

the *right* iliac region, and, a short time afterwards, one below Poupart's ligament, on the same side. January 1st, 1883, Dr. Aikins, saw her in consultation with Dr. Riddel, and considered the tumors to be malignant in character. In August last, the distension of the abdomen having become extreme, the trocar was used, very much venous blood escaping. As a consequence, the enlargement disappeared to a great extent, but the patient gradually sank, the tumor became gangrenous, and death took place about seven days after the operation.

The autopsy revealed the tumor occupying the right half of the abdominal cavity, the intestines being displaced to the left. It consisted of a sac filled with decomposed blood, the walls containing several spicula of bone. The right half of most of the lumbar vertebræ was necrosed, also the entire sacrum, the right ilium, and a portion of the right pubis; neither bladder nor uterus was seen.

Dr. Reeve presented a mucous polypus removed from the post-nasal region by means of long curved forceps passed up behind the velum, and with the aid of posterior rhinoscopy; and also shewed a modification of the Bosworth-Jarvis ecraseur which he had found of service in removing large adenoid vegetations from the vault of the pharynx. As urged in a paper before the Canada Medical Association in 1877, rhinoscopy should be practised in cases of nasal growths, and the snare should be used for ordinary nasal polypi in preference to the forceps, the latter being less effective and causing much more pain and injury than the former. After-treatment is of importance especially in view of the tendency to recurrence, and also on account of the possible transition of a benign growth into a malignant one, two instances of which had lately come under notice.

Dr. Ferguson showed a specimen from a case of necrosis of the femur. Five years ago, a lad, æt 9, was suddenly seized with severe pain on the inner and lower part of the right tibia. Abscesses formed, and during the following two years many spicula of bone were discharged. He was first seen by Dr. Ferguson in October, 1882. There was now pain and swelling of the lower end of the femur. The use of a probe revealed bare bone, expectant treatment was employed, and gradually a large piece of bone was detached. This was so loose in February, 1883, as to allow of removal. It proved

to be the entire diameter of the femur, and about three inches in length. The newly-formed bone could be felt grooved like a trough. The boy can now walk, and there is no shortening.

Case 11.—A lady, æt. 70, slipped and fell. The result appears to be some obscure injury. She can slowly elevate her head to an erect position; but if extension takes place beyond the perpendicular, control is lost; it drops suddenly backwards, intense pain being caused as far down as the sacrum.

October 11th, 1883. In the absence of the President and Vice-President, Dr. Covernton, was called to the chair.

Drs. Carson and Oliver were elected members.

Dr. Ferguson read a paper on "The Local Origin of Cancer," in which he endeavoured to show that cancer arises as a local disease, and from some form of irritation or injury.

Dr. D. Clarke, in discussing this paper expressed the opinion that only the tendency to it, not cancer itself can be transmitted from parent to child.

Dr. Oldright, referred to the fact that some authorities now hold peculiar ideas in regard to non-malignant tumors. Many now admit the possibility of secondary growths resulting from them. If this view were admitted, one of the most important points of difference between malignant and non-malignant tumors was removed.

Dr. McPhedran pointed out that the essayist had given the irritation of menstruation as a cause of uterine cancer. How did he account for cancer of the cervix, its mucous membrane not being shed at menstruation?

Dr. Ferguson considered that the irritation of engorgement was sufficient to account for it.

Dr. Cameron said that uterine cancers in virgins are found in the body, those of married females in the cervix usually. In the main he agreed with the opinions expressed in the paper just read.

Dr. George Wright mentioned the case of an unmarried female, the hymen being perfect, in which the cancer was cervical. He could not agree with Dr. Ferguson's paper and maintained the theory of a cancerous diathesis.

Dr. Macfarlane remarked on the curious fact that a prominent citizen of Toronto had smoked for forty years without developing cancer, while that gentleman's father had never smoked, yet had been operated on for epithelioma.