

Society Reports.

Toronto Medical Society.

THE regular meeting was held February 3rd, 1898—Dr. MacMahon in the chair. The last minutes were read and adopted.

Present: Drs. Peters, MacMahon, Carveth, Fisher, Oakley, Hamilton, Hay, Hart, G. B. Smith, Wilson, Macdonald, Winnett, Parsons, Ross, Dickson, Britton, Dawson, Machell and Brown.

Dr. Dawson presented a fibroma of the abdominal wall.

Dr. Hay described the anatomical relations of the growth and the technique of the operation. The result was favorable.

Dr. George Peters presented two pathological specimens. The first was a fecal concretion in the appendix in a case of perforative appendicitis. The patient for a few days had suffered from considerable pain in the abdomen, which became most marked over the region of the appendix. On admission to the Toronto General Hospital the temperature was 100.4-5 and the pulse 88. There was an anxious expression of countenance, with some jaundice. Tympanites was not marked. The bowels, though free at the onset of the attack, became completely inactive. No tumor by rectum, but there did seem to be one in the right iliac fossa. Majority of consultants favored operation. On opening the sub-peritoneal areolar tissue was found to be œdematous, and immediately inside the peritoneum about half an ounce of pus was found. The appendix was ruptured and the concretion was found lying in the perforation. The appendix was not removed. A rubber drain was employed and iodoform gauze packed in about it to protect the peritoneal cavity.

The interesting question in such a case was, whether to operate or not. The speaker referred to two other cases of a similar sort.

Dr. Oakley reported having had many cases recover without operation.

Dr. Hamilton reported a case of chronic appendicitis which simulated neurasthenia. Removal of a congested appendix cured the patient.

Dr. Peters presented specimens of hæmatoma of the ovary. There were three cysts in the organ. The patient had few symptoms to be attributed to this condition. It could be palpated. Its position was on the left side of Douglas' pouch. These tumors were said to be originated by hæmorrhage into the corpus luteum, which occurs as a