

but two alternatives remaining, viz.: digital compression and ligation of the femoral artery.

Dr. McCargow suggested the use of the galvanic needle.

Dr. Macdonald advocated Iodide of potassium and rest.

Dr. Oldright deprecated such serious means as ligation until digital compression had been fairly tested, and related a case under his own care some years ago, of aneurysm of the lower part of the femoral cured by digital compression continued for eighteen hours by relays of students.

Dr. Zimmerman suggested passing a small trocar through the tumor, and through this introducing a horse hair to be left *in situ*.

Dr. Cameron then showed a cysto sarcoma of the testicle taken from a man aged 60. The tumor was fluctuating, though not transparent. On tapping, a quantity of hydrocele fluid, laden with cholesterine crystals, was removed, which became solid on boiling. The glands in both groins were enlarged. The testicle was removed some days ago; it was adherent to the tunica vaginalis at many points. The disease extended so far up the cord that it was thought best to ligate it *en masse* in order to remove as much as possible of it. The vessels were also torsioned separately.

Dr. Rosebrugh, Hamilton, gave a short account of several ovariectomy cases he had in his practice lately.

The Society then adjourned.

STATED MEETING, JUNE 29, 1882.

Dr. George Wright, President, in the chair.

Dr. Cameron showed a tumor taken from the side of the neck of a woman aged 70. Three years ago it was as large as a hen's egg, hard and freely movable, and was thought to be enchondromatous. She refused to have it removed. It subsequently became cystic, and as the cysts ruptured from time to time, considerable hæmorrhage occurred.

Also uterus and ovaries from a young girl who died from puerperal fever in the Lying-in-Hospital four days after delivery. The labor was natural, pulse and temperature normal. A few hours afterwards she had a severe chill, and temperature rose rapidly to 105°. Quinine

and morphia were given, but temperature could only be reduced to 103°. She sank rapidly. There was great abdominal distension, but no tenderness. Necropsy showed well-marked evidence of peritoneal inflammation, there being a considerable quantity of sero-purulent fluid in the abdominal cavity. The ovaries were much enlarged and suppurating, and the tubes blocked with pus—the left being more so than the right.

Dr. Oldright reported that the boy whose case he had brought before the Society at last meeting, began to take food a few days afterwards, spoke a little, but gradually sank and died. No *post-mortem*.

Dr. King reported a case of pernicious anæmia in a woman who died four months after the symptoms first appeared. She complained of nothing but debility. The pulse was usually under 100, and temperature somewhat elevated, 102½° being the highest recorded. He thought that the number of red corpuscles was decreased, but had made no proper examination of the blood.

Dr. Cameron drew attention to the statement of Dr. Fenwick, of London, that in many of these cases there was degeneration of the glands of the pyloric end of the stomach; in other cases disease, usually tubercular or cancerous, of the suprarenal capsules, or Bright's disease.

A general conversation on the treatment of anæmia, and the relative merits of the various preparations of iron in these cases, followed.

Dr. Riddel reported two cases of death from coma. In one there was pus in the descending horn of the lateral ventricle, and in the other a small clot in the right parietal region.

The Society then adjourned.

STATED MEETING JULY 13, 1882.

Dr. George Wright, President, in the chair.

Dr. Macdonald, in the absence of Dr. Temple, showed a uterus in which rupture had occurred during labor. The woman was a primipara, unmarried, aged 26, healthy. The labor began at 2 p.m. Saturday, July 8th. She was at once removed to the Hospital. The membranes were ruptured on her arrival. The pains were of moderate strength, and at 5 p.m., during a