

dividing it to produce the requisite size for musical purposes. The cement substance which binds together the connective-tissue cells is by this method necessarily softened, and it becomes everywhere invaded with bacterial infection, which may escape destruction in the subsequent methods of preparation for surgical purposes. It is only with the greatest care in keeping catgut perfectly dry that it serves its purpose for musical uses. However, for surgical purposes it must ever be considered as a wet, softened material. When in this condition it is yielding, soft, and comparatively weak, and the comparison is not far-fetched between the spinning of silk into a fine thread, weaving it into a delicate fabric, cutting it into diagonal strips, and twisting it in order to manufacture a cord, instead of keeping its fibres parallel. In the tendon, the strongest tissue in the animal economy, the fibres are constantly maintained parallel, and when properly preserved and prepared are aseptic and trustworthy. The knot is firm and unyielding as in silk; aseptically applied it is unirritating, and is slowly absorbed to be replaced by new connective-tissue cells. Silkworm gut is unchanged in the tissues, and, as wire, remains as a foreign body, or must be removed. Silk is encapsuled and not absorbed, and, even when aseptically applied, frequently becomes an irritant, and when buried in the tissue is often eliminated months after as a foreign body. As the profession come to understand the advantages of the use, in the daily widening field, of buried sutures, the value of tendon for this purpose will be appreciated, and I hazard little in predicting that the day is not far distant when the surgeon will feel the necessity of providing himself with a supply of trustworthy suture material."

Dr. Marcy exhibited to the Section specimens in considerable variety of the tendons of the kangaroo.

Dr. Meek replied briefly. Dr. Dupuis also pressed the use of the kangaroo tendon.

Dr. J. F. W. Ross, of Toronto, read a paper entitled

HYSTERECTOMY WITH AND WITHOUT A PEDICLE, A CRITICAL REVIEW FROM CLINICAL HISTORIES.

Dr. Laphorn Smith, Montreal, opened the discussion by referring to the mistake frequently

made in ascribing the formation of adhesions to electricity. Dr. Smith cited a case which, he considered, proved that electricity was not the cause of adhesions. One drawback in the operation without a pedicle was that adhesions were likely to form, and adhesion of the bowels was a very serious matter.

Dr. Atherton, of Toronto, said: "I think we ought to vary our treatment to a certain extent. When the tumor is not overly large and has not, probably on that account, formed a good pedicle, in such cases total extirpation may be necessary. In a large tumor with well-formed pedicle, the old method of operation by extra-peritoneal method is still the best. I think electricity is of value, but I am not a complete convert to the method. We must not discard any form of treatment too summarily."

Dr. Temple, of Toronto, considered the subject of hysterectomy of great importance. "There is a danger," said he, "of hysterectomy becoming fashionable, though probably it will not be so popular in the future. A considerable number of cases of fibroid of the uterus can be treated successfully short of hysterectomy. I have seen four cases of mania after hysterectomy. We should consider each case carefully, and the removal of the appendages should first be tried. Cases very hemorrhagic might call for hysterectomy. The intraperitoneal pedicle is preferable to the extra-peritoneal."

Dr. Ross, in reply, said: "I do not think that one or two cases will prove the statement made concerning the non-injurious effects of electricity. I believe that certain cases of fibroids are best left absolutely alone, though perhaps a little ergot may be administered."

The Section then adjourned.

THE EVENING SESSION.

The session opened at 8.15.

Dr. Oldright, Toronto, exhibited a patient who had suffered from

FRACTURE OF THE BODY OF THE SCAPULA,
and made some remarks thereon.

Dr. Harrison, of Selkirk, had seen a similar case many years ago, where the injury had resulted from the striking of the back upon the dashboard of a carriage when being thrown out.