

where and involved both ovaries, was separated from its attachments. The right Fallopian tube, first ligatured and removed, was normal, with the exception of a little swelling. The left tube was greatly swollen, and its fimbriated extremity, red and pointing, resembled a lobster's claw. The pelvis was freely irrigated with warm boiled water, and the wound closed as rapidly as possible, with a glass drain in the lower angle, as the patient's condition was extremely critical. She rallied somewhat slowly from the operation, but has since progressed most favorably. The abdominal wound is now (two weeks after operation) closed, and with the exception of a little suppuration around the site of the drainage tube (extra-peritoneal), and an abscess in the arm from the injection of brandy, ether, tr. digitalis, etc., at the time of operation, the patient's condition is excellent.

DR. LAFLEUR exhibited the specimens, the two ovaries had coalesced and become firmly adherent. The contents of the cysts were those usually seen. There were secondary changes in the walls of the tumor, areas of coagulation necrosis forming superficial sloughs. In some places the walls are distinctly vascular, while in others there is fatty degeneration. It is a typical ovarian cystoma, and beyond being double and adherent presents no special pathological interest.

The PRESIDENT said that this case forcibly illustrates the great advances made in abdominal surgery, and thought that Dr. Bell should be congratulated on his bold treatment of a desperate case.

DR. LAFLEUR said that the virulence of peritonitis depended upon the nature of the infection. It has been shown that the most virulent cases are those due to streptococci, whereas those cases in which the bacillus coli communis was found were more favorable.

DR. MCCONNELL then read the report of a case of *acute yellow atrophy of the liver* of which see page 457.

DR. F. W. CAMPBELL understood the difficulty in diagnosis, but it would have been well to have dropped the term "acute," the course of three months is against it, being acute yellow atrophy. He had met with cases, at post mortems, with distinct cirrhosis of the liver where there had never been a drop of alcoholic liquor taken. Some of the generally recognized symptoms of acute yellow atrophy were absent, there was no delirium and the headache not acute, though the history of diminution of liver dullness followed the usual course. He was sorry that Dr. McConnell had not gone more fully in to the examination of the urine; nothing had been said of urea, uric acid or earthy phosphates, which are much diminished or may be almost entirely absent. The position of the liver found at the autopsy had not been described, whether the disappearance of dullness

is due to the liver falling back behind the intestines. He thought that he would prefer to consider the case one of cirrhosis.

DR. DECOW said that the most prominent symptoms of acute yellow atrophy were not present, namely, the tendency to hæmorrhage, profound cerebral disturbance, changes in the urine and rapidly fatal termination. Exclusion of alcohol has nothing to do with it. Some authorities held that it may be due to mental disturbance. He had seen a case under the care of Dr. Bristowe in London, a child a few years old, where the hæmorrhages were the earliest symptoms.

DR. LAFLEUR asked Dr. McConnell if he thought he saw the patient at the beginning of her illness. He may not have seen her during the time of the original enlargement, but only after atrophy had commenced. He had frequently found cirrhosis at autopsies, though never suspected, death being due to some intercurrent disease.

DR. FINLEY said that there were many cases of cirrhosis when alcohol had never been used. The ascites and long duration are points in favor of its being cirrhosis.

DR. MCCONNELL said in reply that as far as he could learn there had been no previous symptoms except the bilious attacks for a number of years. Jaundice was the first symptom of her illness, the absence of hæmorrhages was a weak point in the diagnosis, but might depend on the subacute form of the malady. The fact of finding leucin is a proof that there is lessened urea. He thought it would be well to drop the term "acute."

*Extra uterine foetation.*—DR. E. A. McGANNON, of Brockville, read a paper on this subject.

*Mr. President and Fellows.*—Originally, I intended merely to exhibit this specimen and make a short report of the case; but on looking back over the past ten years, I can now see many cases that have gone "the way of all flesh" undiagnosed, consequently puzzling and most vexatious, causing unhappiness, for the time at least, to myself and no doubt to some of the friends of my patients. And having had the subject brought most forcibly before my mind recently by two cases—one where the post-mortem showed a ruptured tubal pregnancy to be the cause of death, and the other where a suspected tubal pregnancy led to operation when the condition present proved to be one of pyosalpinx and an enlarged ovary—I determined on dilating more fully on the subject.

I find, on reviewing the writings of the best authors on this subject, that many prominent men differ in their opinions, and very unflattering epithets have been used, even by the first men in the profession, over such differences. "*Extra Uterine Gestation*," "*Ectopic or Ec-*