

ligaments. The first case was that of an ordinary cystoma, which he enucleated, a good convalescence following. The second case was one where he intended opening a deep abscess; but, after getting into the abdomen, found a cyst above it this he opened, and stitched its walls to the abdominal opening. Through drainage was maintained by tubing through the abdominal opening, cyst, abscess cavity, and out through Douglas's pouch and the vagina. In this case convalescence was slow. The third case was a large sessile cyst, which was incised and stitched to the sides of the abdominal opening, and a glass drainage-tube inserted. Patient did well.

Dr. HINGSTON then read a short paper entitled "*Some Remarks on Ovariectomy.*"

*Stated Meeting, September 24th, 1886.*

J. C. CAMERON, M.D., 1ST VICE-PRESIDENT, IN THE CHAIR.

*Case of Congenital Wry-Neck.*—Dr. LAPHORN SMITH exhibited a case of congenital wry-neck in an unmarried female, 26 years of age. Her father and mother are alive and well, and she is one of a large family, all of whom are alive and (except herself) in good health. Before her birth her mother received a severe fright, to which she attributed the girl's deformity. Ever since her birth she says she has been troubled more or less with a spasmodic condition of the right sternomastoid muscle. During the last few years the muscles of the face and throat have become involved, and now even the muscles of the lower extremities are in a state of clonic contradiction, which gives her a gait similar to that seen in locomotor ataxia. The patellar reflex is markedly increased; were it not for this fact, and also for the fact that it was of congenital, one might think that the disease was of a hysterical nature; for it completely disappears when she is asleep, diminishes very much when she is not observed by anyone; while, when she comes to see the doctor, spasms of her face and neck become so very severe that her features are frightfully distorted, and she appears to be in imminent danger of suffocation; and, indeed, feels as if she could not get another breath. The muscles of the tongue are also affected, rendering her speech stammering. The muscles at the back of the neck, opposite to the affected side, have become enormously hypertrophied in their efforts to oppose the contractions of the sterno-mastoid. With regard to the prognosis, Dr. Smith said it was not favora-

ble in these cases, operative interference being contra-indicated; for as soon as the sterno-mastoid is cut, the disease invades some other muscle. The treatment, therefore, is nearly entirely medical. This patient has greatly improved under 20-grain doses, three times a day, of the mixed bromides of ammonium, sodium and potassium; but nearly the whole list of narcotics have been recommended, such as chloral, chloroform, ether, morphia and atropine; also tonics, such as iron, strychnine and arsenic. He was alternating the bromides with iron and strychnine in the case, bromism having shown itself. Dr. Hammond reports two cures with bromide of zinc, on which he mainly depends, electricity having failed in every case in which it was tried.

*Ulcerative Endocarditis.*—Dr. SUTHERLAND exhibited the heart, and a portion of the right lung, from a case of ulcerative endocarditis. Patient, a man aged 35, came to the out-door department of the Hospital, complaining of being out of sorts, and said that three months ago he had been on a spree, and had slept on a bench in Central Park, and there caught cold. At the hospital he was found to be slightly feverish, and was persuaded to go to bed. While the nurse was getting a bath ready he fell back and died immediately. On the endocardium of the left ventricle was a cauliflower excrescence, one inch long, and projecting about a quarter of an inch. There was also a similar, but older, looking excrescence on one of the aortic valves. Throughout the lungs were several small ulcerating cavities.

*Ovariectomy; large Tumor.*—Dr. TRENHOLME exhibited an ovariatic sac, removed from a lady at Levis, on the 31st August. The sac and its contents weighed over 70 lbs. This is the fourth operation since the last Society meeting; all the three previous patients made a good recovery. There was excessively firm adhesions of the sac to the abdominal parietes, intestines, diaphragm and liver, so strongly adherent that the sac had to be peeled off by reaching the posterior part, and then working it off toward the front. The sack was also very friable, and in great part had to be removed piece by piece. This multilobular tumor had been repeatedly tapped, and was a good illustration of the bad effects of such treatment. The patient, though very feeble and exhausted, bore the operation well; and when Dr. T. left her, thirty hours after the operation, her pulse and temperature were almost normal, and she was feeling well and cheerful. There was very little tympanitis; but on the fifth