

Dr. D. G. J. Campbell spoke of the advantages of a vaginal drain in female cases of peritonitis, stating that Dr. Cullen, of Baltimore, habitually used it, also keeping the patient in the sitting posture for several days.

Dr. Doyle thought that the fact that this patient was menstruating at the time would contraindicate the use of a vaginal drain. He said that the pain had radiated to the back, between the shoulders, from the first, and that this, together with the absence of hepatic dulness, had been very suggestive to him of perforated gastric ulcer.

Dr. Murphy said that Dr. Hogan had irrigated the abdominal cavity with several gallons of saline solution, making another incision suprapubically for this purpose.

Case of "Enlarged Prostate," shown by Dr. Murphy.—An elderly colored man. He had done a suprapubic prostatectomy according to the method of Freyer, keeping a catheter in for six days, and a suprapubic drain for twenty-six days, on account of the foul condition of the bladder. The patient still has the suprapubic opening, but can urinate without difficulty.

Dr. Murphy made a plea for more frequent operation in these cases. He exhibited the removed prostate, which had been of the size of an egg when fresh.

Case of "Movable Abdominal Tumour," shown by Dr. Murphy. Middle-aged woman. Tumour first noticed in hypochondrium, when it was as large as an egg. On admission it was loose; easily palpable, and as large as two fists. Left kidney was not discoverable in its normal place. Blood count, normal. Diagnosis, hydronephrosis.

Operation.—The incision was made in the left semilunar line. Nothing was found, and this was closed; another being made over the left kidney, which was nearly seven inches in length. A nephropexy was done, and now the patient is doing well, being kept lying on the affected side and on her back for six weeks after operation. The left kidney can now be felt in its normal position.

Case of "Tumour involving the Inferior Maxilla,"—Shown by Dr. Chisholm, who had seen it in consultation with Dr. Hogan. There was then, within the mouth, a ragged ulcer in the tumour, with greyish base and ragged, hardened edges, extending up over the ramus of the jaw towards the tonsil. The unanimous diagnosis had been inoperable carcinoma, but iodide treatment was given as a forlorn hope, and with such good results that he now thought her prognosis