taken. There was always danger in opening the abdomen. He believed that in a case where a country practitioner, far removed from help, met such a case he should give chloroform and try to reduce it at once, as delay was very serious. He had never seen in the cases where taxis had been used even to a considerable extent, any damage done to the bowel when he had opened up. The speakers agreed that where the knife had to be used the radical operation should be done —as a rule.

Drs. G. W. Fox, of New York, and Coonyn, of Buffalo, were invited during the session to seats on the platform.

The Association then divided into sections.

SURGICAL SECTION.

Dr. Bruce Smith was appointed to the chair.

"McGILL'S OPERATION FOR PROSTATIC ENLARGEMENT" was the subject of the next paper by Dr. A. McKinnon, of Guelph. The reader of the paper gave the history of several cases he had had of Prostatic Hypertrophy accompanied by urethral stricture, cystitis and severe bladder spasms. The operation consisted in a suprapubic cystotomy and removal of a portion of the prostate with very gratifying results. He outlined the technique of the operation fully and of subsequent drainage. He quoted statistics furnished by Bellfield, of Chicago, of forty-one such cases where thirty-two had made recoveries, the patients having regained the power of voluntary micturition.

Dr. Primrose discussed the question of the use of Peterson's bag and the dilitation of the bladder,—how this would enable the operator upon completion of the abdominal incision of stitching the bladder wall and holding it by means of the stitches while it was being opened, instead of cutting down upon a sound, as Dr. McKinnon had advised. He asked also how hæmorrhage was controlled in view of the vascularity of the prostate. He advocated the advisability of perineal drainage, as in high drainage there was danger of infection of the cellular tissue in front of the bladder.

Dr. Grasett said that his experience was limited in this line of work, having done but one, and that a partial prostatectomy. The result in this case was good. He thought a combination of the suprapubic and the perineal method to be the best, so as to avoid the necessity of incising the mucous membrane above the prostate, the sections being scooped out from below, the opening above enabling the operator to exert pressure down wards on the gland from above.

Dr. McKinnon said that he had found hot water would control the hæmorrhage, but, if necessary, the opening might be plugged.

Dr. R. Whiteman (Shakespeare) followed by a paper on "CHOLECYSTOTOMY." He described the history of a case of obstructive jaundice. It was difficulty to decide whether it was due to gall stone or malignant disease, but the diagnosis inclined to the latter. Cholecystotomy was performed in the usual manner with success. As all of the bile passed out of the abdominal incision, a number of interesting features were observed in connection therewith on the administration of calomel, the flow was lessened, but increased on the giving of salicylate of bismuth. It was also noticed that when the bile decreased, the urine increased, and vice versa. On post-mortem it was found that an epithelial cancer occupied the region of the duodenum at the junction of the bile duct.*

Dr. Graham (Toronto) said he was very much interested in this case, as he had seen it in consultation. The diagnosis was comparatively easy, as the distended gall bladded was in the position one would expect it to be, and the ac-

* Will be published in this journal.