

tainty to be the kidney. The abdominal incision was closed, and the kidney, containing half a pint of pus, was removed by the lumbar incision. No calculus or any other cause for the suppuration could be found. The patient was watched in hospital for two days before the operation, when the secretion of urine was almost *nil*. For the first twenty-four hours 40 ounces were secreted and passed naturally; for the next twenty-four hours none at all. On the third day she was distinctly soporose. A small quantity of urine passed in bed. The same on the fourth day after the operation, the day she died. Just before death four ounces was drawn off by the catheter. No autopsy allowed.

*Discussion.*—Dr. JOHNSTON said the kidney seemed to show a condition of chronic hydronephrosis, accompanied by an acute nephritis. The collection of pus did not appear of long standing; there was no pyogenic membrane.

Dr. SHEPHERD could not quite agree with Dr. Gardner's treatment of this case. Nephrotomy seemed to be called for in this case, not nephrectomy. He did not think a nephrectomy should ever be performed without a previous nephrotomy, as no seriously diseased kidney could be shelled out readily. The history seemed to point to pyonephrosis, and the large amount of urine passed after the operation might be due to a collection outside the injured kidney.

Dr. TRENHOLME referred to a similar case occurring in his practice. There was a cyst in the neighborhood of the kidney, which he tapped and drew off about two quarts of fluid. Patient's symptoms were greatly relieved, but the cyst returned, and on again tapping three pints were obtained. The patient gradually got worse, however, and the post-mortem examination showed an obstruction of a valvular nature in the ureter, near the hilum of the kidney.

Dr. GARDNER, in reply, stated that the case was not an easy one to diagnose, as the panniculus adiposus was so thick the nature and situation of the tumor could not be satisfactorily made out. The patient was desperately ill, and the operation was undertaken as a last resource.

*Extirpation of the Uterus.*—Dr. GARDNER exhibited a uterus he had removed a week before. The patient was 47 to 50 years old. Menses ceased two years before; occasional hemorrhages continued. No serious pain, but a constant discharge. The case was then regarded as one of sarcoma. The operation was easy. Dr. John-

ston concluded, however, that it was carcinoma. The tumor was in the form of series of outgrowths in the cavity of the uterus.

Dr. TRENHOLME congratulated Dr. Gardner on the success of his operation, and said with regard to extirpation of the uterus for malignant disease, that while he had performed the operation some seven or eight times with much immediate success yet in *all* cases the disease rapidly returned. He now no longer regarded the operation with any favor.

*Laparotomy.*—Dr. TRENHOLME exhibited a cyst, about the size of an egg, removed from a patient 19 years of age, confined of her first child eleven months ago, since which time she has been ill. Previous to her accouchement she had enjoyed good health, but was attacked with a severe pelvic arthritis and peritonitis three days after she was delivered of her child. Her present state is one of constant suffering, with pains in body and general nervous and gastric derangement. Temperature varies from 99° to 101° and 102°; pulse from 100 to 140. Lips and teeth exhibit usual feverish conditions. On examination, find a tumor level with Poupert's ligament filling a good part of pelvis on right side. Tumor was dense and strongly adherent to wall of pelvis; not perceptibly moveable, and somewhat nodular.

*Operation.*—On opening cavity of abdomen, the mass was found to coalesce with surrounding structures, and at no point was it at all possible to separate the mass. The specimen shown to-night was situated between the bladder and the uterus. As operation could not be completed, the abdominal wound was closed. The patient bore the operation well, but on the fourth day a profuse and foetid flow began to escape from the abdominal wound, and as the state of pulse, high temperature, etc., gave little hope for continuance of life, the patient returned to her home in the townships. She bore the journey (120 miles) well, and at the end of two weeks was rather better than when she left the city.

Dr. Trenholme remarked that this was the fourth serious case of abdominal section he had had in succession, all of whom, he was glad to say, had so far recovered. One was a solid cyst of left ovary (8 lbs.); one a suppurating cyst of left ovary (12 lbs.); one a dermoid cyst (4 lbs.), and the present case.

*Case of Nephro-lithotomy.*—Dr. SHEPHERD related the case. He said:—