

ed, and this time plasters were applied by a "cancer doctor," which burnt the tumor, and caused the ulcerated appearance which was seen when admitted to hospital. Dr. Fenwick amputated the arm at the shoulder-joint, and patient did remarkably well, never having a temperature higher than 99° F. On examination, the tumor proved to be a myeloid sarcoma. This was the first case Dr. Fenwick had seen in which the myeloid tumor first-affected the tissues external to the bone and periosteum.

Dr. A. LAPHORN SMITH read a paper on
ALEXANDER'S OPERATION AND THE TREATMENT OF
DISPLACEMENTS OF THE UTERUS.

After describing the operation minutely, and also giving a discourse on the anatomy of the parts, Dr. Smith went on to say that the round ligaments are really muscles, and are in a state of tension, except during coition. They are the homologues of the cremaster muscle in the male. Dr. Smith considered that the risks of the operation are great, and that it is not a justifiable one, except in extreme cases, and when performed did not permanently cure displacements of the uterus. He prophesied that it would soon fall into disuse. The author said that displacements of the womb could be corrected by lessening congestion, by keeping the liver clear and the lower bowel empty. The paper was illustrated by diagrams and tables.

Dr. TRENHOLME agreed with Dr. Smith that the operation was one that would soon be known only in history. He had operated once, but had failed to find the ligament. He, himself, many years ago, suggested a similar operation.

Dr. SHEPHERD had frequently dissected the round ligament, and had performed operations on the dead subject. The uterus could be easily elevated by pulling on the ligaments. He did not think the fact that a few muscular fibres had been found on the ligament proves that it is now in active use as a muscle; it is, rather, a foetal remnant of the ligament of the Wolffian body, and the homologue of the gubernaculum testis of the male.

Dr. AHERN, of Quebec, said that the round ligament is frequently abnormal, and that at its insertion is often much atrophied. In cases where the the uterus is fixed, tightening it will not correct displacements.

The Section then adjourned.

OFFICERS ELECTED FOR NEXT YEAR :

President.—Dr. J. E. Graham, of Toronto.

Vice-Presidents.—For *Quebec*, Dr. Russell; for *Ontario*, Dr. Dupuis; for *Nova Scotia*, Dr. Wickwire; for *New Brunswick*, Dr. Currie; for *Manitoba*, Dr. Crowther.

Local Secretaries.—For *Quebec*, Dr. J. Bell; for *Ontario*, Dr. McKeough; for *Nova Scotia*, Dr. Trueman; for *New Brunswick*, Dr. Lunam; for *Manitoba*, Dr. Kerr.

Place of Next Meeting.—Hamilton; Chairman of Committee of Arrangements, Dr. Malloch.

Progress of Science.

THE TREATMENT OF OTORRHOEA.

Common as otorrhœa is very few physicians understand how to treat it intelligently and properly. The treatment is very simple and nothing is more satisfactory in its results.

Supposing that the otorrhœa is uncomplicated with fungous granulations or polypi, the ear is first cleansed with a syringe and warm water. Then it is to be dried out thoroughly by twisting a soft rag and passing it down to the bottom of the meatus so that it will absorb all moisture from the ear. Next sufficient boracic acid is put into the ear and worked down upon the drum so as to cover its surface. The powder should not be packed down upon the drum. It is allowed to remain there 24 hours, when the ear is again syringed, dried out, and the powder reapplied as before. The treatment must be repeated daily until all suppuration ceases. After that twice, or even once, a week is often enough to repeat the application. The dry powder must be applied to the ear for two or three weeks after all suppuration has ceased. This is the treatment of uncomplicated otorrhœa in a nut shell, and the result is nearly always very satisfactory. I have the common acid rubbed in a mortar till it assumes a granulated form, like granulated sugar, and use it in preference to the minuter powder of different firms, because it goes down to the bottom of the meatus easier and does not hang to the walls so persistently as the fine powder.

PRURITUS VULVA.

Martineau (*Annales Medico-Chirurgicales*) notes that this arises sometimes in the course of affections unconnected with the vulva, at others during the evolution of a disorder or lesion of this part. In the first class are intestinal worms, the oxyuris in particular; these wander at night over the neighborhood of the anus and genital organs. They should always be looked for there and then, especially in children, where there is an absence of any direct cause. Tinea tonsurans and the