

of departure; (2) Sanitary condition at time of leaving; (3) History during passage; (4) Sanitary condition on arrival, with reference to cleanliness of quarters of steerage passengers and crew.

BRANT COUNTY MEDICAL ASSOCIATION.

The usual quarterly meeting of the Brant County Medical Association was held in Brantford, on the 3rd ult. There were present Dr. Marquis, Mt. Pleasant, President; Drs. Philip, Henwood, Griffin, Digby, Winskell, Secord, Branford; Dr. Kitchen, St. George; Dr. Fairchild, Mt. Vernon; and Dr. Davidson, Langford.

It was moved by Dr. Digby, seconded by Dr. Philip, That a resolution which was adopted at a former meeting of this Association in reference to contract practice be rescinded.—*Carried.*

Dr. Philip exhibited a tumor (steatoma) of large size and many years growth which he had recently removed from the shoulder joint. The wound had healed by first intention.

Drs. Digby and Kitchen were appointed to read papers at the next meeting of the Association.

After some routine business had been disposed of the Association adjourned until the first Tuesday in June.

Selected Articles.

OVARIAN TUMOR IN A YOUNG GIRL.

Clinic by Prof. Thomas, New York.

Our first patient to-day is Margaret H—, born in Nova Scotia, aged eighteen and single. The history which she gives of herself is a very striking one in many respects. She says she has been sick for two years, and that up to two years ago she was perfectly healthy. At that time she had a very hard fall, striking flat on the abdomen, and the next day there came on a very severe uterine hemorrhage. This flowing continued for several months—three at the least—and she says she then called in a physician, who gave her some medicine which gradually stopped it. Since then, however, there has never been any return of the menses; but, as time went on, she noticed that her abdomen was gradually growing larger. She is now as large as a woman ordinarily is at the eighth month of utero-gestation, and she says there has been no menstrual discharge for at least eleven months.

The abdomen of this young girl presents, then, a large hard mass, and she comes here to-day to find

out what the trouble is. Suppose that, instead of coming to the college, she had gone to the private office of any one of you. You can see at once that very delicate questions would have arisen for you to decide, and that a great deal would have depended on the diagnosis which you made; for the case is one of importance in many ways. In the first place, she might have slipped on a sidewalk of a city like this, and, attributing all her trouble to the fall, might have called upon you for an opinion which would justify her in bringing suit for damages against the municipal authorities for the condition of the streets. Thus, next week I shall have to make an examination in the case of a woman who slipped and fell three years ago, and who ever since has suffered so greatly from dyspareunia, that marital life is a serious burden to her. In consequence of this she is bringing suit for \$12,000 against the city, and I shall have to be extremely careful in expressing an opinion as to whether or not the trouble of which she complains is really attributable to the injury incurred in the fall.

Another important point to decide here is, what sort of an abdominal tumor is this, and what connection has the amenorrhœa with it? Perhaps the amenorrhœa may be natural, and the tumor a living one. As to the statement of the patient that it has continued for eleven months, that should have no weight whatever in affecting our opinion of the case. Many instances have, unfortunately, occurred in which the abdomen has been opened and the trocar plunged into a tumor supposed to be ovarian, which proved, to the operator's chagrin, to be nothing more or less than a gravid uterus. If utero-gestation should really exist, and you should express the opinion that this was not the case, or if just the opposite of this should be true, you can readily see in what an unpleasant position you might place yourself. Let me show you, then, how I would advise you to conduct your investigation in a case like this, in such a way as to avoid error and arrive at the truth. The problem you have to solve is, what is the character of this tumor, and what its connection with the uterine hemorrhage and the subsequent amenorrhœa?

What, now, might it be? It might possibly be any one of thirty or forty different things; but the most of these conditions are so exceedingly rare as to render it unnecessary to take them into account at all. What, then, are the things it is really likely to be? First of all, in every such case you should always, without any exception whatever, think of utero-gestation. Even if it were one of the vestal virgins themselves, let this be the first supposition on which you proceed with your examination.

At the period of pregnancy, when the abdomen is as large as in the present instance, the cervix ought to be quite soft and a little patulous, and the markedly protuberant anterior wall of the uterus