incurred during the last confinement, and had existed ever since. From its size and position, it was quite possible for it to have acted as a bar to conception during all this time. A piece of the wall of the cyst on the cervix was removed with the scissors, and about an ounce of greenish limpid serum escaped. The fornix and vagina were packed with cotton, and the patient kept in bed for a week. There is a slight discharge of serum yet, and it may require, at some future time brushing over internally with iodine or other irritant to complete the obliteration. The abnormal symptoms complained of at the time by the patient have disappeared. Dr. Alloway exhibited a diagram showing the position of the growth, and said he had never met with a like condition, nor had he been able to find such an one recorded.

Stated Meeting, January 23rd, 1885.

T. J. ALLOWAY, M.D., First Vice-President, in the Chair.

PATHOLOGICAL SPECIMENS.

Broncholiths.—Dr. SMITH showed two small calcareous masses about the size of half peas which had been expectorated by an old man having senile catarrh. He has been expectorating four or five of these daily for the past eight or ten years.

Dr. BELL said he thought these little masses may have come from calcareous bronchial glands similar to some he has met with in the post-mortem room of the General Hospital.

Large Tonsillary Calculus.—Dr. SMITH removed this from a boy aged 10 years. It weighed forty grains and measured 2 by 1¾ inches.

Dr. BELL said he had removed a calculus from Wharton's duct which had caused so much inflammation as to mislead some other doctors into believing the patient had malignant disease.

Uterus with Fibroid Tumor; Tait's Operation.—Dr. TRENHOLME exhibited the specimen and related the case. The uterus was removed, post-mortem, from a woman aged 30, upon whom he had performed Tait's operation on the 7th of this month. She had suffered for years with pain on the left side and dysmenorrhœa in spite of all treatment. An examination revealed a uterine fibroid of the left side, with an enlarged ovary, and the parts about were thickened. Before the anæsthetic was administered a hypodermic injection of 1-6 grain of morphia and 1-1000 of atropine was given. The operation was a difficult one. There was an inch and a quarter of adipose tissue before the sheath of the rectus was reached. When the hand was got in, a membrane was felt, which was perforated by the fingers. The right ovary, twice its natural size, was first removed along with the tube. It was much more difficult to get the left into view. It was removed (not enlarged) with but the fimbriated end of the tube. There was smart hemorrhage, which was, after a time, controlled, and the wound brought together. Peritonitis set in twelve hours after. In forty hours it was thought there might be fluid, so the wound, which had healed completely, was opened, when five or six drachms of pus escaped. The wound was left open and the pulse improved for a time, but she died 76 hours after the operation. She had urinated naturally, but there had been no escape of flatus. She died from peritonitis and septicæmia. Drs. Armstrong, Wood and J. J. Gardner were present at the post-mortem. The uterus was found anteflected, and on its left cornu was a small fibroid tumor.

Dr. J. J. GARDNER, who performed the post-mortem, said there were the signs of a general peritonitis; pus was all over the intestines. Both sides of the omentum were adherent to Poupart's ligament. The perforation made by Dr. Trenholme was seen.

Dr. CAMERON, who assisted Dr. Trenholme, said there were present evidences of previous inflammation, and that a great deal of handling and forcing were needed. The situation of the tumor and the adhesions made it difficult to sponge all the blood out. The fibroid tumor, from its situation, made it at first appear as if they had a double uterus to deal with.

Dr. STEWART asked why a drainage tube was not used.

Dr. TRENHOLME said he had never yet used one. He would have used it in this case, but thought it was not needed.

Dr. STEWART said it was the practice for surgeons who do not use full antiseptic precautions to use a drainage tube. This patient died from suppurative peritonitis.

Dr. HY. HOWARD asked if a surgeon would not be justified in staying his hand from proceeding further when so much difficulty and danger presented themselves.

Dr. WM. GARDNER said that if adhesions con-