

vomiting and severe pain and tenderness in the left loin. On examination, a rounded smooth tumor occupied the left loin, enlarging the abdomen considerably on that side, and extending beyond the median line to the left; upwards it reached the edges of the ribs; downwards it reached the margin of the pelvis, but did not dip into that cavity. There was absolutely nothing further to be had in the way of a history. Urine healthy. The nature of the case being doubtful, and the symptoms urgent, it was decided to explore by abdominal section. An incision two inches long was made in the median from the umbilicus downwards. On opening the cavity the cyst was found to lie behind the peritoneum and intestines. The colon lay in front, and in such a position as to render the management of the case too difficult. This opening was closed and another made over the most prominent part of the tumor, about three inches to the left of the median line, on a level of the umbilicus. On getting in over the tumor it was tapped, and 70 ounces of a dark-brown turbid fluid containing numerous iridescent crystals of cholesterine was removed. The opening was enlarged, its edges stitched to the edges of the abdominal incision, and a glass drainage-tube left. From the moment of the operation the girl ceased to have pain, fever, or any other symptom. The discharge was slight. The cavity shrank rapidly, and when patient was discharged, twenty-six days after the operation, wearing a short piece of rubber drainage-tube, it was almost obliterated. The fluid contained a large quantity of pus. That it was evidently an old one, possibly congenitally, springing from near the kidney, and had suddenly taken an inflammatory action. Dr. Gardner said that of course the treatment was open to criticism, inasmuch as the fluid could have reached from the loin posteriorly without opening the peritoneal cavity, but he felt more at home in opening the abdomen than the loin, and the result seemed to justify the course pursued.

Dr. Ross related a similar case that occurred in the practice of Dr. Roddick, four years ago. A cyst in the neighborhood of the kidney was tapped, and found to contain a brown fluid filled with crystals of cholesteria.

2. *A cysto-sarcomatous tumor of the ovaries and uterus*, removed six days ago from a young married woman of 21, the mother of one child a year and a half old. The tumor had been noticed first

in October, '86, and had grown rapidly, causing much pain, emaciation and interference with functions of both bladder and bowel. It was uneven, hard in parts and elastic in others, predominating on right side. The whole vaginal roof was a hard mass, the vaginal portion obliterated, and the os felt only with great difficulty. There were adhesions to omentum, extensively to colon and rectum, and to the whole floor of the pelvis. The fundus uteri was smelted into the mass, and the operation was finished by encircling the cervix with Kæber's clamp, and, after amputating, securing it with pins externally at the lower angle of the wound. The hemorrhage was free; some of the cysts burst during removal. The cavity was well washed out with plain warm water and drained. Pulse ran high, 160 and over during the operation, and hypodermics of brandy were freely given. Every symptom had been favorable till the sixth day. The day after the operation the pulse was under 100, and the temperature had been normal for five days. The temperature then rose, remained high with fluctuations for six days. She is now on the nineteenth day, quite convalescent. The wire was cut and the clamp removed on the third day.

*Hydrocephalus*.—Dr. W. G. JOHNSTON exhibited a case of chronic hydrocephalus, observed in making an autopsy upon a patient who died of secondary cancer in lungs and liver. The primary growth, a scirrhous, was removed from the left mammae by Dr. Roddick sixteen months before. Patient had been under observation off and on during this entire period, without any cerebral or mental symptoms having been noted. Convulsions flattened. Lateral ventricles distended, containing over eighteen ounces clear fluid; the venæ galeni involved in dense mass of fibrous tissue, apparently of inflammatory origin. They were not obliterated. No other abnormality beyond small mass of secondary cancer external to dura in course of anterior meningeal artery. Fontanelles closed by bony union. Skull cap flattened and bones very thin, maximum being 1-6" and minimum 1-10" over convexity. Cranial cavity capacious.

*Tumor of the Prostate*.—Dr. BELL exhibited specimens from a case of tumor of the prostate, and read the following history of the case:—

J. H., aged 60, a farmer, was admitted to hos-