

DR. RODDICK exhibited a photograph and cast of a case of extremely varicose condition of the veins of the leg operated on successfully by Dr. Malloch, of Hamilton, by excising portions of the affected veins, and by carbolic injection.

DR. KENNEDY shewed photographs of Barnum's alligator-skinned child, at the birth of which Dr. Kennedy attended the mother. He said it was an ordinary labor, but the baby's skin was as if varnished, but presented no cracks or creases, and the child could not open its eyes; he ordered it to be rubbed with Cod Liver Oil. Dr. Kennedy lost sight of his patient, as the parents soon after left the city. Dr. Fox, of New York, seeing such a beautiful specimen of Ichthyosis at Barnum's Show, wrote to Dr. Kennedy for information about the history of the case.

Lawson Tait's Operation.—DR. GARDNER exhibited a set of uterine appendages (ovaries and Fallopian tubes) which he had removed a week previously. The ovaries were somewhat enlarged, and contained several cysts, one of them being three-quarters of an inch in diameter. The Fallopian tubes were slightly distended with a catarrhal secretion.

The patient was a charwoman, æt. 36, unmarried, never pregnant. Began to menstruate at 17; flow always copious, with clots, and attended with hypogastric pain. Otherwise she had fair health till a few years ago, when, after reaching overhead to wash a ceiling, she suffered increase of pelvic and lumbar pain, with "painful sitting" and aggravation of the dysmenorrhœa and menorrhagia. When patient first came for advice menses had continued for a month. Examination revealed a small, circular os uteri, with a bulky, completely retroverted uterus, measuring $3\frac{1}{2}$ inches. The channel was tortuous. Marked tenderness around uterus, with thickening felt in posterior cul de sac. After dilatation with a small laminaria tent, a fibro-cellular polypus of the size of a cherry was discovered hanging through the internal os, attached by a pedicle further up. This was removed, and the curette then passed over the whole endometrium, bringing away a quantity of soft granulation-like tissue. Immediately afterwards the endometrium was swabbed over with Churchill's tinc. of iodine. The uterus was then replaced, and an Albert Smith pessary introduced. Hot vaginal douches were prescribed and rest in bed enjoined. No relief followed. The next two periods were profuse, with

clots and pieces of membrane, found by microscopical examination to be the uterine lining membrane. She was then treated for some weeks by careful tamponing of the vagina with cotton soaked in glycerine, with iodoform. This gave temporary relief, but menstruation continued to be excessively painful, and attended with vomiting and great general prostration. Oophorectomy was proposed as a *dernier ressort*. The patient eagerly grasped at the idea of any expedient that gave a prospect of relief; so, on the 18th of May, nine days after the cessation of menstruation, the operation was done. No difficulties were encountered. The ovaries and tubes were not adherent. They were easily raised between the edges of the abdominal wound, ligatured, and cut away. A good deal of abdominal pain and incessant vomiting were suffered for a few days. Temperature in the vagina never rose over 102° F. The patient was kept profoundly under the influence of opium (Battley's solution) given hypodermically, and nourished exclusively per rectum for a week. Only small pieces of ice given by the mouth. The menses, or a metrostaxis of blood of dark cherry-red color, appeared on the second day, lasting four or five days. The abdominal incision united perfectly. After the first week, recovery, though slow, was steady. The patient, who had been a terrible sufferer from indigestion, was much improved in this respect, as in many others. Defecation, which formerly was agonizing, now almost painless. Chloasma (uterine), formerly most marked, now disappearing fast. All the symptoms much mitigated.

June 17th.—A month since operation. Improvement in all symptoms. It is slow as regards pelvic pain. This symptom, depending as it does on pelvic peritonitis, metritis and endometritis, cannot disappear entirely for some time to come.

DR. TRENHOLME said he was the first to perform this operation in Canada. His patient is now enjoying good health, and has not menstruated since. He believed the operation ought to be done oftener than it is.

DR. RODDICK asked if it were not possible to make the operation less serious, by merely ligating the Fallopian tubes between the uterus and ovaries, and then cutting them through, which operation could be done with a very small opening in abdomen.