

cipally confined to this continent and the serious defects in regard to preliminary education chiefly to the United States. The character of the "Leaving Examination" recently instituted by the Minister of Education, and the high standard to be required in the same, are likely to prove eminently satisfactory in Ontario.

MEDICAL ALUMNI ASSOCIATION OF THE UNIVERSITY OF TORONTO.

The re-establishment of a medical faculty in University of Toronto has caused much satisfaction among her graduates, as well as the general profession of the country. The Medical Alumni Association was formed May 25th, 1888, with Dr. Richardson, of Toronto, the first President. On that evening the first dinner was held in the Queen's Hotel, the President and 1st Vice-President occupying the chair and vice-chair respectively.

At that time, we expressed the opinion that the Association had a bright future before it, and we rejoice to see that our anticipations have been amply verified. The recent meeting held in the lecture hall of the School of Practical Science, May 6th, at the close of the Medical Convocation, was a large and enthusiastic one. On the same evening there was a banquet in Mr. Harry Webb's dining hall, which was remarkably successful in all respects.

Meeting of Medical Societies.

THE TORONTO MEDICAL SOCIETY.

April 23rd, 1891.

The President, Dr. Spencer, in the chair.

Dr. Machell showed a patient suffering from a
TUMOR IN THE RIGHT INGUINAL REGION.

The patient, Mr. M., æt 24, had been first seen towards the end of March; he was then suffering from a tumor situated just internal to the right anterior superior spine of the ilium; it was hard and brawny, but not tender. The history given was that in November, 1890, he had a bilious attack; vomiting occurred, followed by acute pain in the right inguinal region. He was confined to bed for a few days, and on getting up there was a lump in the region referred to, but

the soreness had disappeared. From November until March he continued at business, with occasional attacks of discomfort lasting a day or two. On advice of Dr. Machell, he laid up and has remained in bed for the last two or three weeks. The result has been that the mass has diminished in size, and is not tender, but there is distinct fluctuation at one point, and it is proposed to open there by a free incision. The diagnosis seems to lie between inflammation of the glands in the neighborhood; appendicitis or perityphlitis with abscess formation opening outwards; or an affection of the bone. The vomiting and acute symptoms all point towards appendix disease. We do not always find suppuration in appendix disease, in fact it may go on for months without pus formation; then again, appendix disease may go on for months without any very definite symptoms. Probably the present case is one of those chronic forms of appendix disease producing no very definite symptoms.

Dr. J. F. W. Ross does not think the history is that of appendix disease, at all events as it usually presents itself. Some cases of severe strain, causing localized peritonitis, occur. Many cases are deceptive in the signs presented. Rupture of a blood-vessel, muscle, etc., by severe strain, may give rise to suppuration, as in a case cited occurring in a lacrosse-player. The abscess in Dr. Machell's case is unusually low down for the appendix. The diagnosis seems to lie between rupture of the appendix from some severe strain and rupture of muscle, blood-vessel, etc.

Dr. Powell referred to a case of appendix disease with suppuration; no fluctuation detected in the iliac fossa, but a sinus formed which eventually opened at the umbilicus.

Dr. Macdonald thought Dr. Machell's case closely resembled one which had come under his care, in which the deeper glands were found to be involved. The suppuration was slow to occur.

Dr. Machell, in reply, stated that the source of the suppuration would not be easy to detect even after opening the abdomen. The history of the case does not point to glandular trouble. The position of the tumor is not lower than Dr. Machell has seen it in appendix disease.

Dr. J. F. W. Ross exhibited a