

Dr. Laphorn Smith, of Montreal, read a report of one hundred and ten operations for retrodisplacement of the uterus, of which forty-two were Alexander's operations of shortening the round ligaments, and sixty-eight ventro-fixations or suspensio-uteri operations. He said that he now felt justified in coming to certain conclusions concerning these two operations since he had been performing them for over six years, the first Alexander's having been performed on the 23rd January, 1892, and the first ventrofixation on the 18th March, 1890. See page 576.

A clinic was then held at the Royal Victoria Hospital.

Dr. James Bell presented first some brain cases. The first patient was a man aged 29 who had suffered from otitis media, followed by mastoid disease, in 1895. On the 1st of Sept., Dr. Buller trephined but found no pus. Symptoms increased in severity, headache, high fever, etc. In three or four days there was twitching of the left side, followed by paresis of the left arm. A brain abscess being diagnosed in the middle fossa, a little opening was made in this region. The dura was found to be bulging. On opening, two or three drams of pus escaped. He cut to the base to allow free drainage. Communication was made between this and the trephined opening in the mastoid antrum which Dr. Buller had made. There was an immediate amelioration of symptoms, paresis disappearing at once. The temperature fell to normal, recovery was not so smooth, however, patient having troublesome symptoms. On the 30th of September, the doctor re-opened the soft tissues and found hernia of the brain, which upon opening he found consisted of a small abscess. Upon opening more deeply, it was found that the whole temporo sphenoidal lobe was excavated by a large abscess from which a considerable quantity of pus escaped. From this time the progress was satisfactory for a time, but the sinus persisted. The patient was discharged the 4th of November, and re-admitted the 17th of January, having had a convulsive seizure the week before. This time the sinus was re-opened. This was found leading to the cranial vault. It was drained, and the patient was discharged in April. Has been in good health since. The next patient was a boy aged 12, who was admitted the 18th of May, 1894, for thrombosis of the left sigmoid sinus. Dr. Buller trephined. A cord-like mass extended down the side of the mastoid, which Dr. Buller thought was an inflammatory area about the mastoid process. It extended, however, from day to day. In about 48 hours it had reached the jugular vein. This vessel Dr. Bell ligatured below the omo-hyoid. An incision was made over the mastoid, and the jugular fossa cleared of clot. The symptoms abated, and the patient has since been perfectly well.

The next patient was a girl 6 years of age. She had been playing about in a room where there was a revolver. She