

severe attack of peritonitis. This was treated by hot fomentations, large doses of opium, and injections of linseed tea. She complained of intense thirst, and as she appeared to be almost dying, she was allowed cold water *ad libitum*. The wound, which was nicely closed, was torn open on the third day to allow vent to some exudation. No drainage was used. The patient recovered, and has had no convulsions since. The ovaries were about the size of bantam's eggs, and cystic.

In the other case the appendages were removed from a woman who had suffered ever since she began to menstruate, 14 years ago. Was married ten years, and had one child. She has suffered from almost continual pain aggravated each month. Pain began one week before her period, and continued for a week after, leaving her only five days free. On examination, the uterus was found four inches deep and the ovaries enlarged. The right ovary had a projection like a teat on it. The operation was performed a week ago, and the patient is doing well.

Intra-uterine Myoma.—Dr. William Gardner exhibited the specimen and related the case. Patient, aged 32, was sent to him by Dr. R. T. E. McDonald of Sutton, October 15th, 1885. She had been married 13 years, and had had one child eight years after marriage. She suffered from profuse and painful menstruation at intervals of three weeks. An examination revealed the cause. Removal of the appendages was thought of, but ergot and astringents at the period was tried. She returned three months later with a history of increased hemorrhage. She now was extruding shreds of the fetid tumor, probably from the action of the ergot. She also had had chills. It was decided to at once remove the myoma. The cervix was first incised with the thermo-cautery, and by means of a pair of scissors and the serrated scoop the whole was removed. A double drainage-tube was then inserted, and sutured to the cervix. Irrigation of weak carbolic solution was used every two hours. Twenty-four hours after the operation the temperature rose to 102° ; irrigation was now constantly used till the temperature fell. Some days after, the suture sloughed away and the tubes came out, causing the temperature to again rise. After this a single tube with a cross piece at the end was used, thus making it self-retaining. Patient made a good recovery. Dr. Gardner laid great stress upon the necessity of frequent irrigation in these cases. Mr. Tait used to lose 5.0 per

cent. of these cases, and now his rule is to remove the appendages. He once had to operate hurriedly at night to relieve alarming symptoms caused by the os being plugged with an extruding and sloughing myoma. The patient did well.

Dr. STEWART asked what caused the tumor to slough.

Dr. GARDNER said that no doubt it was due to its being rapidly starved by the effect of the ergot on the uterus.

The PRESIDENT said he could testify to the necessity of free irrigation in these cases. He had charge, during a temporary absence of Dr. Gardner from the city, of two of these case of his, and noticed that if by any accident the tubes came out, the temperature went up.

Dr. TRENHOLME related a case of post-partum hemorrhage occurring in a patient of his. On introducing his hand, he found a tumor about the size of an orange. By the aid of ergot and gallic acid the bleeding was arrested, but when three months pregnant, she lost about a cupful of pus. A week later she aborted, and now no tumor could be felt. She has had two or three children since. He had removed uterine myomata successfully without the use of drainage-tubes, but now believed they should always be used.

Salivary Calculus from Steno's Duct.—Dr. A. L. Smith exhibited the specimen removed by him from inside the cheek. After its removal a thin inspissated fold came away.

"Weid" or Ephemeral Fever.—Dr. Kennedy read a paper on this subject. He had met with several severe forms of weid whilst in charge of the obstetrical department of the Western Hospital. He looks upon weid as being more than an exaggerated milk fever, and something entirely apart from puerperal fever. Dr. Kennedy defines weid as a specific ephemeral fever occurring in women of nervous temperaments during the earlier periods of lactation, commencing by severe chill and ending in profuse diaphoresis, such attacks seldom exceeding 24 or 36 hours. As one diagnostic sign, the chill invariably commences in the back, between the shoulders—patients will often indicate the exact spot,—and from there it rapidly extends over the entire body. Older authorities gave this subject some importance, but modern authors consigned it to oblivion as a "legend no longer to be believed in." Our improved treatment of lying-in patients gives fewer opportunities to observe such cases. The different views as to its