and consequent removal of the pressure from the blood-vessels in the sac wall.

Dr. Cameron wished for the distinction between a pure cyst and a cystic adenoma. Is the cyst a new formation or merely due to retention? According to present pathological views, there was only one form of neoplastic cyst, viz., the hydatid cyst. Possibly there was also the hemorrhagic. All others are simply retention cysts, due to dilatation of pre-existing ducts or channels, and obstruction. The term adenoid is a mistaken one to apply, because it confounds natural gland tissue with pathological tissue. If the cyst be lined with epithelium it is probably a dilatation of a connective tissue space.

Dr. Atherton presented a specimen of

CANCER OF THE RECTUM.

There had been rectal trouble for six years, commencing with dysentery. The patient had been eighteen months under observation, and was forty-two years old. When first seen, a stricture was discovered two inches above the sphincter, and also a large tumor in the right hypochondrium. There was also great pain in the act of defœcation, which would occupy sometimes two hours. The operation of inguinal colotomy was performed in March last, with good results. Death was preceded by a slight coma for several hours. *Post-mortem*—Several abscesses and fistula were found around the anus. The rectal wall was involved for four inches, chiefly on the posterior surface, the vagina not being attacked. One lobe of the liver was filled with cancer tubercles, and extended to one and-a-half inches below the umbilicus. The lungs, kidneys and heart were healthy. The brain was not examined.

Dr. Cameron inquired as to the advantages of the inguinal over the lumbar operation, and also as to Dr. Atherton's views upon the French operation of cutting down upon the coccyx, and splitting the stricture posteriorly.

Dr. Graham had seen one case in which the brain became affected secondarily to the rectum.

Dr. Cameron thought the presence of disease in the liver would account for the brain symptoms, as certain alkaloids were formed there, and not excreted properly.

Dr. Ferguson believed that narcosis frequently arose from the failure of the liver to break up these alkaloids, one of which seemed identical with curare.

Dr. Atherton had seen but little of the French operation referred to, but would think great hemorrhage would be apt to occur, and the opening would readily close. In regard to the choice of position of colotomy he had performed the inguinal six times, and believed it would be the favorite of the future. The path was a plain one, and a second row of stitches could be used.

Dr. Machell presented an anencephalous fœtus.

CASES IN PRACTICE.

Dr. Graham reported a case of ascites from *hepatic cirrhosis.* On tapping the fluid drawn off was of a bright, bloody color, apparently half blood and half serum. After drawing off half a pail, the operation was stopped. The patient lived for about two weeks. There was no emaciation or cancerous appearance.

Dr. Cameron said that cases of hemorrhagic pleurisy were generally cancerous. The more recent treatment would be to open the cavity and wash it out with hot water.

Dr. Oldright related a case of strangulated hernia in a child of seven months old, where the symptoms were obscure.

Dr. McPhedran reported several cases of what he believed was contagious pneumonia.

Drs. Peters, Graham and Cameron mentioned similar cases.

The Society adjourned till the last Thursday in September.

D. J. G. W.

TYPHOID FEVER AND PREGNANCY.—1. Typhoid fever is rare in pregnant women. 2. It determines abortion in about one-half of the cases; the more surely, the less advanced is the pregnancy. 3. The lightest forms may produce abortion. 4. This complication arises usually in the course of the third week, and sometimes at the beginning of convalescence; it causes no recrudescence nor return of fever. 5. Puerperal accidents are the exception.—*Medical Review.*