the case of a well-known young gentleman in this city in whom every gland of the body was affected, and who rapidly grew worse after having been operated upon. He had been treated with arsenic without benefit.

Dr. Roddick showed a case of fragilitas ossium, with non-inflammatory softening of the bones of the legs. This child broke his right thigh when one and a half years old. At three years of age he broke his other thigh, and now at the age of thirteen he had twenty-seven fractures, limited, however, to the lower extremities. After each fracture great bowing of the bones had followed. The speaker intended to amputate one leg immediately, and another shortly after. Dr. Hutchison who attended this boy, said that the fractures were quite painless, and that he generally set them himself. Dr. Mills thought that the fractures being limited to the lower extremities, pointed to some disorder of the trophic nerves. Dr. Shepherd referred to a case in which the bones of the lower extremities have become greatly atrophied simply through want of use. Dr. Lapthorn Smith thought that the disease was due to gross errors in infant feeding. During the 12 years he had been in practice in Montreal, he had only seen two or three cases of bow-leg and knock-knee, while during six months at the East London Children's Hospital, he had seen at least two or three hundred cases, about forty-five of which were operated on. The disease was exceedingly common in the east end of London, where it was the exception rather than the rule for children to be fed on milk.

Dr. Bell showed two children on whom he had operated for genu valgum and bow-legs. From the photograph taken before the operation, a great improvement was evident.

Dr. Gardner exhibited a myoma and a myoma-sarcoma which he had removed from two patients nine days ago. Although in one of them the adhesions were very general and the operation was very serious, a piece having been taken out of the intestine, still both patients had made good recoveries so far. He had used Koeberle's serre-nœud in both cases. In one of them the stump was very large and began to bleed the day after the operation, as also on the second day after, but each time it was arrested by screwing up the clamp. In the other case, the tumor was cystic, owing to the presence of the lymph spaces. Dr. Alloway assisted at the operation and made some remarks on Howard Kelly's method of treating the pedicle. Dr. Lapthorn Smith called attention to the immense advantage of the management of the pedicle with Koeberle's serre-noeud over any other method. If this case, in which there was secondary hemorrhage, had been treated by dropping the stump into the abdominal cavity, she would either have bled to death, or she would have had to be re-opened.

Dr. Shepherd showed a tumor which he had removed from the broad ligament of a young girl. Owing to the dense adhesions the patient was pulseless when the operation was concluded, having bled very profusely and the peritoneum having been peeled off the intestines in several places. She, however, rallied afterwards and made a good recovery. He was obliged to keep in the drainage tube for five days after, on account of the oozing. Dr. Johnson was not sure whether this tumor was a papilloma or whether it was not rather a sub-peritoneal fibroid which had been expelled from the uterine wall in the fold of the broad ligament.

Dr. Thos. Burgess, now superintendent of the Protestant Insane Asylum, was proposed for membership

Dr. McGannon, of Brockville, reported a case of sudden death in a girl who he had supposed was suffering from typhoid fever. No post mortem was allowed, so that he was unable to say whether it was from hemorrhage or heart failure. Dr. Mills thought that it was probably due to heart failure, as fatty degeneration of the heart was a common condition in typhoid. Dr. R. McDonnell had had a similar case in which the patient had died in his presence in the same manner. Dr. Lapthorn Smith thought that in view of the liability to death from heart failure in typhoid fever, it was of great importance to strengthen the heart with digitalis and alcohol early in the disease. He had never lost any case from heart failure, the only deaths being from perforation and hemorrhage.

ANNUAL MEETING FOR ELECTION OF OFFICERS, OCTOBER 10.

PRESIDENT, DR. ARMSTRONG, IN THE CHAIR.

Present:—Doctors Stewart, Mills, Lapthorn Smith, England, Springle, Jas. Stewart, Williams, Allan, G. Brown, Alloway, James Guerin, McConnell, Jack, J. A. McDonnell, J. J. Gardner, Alex. Gardner, W. Gardner, Proudfoot, Foley, Burkett, Carson, Roddick, Telfer, Rodger, Finley, G. Ross, F. W. Campbell, Buller, J. C. Cameron, Stirling, Wyatt Johnston, Ruttan, Henshall.

After reading the minutes of the last annual meeting, Dr. Burgess was ballotted for and elected. The treasurer's report was then read, audited, received and adopted. The secretary also reported the progress of the society, which was very satisfactory, there being a steady increase in the number of members and in the number in attendance. The society then proceeded to the election of officers for the ensuing year, which resulted as follows:—President, Dr. Shepherd; First Vice-President, Dr. Proudfoot; Second Vice-President, Dr. McDonnell; Secretary, Dr. McCarthy; Treasurer, Dr. J. A. MacDonald; Librarian, Dr. J. N. Jack; Council, Drs. Armstrong, Bell and Stewart.