

XIII. Private Destruction of Household Garbage and Refuse.

XIV. Disinfection of Dwellings after Infectious Diseases.

XV. Inspection of School Children with reference to the Eyesight.

Papers will be received on miscellaneous sanitary and hygienic subjects, but preference will be given to the topics announced above.

All persons who purpose to present papers at the next meeting of the Association will be governed by the following By-Laws of the Executive Committee:

"4. All papers presented to the Association must be either printed, typewritten, or in plain handwriting, and be in the hands of the Secretary at least twenty days prior to the annual meeting, to insure their critical examination as to their fulfilling the requirements of the Association.

"5. If any paper is too late for critical examination, said paper may be so far passed upon by the Executive Committee as to allow its reading; but such paper shall be subject to publication or non-publication, as the Executive Committee deem expedient.

"6. All papers accepted by the Association, whether read in full, by abstract, by title, or filed, shall be delivered to the Secretary as soon as thus disposed of, as the exclusive property of the Association. Any paper presented to this Association and accepted by it shall be refused publication in the transactions of the Association if it be published, in whole or in part, by permission or assent of its author in any manner, prior to the publication of the volume of transactions, unless written consent is obtained from the Publication Committee.

"7. Day papers shall be limited to twenty minutes, and evening papers to thirty minutes, each."

Invitations extended to individuals to prepare papers for the Association do not imply their acceptance by the committee, merit alone determining that question.

The Local Committee of Arrangements has already commenced work to insure a large and profitable meeting. All communications relating to local matters should be addressed to Dr. Elzéar Pelletier, Secretary Local Committee of Arrangements, No. 76 St. Gabriel street, Montreal, Canada. Circulars will be issued in ample time, giving information relating to transportation and hotel rates, etc.

Blank applications for membership may be had by addressing

IRVING A. WATSON,
Secretary.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, 23rd Feb., 1894.

JAMES BELL, M.D., PRESIDENT, IN THE CHAIR.

Cholesterin Cyst of the Testis.—Dr. ADAMI exhibited a cyst of the tunica vaginalis testis, removed post-mortem, which contained two ounces of a clear fluid, full of pure cholesterin crystals. The history of the case was that the patient, a man, advanced in years, was brought into the hospital with paralysis of the left side, and with deviation of the eyes to the right. He rapidly lost consciousness, and after lingering a few days, died. At the autopsy a large hæmorrhage was found in the corpus striatum. There was a condition of general arterio-sclerosis, granular kidneys, emphysematous lungs and hypertrophied heart. On the right testicle there was a large cyst, apparently in front of the organ and full of fluid. The walls were thickened and atheromatous and contained calcareous plates.

The question as to the origin of the cholesterin was difficult to answer. Cholesterin in large quantities may be found in connection with dermoids and with atheromatous degeneration, but in both cases the crystals are almost always found associated with fatty debris. Old chronic hydroceles are recorded also as showing atheromatous conditions of their walls, and occasionally containing large quantities of cholesterin. Such is probably the nature of the cyst in question, but how and why the crystals are deposited in large quantities requires further explanation.

Dr. JOHNSTON had seen cysts in various parts of the body which were lined with squamous epithelium and contained cholesterin. He had seen one such cyst situated deep in the cervix uteri.

Dr. ADAMI said that atheromatous cysts are found in connection with the scalp, but in such cases fat and broken down tissue are among the contents, while in this case there was no fat or debris.

Dr. SHEPHERD exhibited the following specimens:—

(1) *Supernumerary Digits in the Pig's Manus.*—Two pig's fore-feet were shown, each with a supernumerary digit. In each case the digit was the lost pollex, and with it was reproduced, to its full size, the os trapezium, which, in the normal manus of the pig, is a small rudimentary ossicle. Dr. Shepherd remarked that the re-appearance of the lost digit in the pig's manus was not very uncommon, and said that the normal manus consisted of two hanging toes, the second and fifth, and the toes which reached the ground, the third and fourth, so that when a supernumerary digit