

by enucleation. On examining the tumor, an opening was found which led to a cavity in which lay a concretion exactly similar, to the naked eye, to the one she had passed by the urethra, and which had probably ulcerated through into the bladder, though no evidences whatever could be found that the bladder had been opened. Dr. Johnston, after a microscopical examination, reported the tumor to be a pure fibroma of the ovary.

The second specimen was from a patient aged 60, mother of one child, born many years ago. There had been no suspicion of a growth until ten months ago, when on consulting her physician for abdominal symptoms he had discovered it. On opening the abdomen the tumor was found on the left side and had a convenient pedicle. There was one adhesion to the sigmoid flexure or upper part of the rectum, from which troublesome hemorrhage occurred. There were no secondary growths found in the abdomen or pelvis. Dr. Johnston reported the tumor to be a malignant adenoma of the ovary. The prospects for this patient are not very good, though from the fact that the tumor was isolated, with a pedicle into which there was no extension of the disease, that there were no metastatic deposits, and from experience that the disease has not recurred in many similar cases, the patient's life may be saved. In cases where the indications or suspicions of malignancy are strong, operation should be performed with as little delay as possible.

*Late Perforation in Typhoid Fever.*—Dr. Lafleur exhibited this specimen and gave the following report of the autopsy. Abdomen presented tympanitic distention, and percussion showed loss of liver dullness, an indication of gas in the peritoneal cavity. On opening the abdomen there was general purulent peritonitis, both the visceral and parietal peritoneum showing patches of ecchymoses; 50 c.c. of sero pus removed; intestines agglutinated by a grayish-yellow fibrinous material. On opening the bowel, general characteristic typhoid ulceration was found extending for six feet above the ileo-cæcal valve and down to the rectum. It was late, probably about the middle of the fourth week, sloughs had already separated and healing had begun. About five or six inches above the valve a pin-hole perforation was found at the base of an ulcer, which was oval in shape and situated across the bowel, representing only a part of a Peyer's patch, the rest being quite normal. The whole of the ileum was weak, the muscular coat having become degenerated and oedematous, and as it was enormously distended with gas, it is not to be wondered at that perforation took place.

Dr. James Stewart stated that the patient, a young man, aged 25, an inebriate, had died on the fortieth day of the illness, having been in hospital for three weeks. The treatment for the

last two weeks was solely by the cold bath. The only clinical evidence of perforation was the sudden fall of temperature from 101° to 96°, as the patient was in a stuporose condition and did not complain. Dr. Stewart regretted that the baths had not been given from the first, for though this form of treatment does not seem to alter the course or duration of the disease, yet patients seem to recover better after it.

Dr. Hingston asked if the temporary reduction of temperature is of unmixed value. He attributed greater importance to the temperature than to the pulse in surgical cases, and did not approve of sudden lowering.

Dr. McGannon asked if warm bath treatment had been tried at the hospital.

Dr. Stewart, in answer, stated that statistics proved that by this mode of treatment the mortality had been reduced 40 or 50 per cent. There is a great deal more than the reduction of temperature,—there is a marked benefit to the whole system, and patients so treated soon assume a different aspect to that which is so well known and characteristic of typhoid fever.

Dr. Lafleur said that from the experience he had had of the treatment in the Johns Hopkins Hospital he fully agreed with Dr. Stewart. The clinical picture of one who has had the cold bath treatment is very different from one who has been treated otherwise. There is a general stimulating effect upon the circulation and upon the nervous system.

Dr. Shepherd, the retiring president, then read his address.

#### ADDRESS.

*Gentlemen,*—I must first heartily thank you for the great consideration you have extended to me during my occupancy of the presidential chair of this Society. I know that I have often erred on the side of strictness in my rulings, and may at times have irritated some of you. This course of action I did not pursue from any personal motive, but in what I consider the best interests of the Society. I have also, during the year, endeavored to be punctual in commencing work, and when it was commenced, to continue it to the end, without letting side issues obscure and obstruct it. Under the mild rule of my distinguished successor, Dr. Buller, you will regain your equanimity, and by his careful and skillful steering will be guided into quieter havens, and there feed on the scientific food so richly provided for you.

The year just expired has been an eventful one for this Society and for medical science at large,—an eventful one for this Society for several reasons. First, because it had been marked by the advent amongst us of a goodly number of our French brethren, who, with that spirit for which they are so famous, preferred joining an already established English-speaking Society, in which the proceedings were carried on in, to them, a foreign tongue, to establishing a society of their own. This step on their part is the proper one, and emphasizes the fact that in the republic of science, and medical science particularly, there is no distinction of nationality, language or creed. Such unions with our brethren will greatly tend to break down the barriers which it would be foolish to deny have