elected ordinary members.

Rhinolith.—Dr. Birkett exhibited a rhinolith or nasal calculus removed from a woman aged 35, who for the past six or eight years had suffered from a chronic discharge from the left nostril. On examination, the entrance of the nostril was seen to be blocked by granulation tissue, and a probe, on being passed in one-quarter of an inch, impinged on a hard body. After reducing the temporary hyperæmia with cocaine, a body could be observed under the inferior turbinated bone, and was readily removed after being broken into two or three pieces, followed by complete relief to the catarrh.

Dr. Proudfoot had removed a somewhat similar concretion from the nose of a child who suffered from a very fetid nasal discharge. The concretion was about the size of a marble, and he experienced some difficulty in fracturing it.

The nucleus was found to be a small roll of paper. He thought that these concretions were generally phosphatic.

Carcinoma of the Ovary.—Dr. Lapthorn Smith exhibited the specimens, and reported the case as follows:—The patient from whom I removed these two tumors was a married woman, 42 years of age, the mother of five children, the youngest of whom is 14 years of age. She has never suffered with her periods, and the menopause was passed three years ago. She had always enjoyed good health until June last, when she began to vomit constantly. In July her abdomen began to swell and in September she first began to notice a swelling of the feet and legs. She then presented the following appearance. She was sitting bolstered up in a chair, her face dark red in color and almost cyanosed, her abdomen enormously distended, and her feet and legs swollen and pitting deeply on pressure. Her heart was extremely weak, rapid and intermittent, and at first I thought her a case of heart disease, gradually filling up with water, but I failed to detect any organic murmur or evidence of dilatation. She had been vomiting incessantly for several weeks, her bowels were very constipated, and she was passing only two or three ounces of dark-red urine daily. The abdomen was so much distended that a careful examination only revealed the fact that it was full of liquid and under great tension. Neither did an examination per vaginam show any indications of the presence of a solid tumor, the vaginal vault being merely bulged downwards by the weight of the superincumbent fluid. The urine contained one-fourth albumen. Under treatment with small doses of calomel and bicarbonate of soda the vomiting was stopped, and after a few weeks further treatment with digitalis the quantity of urine secreted in the twenty-four hours rose to sixteen ounces, and the albumen disappeared. The legs became less swollen, but there was no improvement in the distension of the abdomen. As her condition was serious I determined to tap her, and, if necessary, perform abdominal section. I, therefore, took her into my private hospital on the 1st of October, and on the following day I introduced a very fine trocar into the abdomen, half-way between the umbilicus and pubis, and thus removed two gallons and a half of straw-colored fluid in half an hour, without the patient experiencing any faintness or other unpleasant symptoms. As soon as a gallon of water had escaped, the abdominal walls became sufficiently relaxed to permit me to feel two large solid tumors floating freely in the abdomen; when all the water had escaped, the liver could be found very much enlarged. Although I feared that these tumors might be malignant I urged their immediate removal. It is interesting to note that during the