clear up the doubt, as also tolerance of large doses of potassium iodide, one-half drachm doses.

Cases 10, 11 and 12.—In conclusion, I present some specimens of gall-stones in which there was room for the exercise of care in clearing up doubtful diagnosis. In one of them, seen and operated upon with Dr. Kerr, of this city, there was a movable kidney which complicated the diagnosis; in the other case, Each has had an uneventful rea question of malignancy. covery. In the same month I saw a case where a diagnosis of gall-stones had been made, but which I believe to be a movable kidney—illustrating the same difficulties alluded to yesterday in the discussion by Dr. H. A. MacCallum of Dr. Hodge's paper. The difference in color and degree of smoothness of the two sets of gall-stones shown is worthy of notice. polished light brown set the obstruction was in the cystic duct; in the dark green rough ones, the large one (about two centimetres) closed the entrance for bile to the common duct.

"THE OPERATIVE TREATMENT OF PROSTATION HYPERTROPHY."*

By Ingersoll Olmsted, M.D., Hamilton, Ont.

Of the 426 cases of prostatic disease which came to his clinic, Hartmann operated 36 times with two deaths, being a mortality of 5.7 per cent. Of these two fatal cases, one was that of a man 84 years old, on whom he had done the suprapubic operation, and who died from the accidents of senile dementia. The other, a man of 59 years who, before the operation, showed very grave renal lesions, succumbed to urinous cachexia after a perineal prostatectomy. These two deaths must be attributed to other circumstances than the intervention. Hartmann considers the prostatectomy as one of the least dangerous of surgical operations. The only complications observed have been the production of a recto-uretral fistula, an avoidable accident with good technic, and the secondary development of an orchitis.

With regard to results, the patients have been, if not completely relieved of their troubles, at least very much improved.

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