

and said that he would endeavour to merit the honour conferred upon him.

On motion a vote of thanks was accorded to the retiring President, Dr. Graham.

The meeting then adjourned.

Hospital Notes.

HOSPITAL FOR SICK CHILDREN, TORONTO.

ABDOMINAL TUMOUR IN GIRL AGED TEN.

By I. H. Cameron, M.B.

Reported at Meeting of Toronto Medical Society.

E. S——, aged 10½. Family history, so far as ascertainable, good; immediate relatives all alive and well. During infancy and early childhood patient presented the enlarged head and pot-belly of that form of the strumous diathesis. The only other morbid antecedent to present illness was an attack of diphtheria a couple of years ago. In May last the child and her mother observed a hard lump in the left groin, about the size of a hen's egg. This persisted for a couple of weeks, and then rather suddenly disappeared. About the end of June it was noticed to have returned. Some time in July or August I again saw the patient, when two large firm masses were observed—the upper one movable and occupying the umbilical region, the lower ill-defined and located in the pelvis. The case was seen but once at that time, and no diagnosis was arrived at. Three weeks ago the child was sent into the Children's Hospital, by Dr. H. H. Wright. She was extremely emaciated, and suffering a great deal from pain in the back, radiating downwards and outwards, and also in the lower portion of the abdomen. A large hard mass, dull on percussion, and extending from the left flank somewhat obliquely to the right iliac fossa, and from three or four inches below the ensiform cartilage to the pubes, was easily made out. It presented a convex border below, and a somewhat concave one above, and beyond the upper margin and half-way up to the ribs fluctuation with dullness could be detected. In this cyst-like portion small round lumps, of similar consistence with the large mass, could be readily felt floating. Between this, again, and the margin of the ribs, and especially in the right flank below liver, intestinal resonance

was marked. The superficial abdominal veins were much dilated. Per rectum the pelvis was found to be filled with a firm mass of rounded outline behind, but not in front of which the finger could readily be passed. The uterus, etc., could not be detected. The colon could not at any point be traced in front of the tumour. It was therefore thought that, notwithstanding the presence of albumen and hyaline casts in the urine, tumour of the kidney might be excluded. The urine was passed about four times per diem, and was rather diminished in quantity, with a copious sediment of amorphous urates; the bowels were either regular or slightly inclined to constipation. At one time the shape and size of the fecal mass was round, at another diminished to the calibre of a lead-pencil, and at another voided in small roundish pellets. The temperature chart showed occasional but irregular fluctuations between 97°5 and 100°5, and the pulse varied between 100 and 140. A diagnosis between cancer or sarcoma of the ovary and of the omentum and mesentery, or of tubercular enlargement, was not arrived at, but the former was leaned to, and at a consultation it was decided that at all events nothing could be done. Two or three days before death an erysipelatous blush appeared upon the nose and cheeks, for which iron and belladonna were administered, and it disappeared in 36 hours. Death occurred gradually, from exhaustion. At the autopsy the cystic portion was found to be a localized collection of fluid in the peritoneum; the large abdominal mass was encephaloid cancer, occupying the meshes of the great omentum; the smaller round tumours were similar masses attached to the omentum and floating in the peritoneal fluid; one spherical mass sprang from the gastro-hepatic omentum. The pelvic tumour was a Bologna-sausage-shaped similar mass, apparently springing from and involving the ovary and adherent to the uterus. It was also connected with the large mass by an omental adhesion. The retroperitoneal glands were affected, and a mass the size of two adult fists surrounded and compressed the pelvis of the kidneys, which had suffered some inflammatory change. The other abdominal organs were healthy; but the walls of the intestine were very pale and translucent, and presented universally small round, impalpable, whitish yellow spots, about the size of a pin's head.