

afterwards, one below Poupart's ligament, on the same side. January 1st, 1883, Dr. Aikins, saw her in consultation with Dr. Riddel, and considered the tumours to be malignant in character.

In August last, the distension of the abdomen having become extreme, the trocar was used, very much venous blood escaping. As a consequence, the enlargement disappeared to a great extent, but the patient gradually sank, the tumour became gangrenous, and death took place about seven days after the operation.

The autopsy revealed the tumour occupying the right half of the abdominal cavity, the intestines being displaced to the left. It consisted of a sac filled with decomposed blood, the walls containing several spiculae of bone. The right half of most of the lumbar vertebrae were necrosed, also the entire sacrum, the right ilium, and a portion of the right pubis, neither bladder nor uterus was seen.

In the discussion which followed the reading of the paper, the President remarked upon the close resemblance of the tumour described to an hæmatocele.

Dr. Reeve then presented a polypus removed from the posterior nares, together with a modification of Jarvis' snare devised by himself for such operations. In removing the growth both anterior and posterior illumination were used, by this means the wire could be placed on the pedicle with certainty. The snare should always be used in ordinary nasal polypi in preference to the forceps. After treatment it is of importance in preventing recurrence, the best method being cauterization by nitric acid. These points had been exemplified by Dr. Reeve in a paper read by him at the Medical Association in 1876.

Dr. Ferguson showed a specimen from a case of necrosis of the femur.

The following history was given.—Five years ago, a lad, at 9, was suddenly seized with severe pain on the inner and lower part of the right tibia. Abscesses formed,

and during the following two years many spiculae of bone were discharged; October, 1882, he was first seen by Dr. Ferguson. There was now pain and swelling of the lower end of the femur. The use of a probe revealed bare bone, expectant treatment was employed, and gradually a large piece of bone was detached. This was so loose in February, 1883, as to allow of removal. It proved to be the entire diameter of the femur, and about three inches in length. The newly-formed bone could be felt grooved like a trough. The boy can now walk, and there is no shortening.

Case II.—A lady, æt. 70, slipped and fell. The result appears to be some obscure injury. She can slowly elevate her head to an erect position; but if extension takes place beyond the perpendicular, control is lost; it drops suddenly backwards, intense pain being caused as far down as the sacrum.

A conversational discussion ensued on these two cases. In regard to the latter the President was inclined to consider the injury to have been cerebral.

The following gentlemen have promised to read papers before the Society:—

October 11th, Dr. Ryerson and Dr. Ferguson.

November 8th, Dr. Mackenzie and Dr. Nevitt.

December 6th, Dr. Graham.

Dr. Reeve and Dr. McPhedran will read papers after New Year.

Moved by Dr. Duncan, seconded by Dr. Reeve, "That Dr. Ferguson and Dr. McPhedran, be a committee to suggest books, which may be obtained by the Public Library." Carried.

The meeting then adjourned.

Regular meeting, October 11th, 1883.

In the absence of the President and Vice-President, Dr. Coyernton, was called to the chair.

Dr. Carson, was elected to membership.

Dr. Oliver, was proposed as a member.