

large trocar, but the contents of the cyst were too thick to flow. The trocar being removed the cyst forcibly evacuated its contents freely. The cavity of the cyst being well exposed by a free incision, was examined by the hand, and the contents removed, no perceptible tumor being observed. The sac was attached by its entire posterior surface to the intestines, abdominal walls, pelvic surfaces, and all the contiguous structures, no portion of intestine being visible. The entire contents weighed 25 lbs., and was about the consistence and feel of bran meal. They were removed by the hand. The cavity was sponged out with carbolized water, and the incision closed with silk sutures and adhesive plaster; over this a compress of carbolized water, covered by a thick layer of cotton batting, and all held on by a flannel roller. A large sized drainage tube was passed into the sac, and brought out through the dressing, so as to allow of the free escape of any accumulating fluid—considerable purulent fluid escaped from time to time. The sac was freely washed out with carbolized lotion through the drainage tube. Quinine and iron, with the usual nourishing diet, and occasional stimulants, were given, and the discharge gradually lessened. The strength gained as the discharge changed from its serous character to that of laudable pus. The drainage tube was gradually shortened as the sac closed, and in four weeks was entirely removed. The abnormal incision healed almost entirely by first intention. She left the hospital October 28th, 1878, since which time she has been in good health, and has performed her ordinary household duties. The contents of the tumor had a dark gray appearance, and had long black hairs scattered through it—but no bone structure or teeth. It consisted of free fat—fatty cells—crystals of cholesterine and permanent epithelium. It had not any odor.

Two complications took place during the progress of the case, viz., septicemic symptoms and dysentery. About the 23rd September the discharge from the sac was offensive and copious. On the 25th September there was an attack of unilateral mumps, with a temperature of 103° and a pulse of 96. Examination at this time showed bulging below left hypochondriac region. Firm pressure over this spot caused a free discharge of offensive matter through the drainage tube. At this stage the stomach was

very irritable. All these symptoms gradually subsided. The dysenteric attack was only of a few days duration. Dr. Grant said that he had not thought of meeting a case of dermoid cyst of the ovary, hence, being taken unawares, had recourse to the plan detailed. The transmission of septic influence to distant parts, such as the glands of the neck, was a point of much interest, also its escaping the peritoneum, which, in a parturient patient, is so readily affected by zymotic influence.

Dr. Dunlap, of Springfield, Ohio: Dr. Billington, of Strathroy; Dr. Hanson, of Hyde Park; and Dr. Osler, of Montreal, made remarks on Dr. Grant's paper.

Dr. Rosebrugh, of Hamilton, read a paper on "Fibrous Tumors of the Uterus." This paper was an admirable compilation of the views of the various leading authorities on the subject, but was considered hardly a suitable one to occupy so much of the time of the Association.

Dr. Scott, of Woodstock, Ont., exhibited an ecraseur of his own invention, also a uterine pessary for retroflexion. They were examined with much interest.

The Association then adjourned till Thursday morning, September 11, at 10 o'clock.

#### SECOND DAY, THURSDAY, 11TH SEPTEMBER.

The Session opened this morning shortly after ten o'clock. The attendance was large, a hundred and ten members being present. The minutes of the previous day's proceedings were read and approved. A notice of motion was given, moved by Dr. F. W. Campbell and seconded by Dr. Osler, viz.: That papers to be read before the Association must not occupy more than thirty minutes.

Dr. Osler, of Montreal, then delivered an able lecture on "The Medical Anatomy of the Brain," illustrated by diagrams and beautifully prepared preparations of the human brain. These specimens were prepared after the method described by Dr. Osler at the meeting of the Medico-Chirurgical Society at Montreal, and will be found in detail in the August number of this Journal, page 304.

Dr. Buller read a short paper on "The Use of Pilocarpin in Iritis." He related several cases showing the beneficial results which had followed its use in his hands.