

medical students, who were also reporters. The Council was asked to draw up a petition to be sent to the editors of the various papers, asking them to refrain in future from publishing such articles.

September 21st, 1883.

Dr. TRENHOLME exhibited the ovaries and tubes which he had removed three weeks ago from a patient twenty-four years of age. She had suffered from dysmenorrhœa, with pain continuing after the period, making life miserable. The ovaries were removed by abdominal section under the spray. Both were hypertrophied and tubes congested, there was also congestion of the uterus. Patient made a perfect recovery.

Dr. T. also shewed an ovarian tumor removed by him thirteen days ago. Patient was twenty-four years of age. Was sent to him from the country. Had suffered for four years, distress gradually increasing, but tumor had been only recently discovered. Dr. T. found a large tumor to the left of median line, and diagnosed cyst of left ovary. On opening the abdominal cavity and examining, was found to spring from the right ovary, and weighed twelve pounds. Patient did well; highest temperature was on 8th day, 100.2, from a slight bilious attack. Dr. Young gave the following description:

No. 1.—Right ovary expanded by pressure, yet ardently healthy, as proved by the normal condition of the ova, which are shown as coming to maturity. There are three cysts, the covering of each being continuous with the covering of the ovary; they are all extra-ovarian, *i.e.*, the tissues of the ovary are not involved in their development, but the capsule of the ovary constitutes the covering of the cyst. Each cyst contained serous fluid, and on the wall nearest the ovary a small *sac* containing a grumous yellow mass was found, suggesting the possibility of the retention of the *ova* in the covering of the ovary as giving rise to inflammatory action in the middle cyst. Exactly over this yellow pigmentary deposit was a *warty* fibrous excrescence, which also favors the idea of irritation from non-escaped ova being the cause of the cystic development. The left ovary is much enlarged; covering dense, otherwise healthy.

Dr. HENRY HOWARD wanted to know if Dr. Trenholme only performed "Tait's" operation as

a *dernier ressort*, that is, after trying other means for relieving the symptoms, as he thought there might be a danger now-a-days of resorting to spaying without a fair trial of less heroic treatment.

Dr. FENWICK read a paper on Ligature of the Axillary Artery in a case of traumatic injury to that vessel after fracture of the surgical neck of the humerus. The following are the principal points in the case:—

Eliza C. B., aged 41, a spare, delicate-looking woman, was admitted into the Montreal General Hospital, on May 30th, 1883. While walking in the street a piece of heavy timber fell from a building; it broke in two, and the upper half struck her on the shoulder, breaking the humerus at its upper third, about two inches below the joint; the upper fragment was drawn forcibly inwards and lacerated the brachial artery at or about the point of the commencement of that vessel. On examination the shoulder was greatly swollen, the axillary pit brawny, and filled with what appeared to be blood; there was considerable tumefaction beneath the pectoral muscle, extending as high as the clavicle. The entire upper part of the front of the chest and axilla was tense and mottled; there was absence of pulsation below. On examination with the stethoscope the pulsation could be traced down to a point about an inch below the fold of the axilla, and at this point there existed a circular abraded surface about the size of a shilling. This was situated over the position of the artery, and below this point all evidence of arterial pulsation ceased. The forearm and hand were greatly congested, the veins distended almost to bursting, the color of the skin was dark and mottled, the limb cold, the temperature being below the normal standard. A consultation of the surgical staff was hastily summoned, and in the meantime the limb was supported on a pillow, and hot flannels applied to restore warmth and favor the circulation. In consultation it was suggested to make an exploratory incision over the course of the vessel, ligate it above and below the point of injury, and turn out as much of the blood-clot as possible to relieve tension and endeavor to save the arm. During the two hours which had elapsed the same state of things existed, if anything, in an aggravated form, the superficial stasis and coldness of the limb had extended, and the swelling had increased; the pulse, which at the former visit was