

nounced for the next meeting.

Votes of thanks to the retiring president, vice-presidents, members of council, and secretary were then carried.

The following were elected office-bearers for the ensuing year:—

*President*—Dr. F. Buller.

*1st Vice-President*—Dr. James Stewart.

*2nd Vice-President*—Dr. E. P. Lachapelle.

*Secretary*—Dr. Kenneth Cameron.

*Treasurer*—Dr. J. A. MacDonald (re-elected).

*Librarian*—Dr. T. D. Reed.

*Council*—Drs. Perrigo, Wesley Mills and James Bell.

During the summer recess the Society held two special meetings, presided over by the president, Dr. F. J. Shepherd, to pass resolutions of condolence at the loss of two of its most active and esteemed members.

A special meeting was held August 5th, at which the following resolutions were unanimously adopted. Moved by Dr. Hingston, and seconded by Dr. Wesley Mills:

*Resolved*—That this Society records with the deepest regret its sense of the loss which it has sustained in the death of Dr. Richard Lea MacDonnell, one of the most able and efficient members, who not only took part in its debates, but by valuable papers contributed from time to time, added not a little to the progress of medical science.

*Resolved*—That, in the opinion of this Society, Dr. MacDonnell's death, at a time when his usefulness was greatest, is a loss to the medical profession of Canada, in which he took a high place as a teacher and writer, and earnest scientific investigator.

A special meeting was held August 12th, at which the following resolutions, moved by Dr. Geo. Ross and seconded by Dr. Roddick, were also unanimously carried:

*Resolved*—That this Society has learned with most profound regret of the death of Dr. Thomas Anderson Rodger, one of its most active members and a past president of the Society. Engaged in a wide and busy practice, Dr. Rodger was ever ready to discuss, from the advantageous standpoint of his large experience, the scientific points raised in the many papers brought before us. His hearty genial personality made him the friend of everyone, and his accustomed presence will long be missed among us.

*Stated Meeting, Oct. 23rd, 1891.*

F. BULLER, M.D., PRESIDENT, IN THE CHAIR.

*New Members*.—Drs. F. E. Devlin, A. E. Vipond and Bruyère were elected members.

*Enchondroma of the Ilium*.—Dr. Shepherd showed a young man, the subject of an enormous tumor growing from the left side of the pelvis. It had commenced eight years ago as a fixed tumor of doubtful origin; for four years it grew slowly, but for the last few months the growth has been very rapid and attended with much pain. It is nodulated and of bony hardness in places. It is an enchondroma springing from the periosteum of the ilium, and presents many difficulties for operation, as the greater part of the pelvis on that side would have to be

removed. The hip-joint is unaffected, but the obstruction to circulation and pain down the leg indicate involvement of foramina. Rectal examination was negative, revealing no hard tumor.

Speaking of the occurrence of such tumors, Dr. Shepherd said that he had not seen one in this situation before, but that they were not uncommon on the scapula.

*Vesical Tumor and Calculi*.—Dr. Jas. Bell, exhibited a small tumor of the bladder, which was of interest in that it was associated with six calculi. The patient, a man of 68 years of age, had for the last eight years been passing large numbers of small, rough phosphatic calculi by the penis, but had never suffered from renal symptom. The explanation of their source is, probably, that the rough surface of the tumor would become covered with a deposit, particles of which becoming detached formed nuclei for stones. The tumor was situated just within the bladder on the right lobe of the prostate.

*Vesical Calculus*.—Dr. Bell also exhibited a calculus from a man, aged 73, who had been suffering great pain, and upon whom he had performed supra-pubic section as a preliminary for prostatectomy. He had not been previously examined for stone, and, in fact, it would have been very difficult to have discovered it, as the prostate projected one and a half inches into the bladder and in behind it lay the stone. The prostate presented a sloughing extremity, which was removed.

*Vesical Calculus*.—Dr. Shepherd exhibited a calculus of a peculiar shape, being of the same size and thickness as a 25 cent piece. It had been removed from a man aged 70, from whom he had removed a stone two years before. The symptoms were obscure and the diagnosis was doubtful, and it was only after very careful examination that the stone was detected. The lateral operation was performed, at first the stone could not be found, but was ultimately seized and withdrawn.

*Two Solid Ovarian Tumors*.—Dr. William Gardner exhibited these specimens. The first was from a patient, aged 59, who had consulted him last spring for symptoms of chronic cystitis. A tumor was easily discovered, which she said had been diagnosed eight years previously, and since then had not shown any growth. Under injections of arg. nit. the symptoms were relieved. She came back recently with a return of the symptoms, and had in her possession a concretion which she had passed by the urethra. This was sent to Dr. Ruttan for examination, and he reported that it contained nothing cystic, but was composed of fibrous tissue of some kind that had undergone calcareous degeneration. On opening the abdomen the tumor was found deep down in the pelvis, between the layers of the broad ligament on the left side, and resting against the base of the bladder. It was removed