

causation were given. Dr. Kennedy did not believe in its being of septicæmic origin, nor of its being merely from distended breasts, but analagous to the rigor and fever occurring after an amputation or passage of a catheter. The after-stages, especially the profuse diaphoresis, indicate also deep impressions made upon the vaso-motor centres. A report of a typical case was read.

Dr. CAMPBELL said it was a long time since he had seen a case of weid, but had many cases years ago. He thought that women were better housed and nursed now-a-days. He believed it was usually induced by a sudden chilling of the body, and was easily diagnosed.

Dr. SHEPHERD looked upon this condition as simply inflammation from retained secretion, similar to what is seen after amputation, if the secretion is pent up.

Dr. SMITH said he did not like the names ephemeral fever or weid; he thought milk fever better. He tries to avoid this trouble by putting the infant to the breast soon after delivery.

Dr. CAMPBELL insisted on the infant being kept from the mother till there were signs of milk in the breasts.

Dr. GARDNER said that some German authors call the disease known as weid late puerperal fever. It is due to a variety of causes. Often it is seen from the 7th to the 14th day, from cold, gastric disturbance, or nervous influence, and frequently it is due to septic poison, auto-infection, caused by the breaking down of clot in a sinus or from abrasion of the genital tract. He said that putting the child to the breast early powerfully favored involution of the uterus.

The PRESIDENT said that the septic poison might not come from the genital tract at all, but be from a minute quantity of pus retained in the breast gland. He had seen death follow septicæmia caused by a drop of pus under a corn on the foot.

Stated Meeting, February 19, 1886.

T. G. RÖDDICK, M.D., PRESIDENT, IN THE CHAIR.

Uterine Fibroid.—Dr. TRENHOLME exhibited a large uterine fibroid which he had removed the previous week from a woman aged 33. Patient, who was married and had borne children, had suffered from symptoms of fibroid for some sixteen years, and as the hemorrhages were becoming more severe, had requested that an operation should be performed. Dr. Trenholme consented,

and performed the operation. The tumor was encircled by a wire écraseur one inch above the os uteri and removed; there was considerable hemorrhage, which was difficult to control. The patient never rallied from the operation, but died seven hours after from shock.

Sarcoma of Spleen in a Dog.—Dr. W. JOHNSTON exhibited a specimen of angeo-sarcoma removed from a dog. The tumor weighed 4 lbs., and was continuous with the upper end of the spleen substance. The dog suffered from abdominal dropsy, for which he was tapped, and died of peritonitis a few days subsequently.

Large Urinary Calculus.—The PRESIDENT presented a large uric acid calculus which he had recently removed from a man aged 69, by the lateral operation. The stone weighed $3\frac{1}{4}$ ounces. The patient had suffered from symptoms of stone for five years, and had been frequently sounded without result. The man recovered from the operation without a bad symptom.

Dr. HINGSTON said he took exception to Sir Henry Thompson's statement that if a stone be over 3 ozs. weight it must lacerate the neck of the bladder. The supra-pubic operation, which appears to be much simpler than the lateral method, had not as yet been performed in Lower Canada. He preferred the lateral operation.

Dr. SHEPHERD quoted a case where a German surgeon had attempted the supra-pubic operation, but finding the peritoneum came down abnormally low he sewed up the wound, performed the lateral operation, and the man did well. However, he believed that the supra pubic operation was the operation of the future for large hard stones. It had been practised with brilliant success by the leading surgeons of France, Germany and America, and now was being adopted by the most conservative of English surgeons.

Dermoid Cyst.—Dr. Wm. GARDNER presented two specimens, and briefly narrated the case:—

Case I.—*Dermoid cyst containing a bunch of hair, two well-formed incisor teeth, and one bicuspid tooth attached to a piece of bone, also a fourth tooth in another part of the cyst wall.*—The fluid contents contained a large quantity of fat, and on cooling looked like drippings of meat. The other ovary was an aggregation of cysts, and was also removed. The patient, an unmarried lady of 30, had noticed the tumor for only four months; she had had several attacks of pelvic pain in the side on which was the tumor. She made a rapid