That the use of the tampon and the expectant plan of treatment would have ended in septicemia and probably loss of the patient's life.

Dr. Trenholme urged the great value of the finger, and preferred it to any instrument. By hooking the finger over the inner os, and pressing down over the fundus externally, almost every case could be easily managed; in fact, he had never met with a case where the finger failed to remove any adherent placenta in early abortions. Where the abdomen was difficult to depress, chloroform gave perfect command of the patient. In this connection Dr. Trenholme remarked that he had a case where the dead fœtus was retained as a sessile tumor for six or seven months, the woman having monthly hemorrhages until it was removed. This form of hemorrhage during gestation is due to non-union between the *reflex* and *uterine* deciduæ.

Dr. Gardner testified to the value of the vulcellum. In many cases it is very difficult to force the uterus sufficiently low down, and it is much more easily brought within reach by fixing one lip with the vulcellum, and then drawing the uterus down. He has never used the curette. As a rule he can succeed perfectly with the finger, which he prefers to the curette, but no doubt cases will occur where the removal of the attached membranes is facilitated by the curette.

Dr. George Ross said that it was most important that an anæsthetic should be administered, after which the uterus can be forced down with comparative ease in many cases where otherwise it would have been quite impossible; he also spoke of his preference for the finger as compared to the curette in these cases.

Dr. Cameron as opposed to Dr. Alloway, who invariably uses ether as an anæsthetic, held that chloroform was much better, and spoke of a case where, owing to rigidity of the parts from the former, the removal of the contents of the uterus was rendered impossible until chloroform was used, when it was easily effected.

Dr. F. W. Campbell also spoke of the advantage of the finger over the curette, and of the assistance rendered by the use of the vulcellum.

Dr. Fenwick exhibited the portions of bone removed at an operation for excision of the knee-joint performed by him that day. The patient, 21 years of age, gave an account of an acute synovitis in the knee-joint twelve years before, following cold or some very indistinct injury, and frequent attacks of more or less severity ever since. On consulting him the joint was swollen, loose and tender, and there were severe starting pains at night. At the inner side of the head of the tibia it was very tender, and possibly the disease commenced in the periosteum at that point. On cutting into the joint the semilunar cartilages were found destroyed, and the cartilages of the femur gone; erosion of the bones and a fringed condition of the synovial membrane.

The usual form of operation was followed, rounding off the end of the femur and hollowing out the tibia, not more than 1¼ inch of bone was removed. Dr. Fenwick remarked that the great advantage in children was to save the epiphysis, and thus benefit by the growth of the bones.

Dr. Mills explained the method of demonstrating the urinary pigments, and exhibited specimens illustrating the different steps in the process, which latter are as follows:

About 50 c. c. of urine suffices to show the reactions clearly. (1) Urine treated with strong solution of acetate of lead and a few drops of ammonia and filtered.

(2) Pasty mass remaining on filter, treated with strong sulphuric acid and a little alcohol and filtered.

(3) To the yellow filtrate is added excess of strong sulphuric acid and boiled.

(4) The resulting dark fluid is then diluted with a large excess of water, and allowed to stand; a flaky black precipitate (very soluble in ammonia) deposits. This is diromelamine, a resultant product of the decomposition of urochrome.

Dr. Gardener then read a paper on *Cases of Procedentia Uteri*, with the view of giving an account of the experience he had had at the *University Dispensary* and in private practice, of this condition, illustrating its nature and treatment. He included under the head of *Procedentia Uteri* those cases of elongation of the supra-vaginal cervix, with protrusion or descent of the vaginal wall through the vulva. In a large majority, 10 out of 13 of the cases reported, this condition was present. As to the nature of this elongation he thought there could be little doubt of its being in the main due to a "tensile elongation," as Matthew Duncan calls it, of the supra-vaginal portion of the cervix through primary descent of the vagina and bladder, and in some cases leading to a remarkably extreme degree of elongation and thinning of this portion of the cervix. *Huguier*, who was one of the first to call attention to the subject, held it