

hemorrhage occurred. There were no secondary growths found in the abdomen or pelvis. Dr. Johnston reported the tumour to be a malignant adenoma of the ovary. The prospects for this patient are not very good, though from the fact that the tumour was isolated, with a pedicle into which there was no extension of the disease, that there were no metastatic deposits, and from experience that the disease has not recurred in many similar cases, the patient's life may be saved. In cases where the indications or suspicions of malignancy are strong, operation should be performed with as little delay as possible.

*Late Perforation in Typhoid Fever.*—DR. LAFLEUR exhibited this specimen and gave the following report of the autopsy: Abdomen presented tympanitic distention, and percussion showed loss of liver dulness, an indication of gas in the peritoneal cavity. On opening the abdomen there was general purulent peritonitis, both the visceral and parietal peritoneum showing patches of ecchymoses; 50 c.c. of sero-pus removed; intestines agglutinated by a grayish-yellow fibrinous material. On opening the bowel, general characteristic typhoid ulceration was found extending for six feet above the ileo-cæcal valve and down to the rectum. It was late, probably about the middle of the fourth week, sloughs had already separated and healing had begun. About five or six inches above the valve a pin-hole perforation was found at the base of an ulcer, which was oval in shape and situated across the bowel, representing only a part of a Peyer's patch, the rest being quite normal. The whole of the ileum was weak, the muscular coat having become degenerated and œdematous, and as it was enormously distended with gas, it is not to be wondered at that perforation took place.

DR. JAMES STEWART stated that the patient, a young man, aged 25, an inebriate, had died on the fortieth day of the illness, having been in hospital for three weeks. The treatment for the last two weeks was solely by the cold bath. The only clinical evidence of perforation was the sudden fall of temperature from 101° to 96°, as the patient was in a stuporose condition and did not complain. Dr. Stewart regretted that the baths had not been given from the first, for though this form of treatment does